Clinical Procurement Process Protocol

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PROCUREMENT DEVELOPMENT OVERVIEW

General Information

CBH utilizes a formal procurement process in order to identify service providers to meet an identified need, such as a gap in service, a need for a new service, the reconfiguration of an existing service, participation in training in an evidence-based practice (EBP), the piloting of a demonstration project, or solicitation of information.

The issuance of a procurement represents a formal legal process. Depending on the type of procurement, it may result in a competitive application process in which some, but not all, applicant agencies/individuals may be selected to provide a service(s) or to participate in a training activity. Because it is a formal award process, it is subject to legal scrutiny and has the potential to be challenged in a court of law. All electronic and written documents and correspondence related to the procurement process are subject to discovery and may be required to be turned over as part of a legal challenge. As such, there is much emphasis placed on transparency, standardization, and confidentiality. Transparency and standardization speak to the need for conducting the process openly and fairly so that all prospective applicants have access to the same information and an equal chance to submit a successful application. Confidentiality is important for many of the same reasons; a failure to keep or maintain the privacy of information could result in a tainted process that could jeopardize the outcome of the procurement.

CBH has a well-defined and structured format and process for the development of procurements, which are posted on its website. The types of procurements, how they are developed, and the determination of where they are posted are briefly discussed in the next two sections.

Types of Procurements Utilized by CBH

Request for Proposals (RFP)

An RFP is a document that details all the requirements and needs for a particular service, which could be a new service, a modification to an existing service, or an expansion of an existing service. The RFP process is aimed at increasing the competitiveness and innovation of the proposals, avoiding preferential treatment, and allowing CBH to identify

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1 In the remainder of this document, singular “service” will be used; in all cases where it is used, it could refer to multiple potential services as it does here (i.e. “services” should be semantically understood as “service(s)” throughout).
the most qualified provider(s) who have the capability, experience, and readiness to implement the service.

**Request for Applications (RFA)**

An RFA is similar to an RFP in that it contains specific areas to which Applicants must respond. CBH typically uses the RFA process to solicit proposals when funding is available for training opportunities.

**Request for Qualifications (RFQ)**

An RFQ is a document utilized to solicit potential Applicants to deliver a service with predetermined qualifications and payments. The RFQ process is typically used when a service is standardized with an already determined rate. Those awarded the right to contract for the service are primarily providers meeting the outlined qualifications.

**Request for Information (RFI)**

An RFI is a document that CBH creates typically during the project planning phase to collect written information from Applicants to assist in clarifying service requirements, qualifications, specifications, and/or cost of service delivery. The RFI also solicits information from Applicants to assist in deciding what steps are necessary to address the identified service need, potentially resulting in an RFP or RFQ. The RFI clearly indicates that an award of a contract will not automatically follow the applicant’s response.

**Procurement Development: General Protocol**

A cross-departmental team of internal stakeholders is established to ensure transparency and collaboration within CBH and DBHIDS during the procurement discussion phase. This team explores efficient and innovative solutions to address an identified service need, develops a better understanding of service requirements and/or regulations, examines potential departmental impacts, and discusses strategies to improve outcomes and maximize return on investment. Ultimately, the team puts forth a recommendation as to the type of procurement (RFP, RFQ, RFA, RFI) that will achieve the best solution to the identified need. The following steps are implemented once a need for a procurement is determined:

1. The procurement concept is presented at the Clinical Review Committee if it is a service for adults and to the Children’s Leadership Committee if it is a service for children. If approved at the committee-level, Provider Network Management presents to CBH Officers. If approved, the procurement concept is taken to the Finance Operations and Resource Management (FORM) meeting to determine the
financial impact and then presented at the DBHIDS Finance Committee for approval.

2. Provider Network Management completes the procurement development form, which describes the need for the procurement and is signed off on by various members of CBH/DBHIDS executive staff. A project charter and projected timeline are developed and serve as a guide throughout the procurement development process.

3. Once CBH’s CEO and the Commissioner of DBHIDS make the decision to proceed, they will appoint an Executive Sponsor who will lead and oversee the entire procurement life cycle.

4. A Provider Network Management Specialist will be designated as the procurement project manager, who will be involved in the development of the procurement document and tasked with operational oversight of the procurement process.

5. A procurement team led by the Procurement Project Manager will be established to help inform the content of the procurement. The team will generally have representation from the following departments: Provider Network Management, Clinical Management and/or Medical Affairs, Compliance, Quality Performance/Evaluation, Provider Contracting, Information Technology, Finance, EPIC, the Executive Sponsor, and other pertinent stakeholders on an as-needed basis.

6. CBH Communications will be responsible for preparing the final draft of the procurement along with all other supporting documents. The final draft will be reviewed by the Executive Sponsor, and then the CBH CEO and the Commissioner of DBHIDS will give final approval for procurement posting.

