



**PROCUREMENT AND SUPPLY
COMMONWEALTH HEALTHCARE CORPORATION
REQUEST FOR QUALIFICATION (RFQ)**

RFQ21-CHCC/PH/CGC-001

SUBMISSION DEADLINE: JUNE 21, 2021 TIME: 4.30PM (CHST)

**” PROFESSIONAL SERVICES FOR INDEFINITE DELIVERY
INDEFINITE QUANTITY (IDIQ)**

INTERESTED PARTIES CAN DOWNLOAD THIS REQUEST FOR QUALIFICATION FROM THE CHCC WEBSITE [WWW.CHCC.GOV.MP]. ONCE AT THE SITE, NAVIGATE TO **REQUEST FOR PROPOSALS** TAB ON THE LEFT NAVIGATION BAR. CLICK ON THE URL FOR THIS RFP. YOU WILL BE REQUIRED TO ENTER DATA TO ALLOW US TO TRACK ALL REQUESTS FOR THIS OPPORTUNITY.

THE CHCC RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSAL AND TO WAIVE ANY IMPERFECTIONS IN ANY PROPOSAL, IF TO DO SO SHALL BE IN THE INTEREST OF THE CHCC. ALL PROPOSALS SHALL BECOME THE EXCLUSIVE PROPERTY OF THE COMMONWEALTH HEALTHCARE CORPORATION.

/S/ ESTHER L. MUNA
CHCC CHIEF EXECUTIVE OFFICER

/S/ CORA P. ADA
DIRECTOR OF PROCUREMENT & S UPPLY



COMMONWEALTH HEALTHCARE CORPORATION



REQUEST FOR QUALIFICATION

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PROFESSIONAL SERVICES FOR INDEFINITE DELIVERY INDEFINITE QUANTITY (IDIQ)

I. BACKGROUND INFORMATION

The Commonwealth of the Northern Mariana Islands (CNMI) is a small chain of 14 islands in the western pacific part of Micronesia. Majority of the population live in Saipan, Tinian and Rota. There are approximately 54,000 residents with about 48,220 residing on the island of Saipan. The CNMI is a U.S. territory, however, still has a widely diverse demographic population with Chamorro and Carolinian being the two indigenous cultural groups.

The CNMI Commonwealth Healthcare Corporation (CHCC) aims to improve health and wellbeing through excellence and innovation in service. CHCC is a unique entity that encompasses public health, emergency care, behavioral health, vital statistics, environmental health, emergency preparedness and outpatient care under one umbrella. This allows for more strategic opportunities to link efforts and systems that will improve the health outcomes and quality of life for the people of the CNMI.

This Request for Qualification (RFQ) does not commit CHCC to award a contract, to pay any costs incurred in the preparation of a Statement of Qualifications, or to procure or contract for services. CHCC reserves the right, if it is in the best interest of CHCC to do so, to accept or reject any or all Statements of Qualifications received as a result of this request, to negotiate with any qualified responding firm or to modify or cancel in part or in its entirety this Request for Qualifications.

II. NATURE OF WORK

The Commonwealth Healthcare Corporation, located in the Commonwealth of the Northern Mariana Islands, requests proposals for the purpose of awarding multiple Indefinite Delivery Indefinite Quantity (IDIQ) task order contracts.

This will be a multiple award IDIQ agreement. The period of performance for the base year is July 1, 2021 through July 1, 2022. CHCC will make a determination to extend for additional years and will inform vendors no less than 90 days prior to the end of base year.

This is a fixed-priced contract. Time and materials (T&M) task orders may be also issued under this contract when conditions warrant their issuance. The Procurement Director will determine task order type on a case-by-case basis. Services will be defined and priced through individual task orders. In the performance of task orders, the contractor shall use firm fixed hourly rates for labor categories. Travel expenses shall not be included in any rates that are proposed as part of the establishment of the base IDIQ contract(s). Travel costs will not be requested or considered until the task order stage.

This IDIQ is seeking qualified contractor(s) who are experienced in the development and monitoring of qualitative and quantitative health evaluation, analysis, and reporting. This includes conducting and evaluating key assessment activities, (i.e. Community Readiness, Needs Assessments, Problem, Risk and Protective factors prioritization), conducting process evaluation specific to adaptation of evidence-based programs/practices and identified risk and protective factors, outcomes evaluation for identified priorities, and developing evaluation tools using standard evaluation methodology.

