

Buyer

UNIVERSITY OF CONNECTICUT HEALTH CENTER

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Procurement Operations & Contracts

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RFP NUMBER:	PROPOSAL DUE DATE:	PROPOSAL DUE TIME:	RFP SURETY:
		EST	
RFP TITLE:			

ADDENDUM NUMBER: _____

DATE ADDENDUM ISSUED: _____

FOR: The University of Connecticut Health Center

NOTE:

This Addendum must be Signed & Returned with your proposal.

Authorized Signature of Proposer

Company Name

Approved By: _____

[_____]

Buyer

(Original Signature on Document in Procurement Files)

UCHC4-123161533 Post-Acute Care Network		
Item #	RFP Section and Proposer Question	UConn Health Response
1	UCHC RFP-03 Question 3; UCHC RFP - 05	
	Is question b, d, e, and f all N/A. Do we need to respond to these, have a letter that states N/A or should we be writing something?	This form is a template guideline for all RFP issued by UConn Health. In this case, pricing would not be applicable to the RFP and a pricing section is not included on RFP-05.
2	Question 4	
	Is this N/A? Do we need to supply anything?	This is not applicable to the RFP.
3	Question 7; UCHC RFP 07	
	b, c, & d are all N/A?	Correct. The Nondiscrimination Certificate will be required, however,
4	Question 8 UCHC RFP-10	
	Do we need to have a BAA as we are both 2 covered entities?	UConn Health will need a BAA agreement from all responders. A healthcare entity can be a business associate of another healthcare entity. The BAA in the RFP documents says that the BAA only applies if the entity signing is actually our business associate. UConn Health will need to analyze further to determine if the arrangement being bid out will result in a business associate relationship.
5	Question 9 UCHC RFP-11	
	We do not have this as part of our packet?	This document is not issued with the initial RFP release. RFP-11 is an addendum document and is only issued if there are any addenda to the RFP. This document is not issued with the initial RFP release.
6	Question 10 UCHC RFP-12	
	We do not have this as part of our packet?	This document is not issued with the initial RFP release. RFP-12 is an addendum document and is only issued if there are any addenda to the RFP. This document is not issued with the initial RFP release.
7	Question 13	
	Is this N/A?	This form is a template guideline for all RFP issued by UConn Health. This would only be applicable if shipping costs were part of the requested project.
8	UCHC RFP-05	
	#20 - Is this N/A?	Please respond as applicable. Provide a detailed explanation of the procedures and processes that you will use to accomplish the scope of work requirements described in this RFP.
	B #1&2- Do we need to provide anything here? And if so why?	Please see the evaluation criteria (RFP-01) Organizational Capability and Structure. This information will be used to evaluate proposer's financial condition.
	B #3 - What is this? Do we need to do anything with it?	Provide a yes or no answer.
	C #5 - What does this mean and who will it apply to? What positions are you looking for?	Provide the information for key staff who would be responsible to communicate with UConn Health in the performance of the requested services.
	E #1 &2- Does the contract require to be signed as is? As it appears that it does not have anything to do with what our business relationship will be?	The contract represents an <u>example</u> of an agreement that would be executed between UConn Health and any awarded proposer. If there are no objections to any term contained in the contract, a signature indicates acceptance of the terms. Any objections should be included as redlines to the contract. Please see the evaluation criteria - contract language.
	#4 Proposer References - What references are you looking for? What previous Client?	Provide the following reference information for three (3) clients to whom you are currently providing goods/services comparable to those requested in this RFP. This RFP is intended to develop a high quality network of post acute care facilities. The references should be from clients your company is currently providing similar services. A previous client is a client you are no longer providing services for, but have in the past.
9	UCHC RFP-06	
	Part IV - Bidder Employment Info	
	Do we need to submit this? This is info that we collect upon hire and state on the application that we will not distribute. We are not sure why we have to submit?	Yes, Form RFP-06 is required. UConn Health will have a referral relationship with the selected facilities under an "affiliation agreement", and while there is no actual cost involved, there is an actual service being provided. This is a formal RFP and the state forms need to be completed and returned with the response for the proposal to be compliant with the submission requirements.
10	PPN Size The attached RFP Excel document (UCHC4-123161533 Post-Acute Care Network_ UCHC RFP-05 Scope), 2nd worksheet tab lists 24 SNFS and 3HHAS. It is assumed these are the invited recipients for the this RFP. Most major medical centers in Connecticut have established post-acute PPNs for SNFs& HHAs with an ideal target number of facilities and agencies. a) Please clarify the target number of providers in each category (SNF & HHA) UCONN would like in the final post-acute network. b) Please clarify if there is interest in a PPN as well as a second-tier specialty care network (e.g Heart Failure).	Please review the RFP Objective and Overview for the purpose of this RFP. UConn Health expects to make multiple awards based on the Selection Committee's evaluation of proposals received. See the Evaluation Criteria for additional information about proposal evaluation parameters.
11	UConn health contract A blank 24-page contract (UConn Health Standard Contract (UCHC-02) is included in the RFP materials. Please clarify if Proposers are required to complete and sign this contract as part of the RFP response.	The contract represents an example of an agreement that would be executed between UConn Health and any awarded proposer. If there are no objections to any term contained in the contract, a signature indicates acceptance of the terms. Any objections should be included as redlines to the contract. Please see the evaluation criteria - contract language.
12	Form UCHC RFP-05 - Please advise which questions are specific to a Home Health agency as opposed to a facility. Example: Question #1 utilizes facility/agency and Question # 5 asks "does you facility offer hospice/palliative care". Does this mean question #5 is only answered by facilities?	All questions included on the RFP 05 Scope of Work are applicable and must be answered as indicated on the document.
13	UCHC RFP-05 Tab 2 SNF and HHA - If an agency/facility is not included on this form are they still eligible to apply?	Yes.