**CBH Procurement Format**

CBH’s structured format for procurements generally follows the City of Philadelphia procurement boilerplate format.
PROCUREMENT REVIEW PROCESS

General Information

Timelines from Issuance to Selection

The length of time allowed for Applicants to submit responses to procurements varies from 15 days to six months with 30 to 60 days as the average amount of time for response. The procurement review typically takes four to six weeks, including threshold review, general proposal review, and oral presentations (if necessary), though it can take as long as three to four months for complex procurements requiring multiple review processes. It may take an additional three to five weeks to complete all other aspects of the process prior to the final award decisions and provider notification. It is important to note that this timetable does not include time to complete contract negotiations.

Preliminary Tasks

Review Group Development

In general, each proposal should be reviewed by a minimum of five reviewers for RFPs and three reviewers for RFAs. RFQs and RFIs do not require reviewers; instead, the Provider Network Management team oversees this process. Typically, CBH Review Groups are comprised of seven to eight reviewers to account for dropouts, conflicts of interest, illness, etc. Each reviewer independently reviews and scores each of the proposals, and then all reviewers meet as a group for consensus review. Provider Network Management staff will typically fill the roles of facilitator and recorder, who will lead the group process and take notes (respectively), and who will document the strengths, challenges, and scores of each proposal. Facilitators and recorders are expected to read and familiarize themselves with the proposals but must maintain objectivity during the consensus review process.

The Review Group is often comprised of Subject Matter Experts (SMEs) from the CBH Clinical Department, Medical Affairs, and other knowledgeable staff from departments such as Quality, Compliance, and EPIC. The Review Group may include individuals outside of CBH/DBHIDS who bring expertise to the process, such as family members, persons with lived experience, and representatives from other system stakeholders like the School District of Philadelphia and the Philadelphia Department of Human Service. If there are multiple review groups, each group should have a similar composition of individuals with varied backgrounds. Compensation for reviewers who are non-CBH/DBHIDS staff members should be based upon funds available and determined prior to review group selection. The standard compensation rate is $200 for non-DBHIDS-employed family...
advocates and individuals with lived experience to attend the reviewer orientation, read and score all proposals assigned to them, and attend the consensus review session(s). Compensation is only available for those who are unaffiliated (those not employed by DBHIDS or a system-related organization, e.g. advocacy, peer support agency) and without full-time employment.

**Review Period**
A typical review period is eight to ten business days but can be longer based on the number of proposals submitted.

**Conflict of Interest**
Reviewers reading and scoring the proposals are morally bound to be objective and as fair as possible. Reviewers must disclose if they, family members, or a significant other have any past or current relationship with Applicants. This relationship may include employment, board membership, being service recipients, etc. of the individual or a close family member. Determinations about conflicts are made on a case-by-case basis. CBH/DBHIDS staff reviewers may have had professional contact with the Applicant. The project manager will decide whether the reviewer can be objective and do a fair review. All reviewers will be required to read and sign a confidentiality/conflict of interest form during the reviewer orientation.

**Proposal Review Process**
Below is a list of events that should be scheduled as soon as proposals are received and as far in advance as possible of the review session(s):

**Threshold Review**
A process that is completed within three business days of the receipt of the proposals. The threshold review includes checking for requirements that will result in automatic disqualification. Threshold criteria are pre-determined by the procurement team and may involve the Executive Sponsor of the procurement. Criteria may include, but are not limited, to operational documents outlined in the procurement, HIPAA compliance, a crosswalk of the Medicaid MA exclusion list, and determination of CBH provider in good standing status. CBH will determine if a provider is in good standing by reviewing information gathered through various departments across CBH based on, but not limited to, the following criteria: recredentialing status history, compliance error rate history, quality improvement plan status, and financial solvency. When applicable, state licensure status will also be reviewed and taken into consideration.
If the Applicant has submitted an incomplete proposal (missing required documents or non-redacted clinical attachments with protected health information), they will be given one business day to remedy the issue before being fully disqualified from the procurement process. Threshold review should be completed by the Procurement Project Manager and other identified members of the procurement team one to three business days after the receipt of the proposal(s). Applicants that do not meet all threshold requirements will be recommended for disqualification with the final decision to be made by the CBH CEO and DBHIDS Commissioner. Letters outlining reasons for disqualification will be issued and mailed to the Applicant’s Executive Director.

**Reviewer Orientation Session**

An orientation for all selected reviewers is held after the threshold review is complete. The orientation is facilitated by the Procurement Project Manager and is approximately one to two hours in length. The orientation will allow reviewers to become familiar with the review process and the procurement scoring tool, to complete conflict of interest/confidentiality forms, and receive copies of proposals for review.

The original signed copy of the proposal is not to be distributed. It will be scanned and stored in the Provider Network Management file folder located on the K Drive.

**Review Period**

Reviewers are typically given eight to ten business days, but a longer period may be given based on the number of Applicants. Overtime may be granted for CBH employees at the discretion of the employee’s immediate supervisor. During the reviewer orientation, reviewers will be notified if they are permitted to take proposals off-site (depending on the type and content of the procurement).