Work requirements would also include survey design, survey sampling, implementation, survey weighting and analysis. Additional needs for program evaluations will include literature reviews for public health programming and multimedia products for internal and external presentations. Final products may include manuscripts for peer-reviewed publication, policy recommendations, or surveillance reports.

During the period of the agreement, the prospective contractor(s) are expected to work under the direction of CHCC representatives from various population health programs using collaborative and culturally competent evaluation methods.

The contractor(s) are also expected to be able to provide training and technical assistance with a diverse Pacific Island community population. The prospective contractor(s) are expected to deliver the services in an efficient, trustworthy, and professional manner. The prospective contractor(s) must have experience to qualify for the award of the contract and be able to show proof that it has the personnel, equipment, and financial resources to complete the scope of work as specified in Section IV of this IDIQ. The estimated available award amounts for the base year range from a floor of \$20,000 to a minimum ceiling of \$100,000 based on availability of current funding. Ceiling can be increased to support additional task orders.

The prospective contractor(s) shall adhere to the basic requirements listed below:

REQUIRED

1. Knowledge of or familiarity with local and state public health reforms/framework
2. Familiarity with HIPAA compliance with all data collection, sharing, analysis, and reporting

3. Experience with evaluations using mixed method approaches
4. Knowledge of various evaluation designs (e.g. non-experimental, experimental, quasi-experimental)
5. Skill in working with stakeholders to develop feasible recommendations for programming
6. Must be able to work 50% during business hours in Chamorro Standard Time (CHST)
7. Data management and analysis skills include probabilistic data linkages, regression modeling, survival analysis, and complex survey analysis using appropriate statistical software
8. Experience with key informant interviews and focus groups for qualitative data analysis including familiarity with qualitative analysis software (MAXQDA)
9. Must be able to communicate findings and recommendations to technical and non-technical audiences
10. Must provide a portfolio of work showcasing proof of experience and skills
11. Minimum five (5) years' experience with developing process, impact and outcome evaluation and assessment tools for health programs or institutions to assess and improve health outcomes.
12. Minimum two (2) years' experience accessing and analyzing data from Electronic Health Record (EHR) systems

PREFERRED

1. Experience with working in small health settings
2. Experience with extraction and analysis of data from Resource and Patient Management System (RPMS)
3. Experience with working in culturally diverse rural settings
4. Speak and write in Chamorro and/or Carolinian
5. Experience with analytical platforms (SAS, R, or SUDAAN)

Prospective applicants must submit a proposal for at least one (1) of the Domains identified in Section IV.

The proposal must include the following:

1. Detailed documentation and supporting materials which reflect at least 5 years of work performance within the respective domain.
2. Fully Burdened Labor Rate Schedule and Other Direct Costs for Base and Option Periods.
 - a. Vendor will propose fully-loaded hourly rates for all personnel potentially assigned to tasks under this contract.
 - b. Each vendor's rates will depend on how personnel and positions are classified within each offeror's human resource's structure or classification system. However, vendors may use the following sample labor categories as general guidance on how individuals could be classified to facilitate CHCC's review of proposals.
 - i. The vendor's proposed staff should reflect the years and type of experience as specified below.

1. Project Manager: responsible for the day-to-day management of the project and direction of offeror project staff. The project manager shall have at least five years of relevant experience researching population health issues and a minimum of three years' experience in the management of contracts of this type, which involves multiple tasks, changing priorities, and timely action.
2. Supervising Programmer, Supervising Analyst, or Lead Investigator: shall have at least ten years of relevant experience and at least five years of experience as the manager or supervisor of other programmers or analysts or researchers. Researchers should have an advanced degree in a directly relevant field and a proven track record researching population health issues.
3. Senior Programmer, Senior Analyst, or Senior Research Scientist: shall have at least five years of experience, of which at least three years must involve work directly relevant to population health issues.
4. Policy Analyst (mid-level): with a master's degree or higher, shall have at least three years of experience conducting policy research and analysis related to population health issues.
5. Research Assistant (entry-level): with a bachelor's degree in public policy, economics, statistics, or related discipline, shall have one to three years of work experience
6. Programmer (mid-level): shall have at least three years of data processing experience; experience with population health data preferred.
7. Programmer (entry-level): shall have one year of data processing experience or a bachelor's degree in mathematics, statistics, computer science, or a social science research discipline.
8. Senior Information Technology Specialist: shall have at least 10 years of experience in information technology software and computer support services.
9. Information Technology Specialist: shall have at least three years of experience in information technology and computer support services.
10. Administrative support staff: as needed.