**Review Group Consensus Meetings**

The reviewers conduct an initial independent review and scoring of each proposal. Then the reviewers participate in a consensus meeting to discuss their findings. Prior to the consensus meeting, the reviewers are required to submit their score sheets to the Procurement Project Manager. The Procurement Project Manager will tabulate the score sheets and verify the accuracy of calculations. The scores are then entered into the final evaluation formula. The consensus meeting is the opportunity to discuss the areas in which one or more reviewers’ scores differ significantly from the majority. The reviewers discuss the discrepancy to ensure the question and criteria were clear to all reviewers and that specific information was not overlooked nor misunderstood. Following this discussion, should a reviewer feel that they did not understand the criteria or questions, the proposal requirements, or overlooked the information in the proposal, the reviewer, at their own discretion, may revise their score for that particular area. The consensus meeting is
facilitated by the procurement project manager or by a SME. While the Procurement Project Manager or SME may answer questions regarding the proposals, they cannot give personal opinions about a specific Applicant and need to ensure no reviewer feels pressure from other reviewers to change their score.

After the consensus meeting, the Procurement Project Manager tabulates the final scores and ranks the Applicants from highest to lowest scores. The Procurement Project Manager and Executive Sponsor will determine whether there is a need for oral presentations and, if so, which Applicants should be invited to give oral presentations. The Procurement Project Manager and Executive Sponsor need to predetermine how the results of the presentations will affect the total proposal score. They may decide to assign extra points for oral presentations or to establish oral presentation as a separate factor to be scored after the presentations are made. The Procurement Project Manager will notify the Applicants who are invited to make oral presentations, making it clear that not all Applicants may have been selected to give oral presentations. If there are specific questions the reviewers would like to see addressed in the oral presentation, the procurement project manager will inform Applicants of those questions in advance. After oral presentations, if needed or at the conclusion of the consensus meeting(s), the Applicants determined by the reviewers to have made the most compelling case for having the capability to implement the service will be shared with CBH’s Chief Program Officer, CEO, and the Commissioner of DBHIDS for final approval. Once approval is granted, the Procurement Project Manager will offer the final Applicant(s) the right to negotiate a contract.

**Oral Presentations**

Oral presentations are conducted at the recommendation of the Procurement Project Manager and Executive Sponsor. Oral presentations provide an opportunity for Applicants to highlight the strengths and unique aspects of their proposal and to provide answers to questions the reviewers may have regarding the proposal. Questions will be asked regarding parts of proposals needing explanation or clarification or regarding those sections of a proposal that may have deficiencies. The duration of oral presentations is predetermined, and all reviewers must attend them, if possible. Oral presentations may be restricted to only those proposals in the competitive range of scores after the initial scoring of all proposals. The selected Applicants should each be given the same amount of time to make their oral presentations to the review team. When in-person presentations are not possible, the presentation may be made by telephone or videoconference. All documented answers must relate specifically to discussions and questions asked. Extreme care must be taken to prevent the scope of services/specifications to be materially modified during the oral presentation. Care must also be taken to ensure the equality established for all applicants is not destroyed through the discussion or response clarification process and that
all Applicants are afforded the same opportunities. After the Oral Presentations, all applicants that presented may be re-evaluated based on the review tool criteria.

**Reconciliation Meeting**

Reconciliation meetings are necessary in procurements with multiple review groups where inter-rater reliability may be an issue. The meeting will be approximately one to two hours in length, depending on the number and complexity of proposals, final scores, and content of top-rated proposals.

**Thank You/Feedback Meeting**

At the end of the process, all participants, including reviewers, facilitators, and recorders, should receive a thank you/acknowledgement for the time and effort that they put into the process. This meeting may include light refreshments, if funds are available. For shorter review processes, a thank you email to reviewers may suffice.

**Procurement Recommendations**

At the conclusion of the review process, the Procurement Project Manager will compose a procurement summary which details the review process, recommendations, and other considerations. This document will be reviewed with the Manager of Provider Network Management and Senior Director of Provider Operations. Once approved, the Procurement Project Manager will email a copy of the summary to the Chief Program Officer, CEO, and Commissioner of DBHIDS for final decision-making. After awardees are identified, results of the procurement will be posted on CBH’s website and letters will be sent to all Applicants that detail the results of the procurement process. Non-awardees will be given the opportunity to schedule a meeting to receive further information and feedback on the procurement review process. The Procurement Project Manager will form a contract team consisting of appropriate representatives of CBH, including the Executive Sponsor, Chief Program Officer or Senior Director of Provider Operations, Deputy Chief Finance Officer or designee, and other CBH staff based on identified need. Contract meetings are scheduled with each awardee with the general purpose of ensuring that the selected provider(s) understand the details of the contract, including the time frame, expected quality of service delivery, rate negotiation (if applicable), and level of technical support and monitoring CBH will require.

The contract meeting format differs depending on the type of procurement (RFP, RFQ, RFA, RFI) but generally following a similar process flow. The flow includes the following:

- Notification of Awardees, which includes website posting, awardee letter, and phone call
- Identification of contract team

- Individual meeting with awardee(s), which can be completed in one meeting but no more than three meetings