The fully burdened labor rate schedule and other direct costs pricing tables below should be included in the vendor's business management and cost/price proposal.

These tables may be recreated for inclusion in proposals, but must replicate the exact content of the pricing tables below:

Period of Performance: MM/DD/YYYY through MM/DD/YYYY

CEN	Category	Unit	Unit Price/Rate
0001	Labor		
0002	Cost Reimbursement		
	Materials		
0003	Cost Reimbursement Travel		
0004	Other		

III. LOCATION OF WORK

Service Location: Saipan, Northern Mariana Islands. However, can be virtual depending on the task order

IV. DETAILED SCOPE OF WORK

Purpose of Project:

The vendor(s) must be able to conduct or implement the following types of services in the domains specified below:

DOMAINS

1. Feasibility, Pilot, and Evaluations Projects (Quantitative and Qualitative Evaluations, Implementation Evaluations (fidelity to the model), GIS Evaluation, Pilot projects, Developing Evaluation tools (PDSA, activity surveys), and Informative Assessments (health promotion, focus groups, patient satisfaction surveys, etc..))

a. Feasibility and Pilot Projects

The contractor(s) shall be responsible for designing, conducting, and reporting

results from pilot projects. This includes developing tools that increase fidelity to the implementation of successful models of intervention and/or program design. This must also include local adaptations with appropriate documentation for the unique considerations and diversity of Pacific Island communities; seek to review the local risk and protective factors that may contribute to the selection of culturally relevant interventions. A feasibility study is performed to determine whether or not an activity,

service, treatment service, strategy, intervention technology or statistical operation will work as intended.

A pilot study is used to determine whether or not the results of a feasibility study can be successfully replicated and positive outcomes sustained for prioritized objectives. The Contract shall identify the key components of the feasibility or pilot study. This may include identifying participants from different key demographic areas and locations, developing methods for sampling the desired population(s) of interest or need, organizing logistics, follow up and invitations for participants involved, providing support as needed throughout the duration of the study, collecting identified quantitative and qualitative indicators based off objectives, and final reporting.

b. Evaluations

CHCC may conduct evaluation studies of projects or programs in order to understand factors that may affect the positive or negative aspects of implementation. Contractor(s) should be able to explain relationships of project or program outcomes in relation to activities conducted, potential impacts if programs were not introduced in identified communities or systems, or review and prioritize other interventions that may meet similar objectives. This may include both evidence-based programs or practices, and innovative interventions specific to the region or location. Contractor(s) should consider a variety of quantitative and qualitative data methods applicable to the project or program needs, populations being served, and other disciplines. Depending on requirements and needs for services, evaluations may focus on process outcomes intended to measure the fidelity and potential adaptations of intervention(s) implemented, intervening variables, and long-term outcomes to determine if program goals were achieved and sustained.

CHCC evaluations should consider multiple data sources that may include corporation level collaboratives, other government agencies, and regional and community reports that may help to review and assess a comprehensive set of data for reporting. Contractor(s) should have familiarity with local systems, cultures, and communities to apply the appropriate cultural competencies needed to measure outcomes for the desired service population. This shall include attention to deadlines, resources, and cultural considerations in approaching the best designs without compromising key health outcomes in research and methods. The contractor(s) should also demonstrate capability in understanding health assessments, building capacity at the state and community levels, health planning and implementing interventions as they relate to applying evaluation design to healthcare research and methodology. This may include the designing and developing one or more evaluations plans, to include a data collection and a data analysis plan, procedural reporting and final reports for multiple audiences; developing evaluation tools; and performing informative assessments by administering consumer/patient satisfaction surveys, pre- and post-surveys, PDSA cycles, community

readiness surveys, and conducting key informant interviews and focus groups. Contractor(s) should also be able to present results of findings in multiple formats (written/visual) with consideration of the diverse audiences that includes the CHCC, partner agencies, key stakeholders, and members of the community.

The contractor(s) must meet with the CHCC and program staff to obtain background information on the program to be evaluated, review available materials, conduct interviews, review data on program operations, assess current research on the program to be evaluated, which may require development of literature reviews, choose the appropriate/needed evaluation type (e.g., impact or outcome) of programs, develop or revise data collection instruments, collect quantitative and/or qualitative data, ensure data quality and conduct ongoing analyses of data and report to the CHCC of interesting findings, prepare summary reports, preliminary findings or other analytical report for the CHCC, incorporate the CHCC's and other program staffs' comments in a final report, and provide briefings at the request of the CHCC.

2. Statistical Projects Domain

a. Sampling Designs and Statistical Methods

The contractor(s) will have demonstrated expertise in complex sampling and survey design, in weight, variance estimation, imputation and analyses of complex survey data, and in a wide range of additional statistical methods suitable for the analysis of survey data through direct staff and/or through consultant experts. Task orders may include design of a complex survey, design of a complex sampling procedure for a survey, design of compound weights and variance estimation for a survey, design of one or more complex statistical analyses, or some combination of these activities. The contractor(s) are expected to provide the appropriate statistical software to carry out these activities including SUDAAN and SAS.

b. Analyses of Complex Quantitative Data

The contractor(s) should be able to prepare analyses of complex data sets whether from survey data derived from complex sampling designs or for analysis of cost, service utilization and population distinctions. This will include the preparation of statistics and their associated variances. The contractor(s) will prepare a summary report that integrates findings from the data analysis and literature review, and as required, identify current gaps in knowledge. In preparing summary reports, the contractor(s) will work with CHCC to identify the target audience and develop an information presentation approach that is focused on conveying data and information visually that is easily digestible and informative.

c. Development and Implementation of Tools

The contractor(s) should be able to conduct a range of activities and make logistical arrangements for the topics identified by CHCC from the following areas: clinical and

system practice guidelines, outcomes measures, population and service reports cards, and performance indicator systems. These activities should include a review of current literature and practice; development of structures, processes, measures, criteria, and benchmarks; consultation with key persons and groups; preparation of synoptic reports for target audiences; testing, implementation, and assessment of quality tools

3. Health Economics - Cost-Benefit Analysis & Return on Investment

a. Cost-Benefit Analysis

The contractor(s) should be able to prepare and report an analysis of economic evaluations gauging where the costs of programs or interventions are compared to the benefits of the program/intervention. The contractor(s) should be able to identify and utilize economic evaluation methods to translate information to cost amount quantifying tangible costs and benefits. These types of assessments should include, but are not limited to the CNMI Smoke Free Air Act, BIBA Healthy Restaurant Program, Mental Health First Aid, Home Visiting, Family Planning Services, nutrition education and food program (WIC), Group Prenatal Care, QPR (Question, Persuade and Refer) and ASIST (Applied Suicide Intervention Skills Training).

b. Return on Investment

The CHCC provides a variety of services and programs to increase quality of life. The contractor(s) should be knowledgeable and experienced with technical methods and procedures that measure patient, provider, and staff satisfaction; treatment/clinical quality of care and efficiency; population health quality reporting; prevention and patient education disease surveillance compared to cost savings from improvements made in these areas such as, increased patient volume, reduction of treatment cost ratio to dollar spent on prevention, and reduced incidence of diseases.

4. Technical Assistance and Training

- a. The contractor(s) will be expected to provide technical assistance on evaluation tools created and utilized for projects including training of trainer's events. Technical assistance and training delivery should take into account the requestor's organization capacity, stage of program planning or implementation, federal program requirements, cultural or linguistic factors, and program objectives.

Deliverables:

Indefinite Delivery Indefinite Quantity Agreements

- a. This IDIQ agreement is for the transaction and completion of types of services in Section IV. The quantities of services specified are only estimates of a base and ceiling.

- b. Delivery shall be made only as authorized by task orders issued. The contractor shall furnish to CHCC, when and if ordered, the services specified in the task order.
- c. There is no limit on the number of task orders that may be issued.
- d. The contractor shall not be paid for task orders not completed within the time period of the agreement. However, CHCC can choose to extend the time period, if needed.

Task Orders

- a. CHCC will issue task orders contingent upon deliverables of various programs.
- b. Task order will be executed based on the level of work and labor proposed and available funding.
- c. All TO requests will incorporate all terms and conditions of this IDIQ agreement.

Any changes or revisions to any part of approved documents must be clearly noted on a separate revised version of the original documents (Revision #2, etc.) in writing by the Program Manager and concurred by the Director of Procurement and Medical Supply

The components utilized or produced from the evaluation will remain the sole property of CHCC. CHCC reserves the right to publish or utilize the written report or any other component of the evaluation for the benefit of the corporation's programs and services. The contractor(s) may not utilize any components of the evaluation process and results without the written approval of the CHCC Chief Executive Officer.

Submission of Task Orders to Vendors

Once contractors are awarded, CHCC will submit task orders using the template in Appendix I.

Government Furnished Products:

The CHCC will provide access to electronic and hard copy data collection instruments and reports, program service delivery documents, grant proposal and award documents, and other documents necessary to adequately respond to the required evaluation areas. The CHCC will assist with the coordination of necessary interviews and/or meetings with appropriate staff and stakeholders. In order to adhere to CHCC client confidentiality policies and procedures, the contractor(s) will be required to sign all relevant confidentiality forms and agreements and agree to abide by all federal and local confidentiality policies and procedures.

V. INFORMATION AND FORMAT REQUIRED IN THE PROPOSAL

All proposals must be submitted to the CHCC Procurement Office and must include all items listed below. Incomplete proposals may not be considered.

Brief history and description of the company (including the date the company was founded and date of operation)

1. Overall service plan and approach to project, including estimated timeline for completion, and itemized furnishing costs
2. Proposed fee for the scope of work (refer to Section IV)
3. List of a minimum of three (3) references (arrange references from most recent projects)
4. The name of the authorized personnel to negotiate the proposal and contract (should also be the contact personnel.
5. Copy of current business license valid in the CNMI, 50 United States, or other US territories
6. Proof of professional liability insurance of at least \$100,000.00
7. Copy of Valid Business License and Tax Identification # (W-9) Form **upon award of the contract**
8. Copy of Company's Financial Statement
9. Other information that may be helpful to the evaluation team

CHCC reserves the right to request for additional information or documents that it may consider necessary and relevant to assist it in evaluating a proposal.

VI. GENERAL AND ADMINISTRATIVE INFORMATION

a. Budget Planning Guide

Approved travel expenses will be reimbursed at the local CNMI government rates:

- \$175.00 per diem inclusive of taxes, accommodations, and meals
- \$70.00 a day for car rental
- \$3,000.00 flight cost ceiling to and from the CNMI
- \$90.00 flight cost ceiling between Saipan and Tinian

b. Posting of Proposal

Interested parties can download this *Request For Qualification RFQ21-CHCC/PH/CGC-001 - IIDIQ* from the CHCC website [www.chcc.gov.mp]. Once at the site, navigate to **Request For**

Proposals (RFP) tab on the left navigation bar/ Click on the URL for this RFQ-IDIQ. You will be required to enter data to allow us to track all requests for this opportunity.

c. General Provision

Until the selection process is completed, the content of this proposal will be held in strictest confidence and no details of any proposal will be discussed outside the Evaluation Team created by the Corporation. This IDIQ does not constitute an offer and does not obligate the Corporation in any way. The Corporation reserves the right to reject any or all proposals for any reason and waive any defect in said proposals, negotiate with any qualified offers, or cancel in part or its entirety of this RFQ-IDIQ, if it is in the best interest of the Corporation.

CHCC will enter a contract(s) with the successful service vendor(s) pursuant to the terms of the standard government independent contract. Additional terms and conditions will be attached as exhibits to the standard independent contract.

d. Place, Date, and Time of Submission

Please email your proposal and all supporting documents to Corazon P. Ada, Director of Procurement and Supply, CHCC Division of Procurement and Supply, at cora.ada@chcc.health , no later than: **1630 hours (4:30pm) Chamorro Standard Time (CHST) on June 21, 2021.**

Please note submission instructions:

- All submissions must include RFQ IDIQ# and Project title in the email subject.
- All documents must be submitted in Adobe PDF format.
- All pages of your proposal must include the RFQ IDIQ# and Project title in the header,

plus, page numbers in the footer.

Failure to follow these instructions will be considered unresponsive and your proposal will not be included for technical evaluation.

e. Cost of Preparation

All costs incurred by the vendor in preparing a response to this IDIQ and subsequent inquiries shall be borne by the vendor. All proposals and accompanying documentation will become property of CHCC and will not be returned. The Commonwealth Healthcare Corporation reserves the right to reject any or all bids for any reason and to waive any defects said in bid, if in its sole opinion, to do so would be in the best interest of CHCC.

f. Questions, clarifications, or inquiries

Any questions or requests for clarification must be made in writing through email.

All emails **MUST** contain the IDIQ# and Project title in the email subject.

Submit questions

➤ **Corazon P. Ada**

Director, CHCC Division of Procurement and Medical Supply Office

Email: cora.ada@chcc.health

VII. EVALUATION CRITERIA

a. Technical Criteria

Award will be made to the proposer whose proposal is most advantageous to the Corporation considering the evaluation factors set forth below.

- Experience in similar or related projects (20%).
- Demonstrate understanding and ability to meet requirements under the nature of work (20%)
- Approach to the project
 - The Proposal clearly indicates a thorough plan to complete all required activities and tasks under the scope of work (35%)
 - The proposal demonstrates plan and ability to complete all required activities and tasks under the scope of work in a timely manner (25%)

b. Cost Criteria

Price is also a factor for consideration and price will be evaluated in comparison with the overall merit of the proposals. Technical merit is more important than price and the Corporation reserves the right to award the contract other than the lowest priced proposal. As proposals become more equal in technical merit, the importance of price will increase.

VIII. SUCCESSFUL VENDOR NOTIFICATION PROCESS

Upon selection, the successful vendor(s) will be advised to negotiate the contract with CHCC. Should the negotiations fail to result in an agreement, CHCC reserves the right to cancel the negotiation and select the next recommended vendor, which in CHCC's opinion, is the most qualified proposer. If the contract is not agreed to with any of the vendors, the RFQ-IDIQ will be cancelled and re-advertised.

Approved By:  Date: 05/18/21
Esther L. Muna
Chief Executive Officer

Approved By:  Date: 5/18/21
Corazon P. Ada
Director of Procurement & Supply

Appendix 1

1. Task Order Title

Include a short title of services or a general description of items to be acquired. This title should be unique and descriptive, and should be used consistently throughout the task order process.

Along with the title, include an "as of" date and the requiring agency name. The SOW must have an "as of" date. If the SOW is revised or corrected during the pre-award phase, each revision should have a new date with changes marked by revision bars. When a SOW is revised for task order modification (after award) it must be given a new "as of" date. SOW's should be page numbered. Example IDIQ_TO1_CGC_4/26/21

2. Background

Justify this effort in relation to the customers' agency mission. List other historical or parallel efforts such as other agency activities and/or industry efforts that provide additional information related to this SOW.

3. Objectives

Provide a concise overview of the programs' goals and expectations as a result of this task order.

4. Scope

Describe a general scope of work. The SOW should be performance-based.

5. Specific Tasks

Provide a performance-based narrative of the specific tasks and/or products that make up the SOW. Number the tasks sequentially, e.g. Task 1 and narrative, Task 2 and narrative, etc. Task 1 should be for Task Order (TO) Management.

6. Task Period and Deliverable Schedule

State the total number of calendar days after the Task Order award necessary for performance. State if the task order is to be awarded with a base period and options. If the task order is to be

awarded and funded incrementally, state the base obligation period and incremental funding periods.

<i>SOW Task #</i>	<i>Deliverable Title</i>	<i># Calendar Days After Award</i>
<i>1.1</i>	<i>Tobacco Cessation Participant Satisfaction Survey</i>	<i>Bi-Monthly on the 15th</i>
<i>1.2</i>	<i>Community Readiness Assessment on Tobacco Cessation in Saipan</i>	<i>Draft- 10, Final 20</i>