

New Jersey Department of Health
Request for Proposals
Telemedicine - Telehealth Parity Act Chapter 310
Amended RFP

Proposals Due: Friday, December 16, 2022, by 4 PM EST

Question & Answer Period: Thursday, December 8, 2022, by 12 PM EST

All Bidders must submit Quotes to centralprocurement@doh.nj.gov

Contract term: Award Date (TBD) through June 30, 2023. This timeline may be subject to change.

*****Bidders are encouraged to read the attached Legislation & Question & Answer Response*****

1. PURPOSE & INTENT:

The NJ Department of Health (DOH) is looking to engage one (1) or more vendors {contractors} to conduct a statewide assessment concerning telemedicine and telehealth as stipulated in P.L. 2021, Chapter 310. The intent of the legislation is to determine whether or to what extent the provision of a telemedicine/telehealth system of health care services may improve the quality of care.

CHAPTER 310 SUMMARY

Chapter 310 authorizes an act concerning telemedicine and telehealth, amending P.L. 2017, CHAPTER 117, repealing P.L. 2020, c.3 and P.L. 2020, c.7, and making an appropriation.

P.L. 2021, Chapter 310 stipulates, that the New Jersey Department of Health (NJDOH) shall conduct a study to assess

- Whether or to what extent coverage and payment for health care services delivered to a covered person through telemedicine or telehealth should be reimbursed at a provider reimbursement rate that equals the provider reimbursement rate that is applicable when the services are delivered through in-person contact and consultation in New Jersey, as well as to
 - Assess whether telemedicine and telehealth may be appropriately used to satisfy network adequacy requirements applicable to health benefits plans in New Jersey.
- I. In conducting the study, the NJDOH selected Vendor(s) shall consider the effect of the availability and provision of health care services delivered through telemedicine or telehealth upon
- Utilization

- Access to care
 - Patient outcomes, and
 - Patient satisfaction; and
- 1.a Whether the different or more stringent utilization management requirements should be adopted for coverage and payment for health care services delivered through telehealth or telemedicine.
 - 1.b How the incentivization of the provision of telehealth and telemedicine services impacts underserved populations, and any consideration the NJDOH deems relevant.
 - II. As part of the study, consideration should be given on the adoption and impact of reimbursement requirements for telehealth and telemedicine in other jurisdictions. The NJDOH shall exercise the license to engage, contract, or enter into an agreement with one or more third-party vendors to conduct all or part of the study required by this subsection.
 - III. The selected Vendor(s) may consider or analyze any additional factors or information the Vendor(s) deems relevant to the study, as approved by the NJDOH. The NJDOH and Vendor(s) shall consult with the Commissioner of Banking and Insurance, the State Treasurer, and the Commissioner of Human Services in conducting the study. The study shall utilize the defined terms in accordance with the legislation.
 - IV. A report shall be prepared and submitted to the NJDOH, outlining the findings and recommendations for:
 - Legislation,
 - Administrative action, or
 - Other actions as the DOH deems appropriate.
 - V. The final report and recommendations shall not on their own be binding on any health benefits plan in NJ, State Medicaid and NJ Family Care, the State Health Benefits Plan, or the School Employee's Health Benefits Plan. Nothing shall preclude the NJDOH, in its discretion, from engaging, contracting, or entering into an agreement with one or more third-party vendors to prepare the report required for submission to the Governor and legislature, no later than July 1, 2023

2. **DEFINITIONS:**

For purposes of the Telemedicine/Telehealth study the terms below shall mean the following:

Telehealth

The use of information and communications technologies, including telephones, remote patient monitoring devices, or other electronic means, to support clinical health care, provider consultation, patient and professional health-related education, public health, health administration, and other services in accordance with the provisions of P.L. 2017, c. 117, (C.45:1-61 et al.) (pending before the Legislature as this bill).

Telemedicine

The delivery of a health care service using electronic communications, information technology, or other electronic or technological means to bridge the gap between a health care provider who is located at a distant site and a patient who is located at an originating site, either with or without the assistance of an intervening health care provider, and in accordance with the provisions of P.L.2017, c.117 (C.45:1-61 et al.) (pending before the Legislature as this bill). “Telemedicine” does not include the use, in isolation, of audio-only telephone conversation, electronic mail, instant messaging, phone text, or facsimile transmission.

Telemedicine or Telehealth organization

A corporation, sole proprietorship, partnership, or limited liability company that is organized for the primary purpose of administering services in the furtherance of telemedicine or telehealth.

Asynchronous store-and-forward

The acquisition and transmission of images, diagnostics, data, and medical information either to, or from, an originating site or to, or from, the health care provider at a distant site, which allows for the patient to be evaluated without being physically present.

Cross-coverage service provider

A health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, who engage in a remote medical evaluation of a patient, without in-person contact, at the request of another health care provider who has established a proper provider-patient relationship with the patient.

Distant Site

A site at which a health care provider, acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes, is located while providing health care services by means of telemedicine or telehealth.

Health Care Provider

An individual who provides a health care service to a patient, and includes, but is not limited to, a licensed physician, nurse, nurse practitioner, psychologist, psychiatrist, psychoanalyst, clinical social worker, physician assistant, professional counselor, respiratory therapist, speech pathologist, audiologist, optometrist, or any other health care professional acting within the scope of a valid license or certification issued pursuant to Title 45 of the Revised Statutes.

On-Call Provider

A licensed or certified health care provider who is available, where necessary, to physically attend to the urgent and follow-up needs of a patient for whom the provider has temporarily assumed responsibility, as designated by the patient’s primary care provider or other health care provider of record.

Originating Site

A site at which a patient is located at the time that health care services are provided to the patient by means of telemedicine or telehealth.

Note: All other provisions and definitions used in the law shall apply to this telemedicine/telehealth study.

3. STATEMENT OF WORK (SOW):

The SOW is provided to identify the work to be completed by the selected Vendors {Contractors}, on behalf of DOH, as stipulated in P.L. 2021, Chapter 310 to conduct a statewide assessment concerning telemedicine and telehealth. The intent of the legislation is to determine whether or to what extent the provision of a telemedicine/telehealth system of health care services may improve quality of care. The primary areas to be addressed, in the study, are listed below. However other areas may also be identified by NJDOH:

1. Clinical Efficacy
2. Standard, Quality, or Cost of Care
3. Utilization Management
4. Health Equity and Disparities, Provider Availability/ Network Adequacy in rural and other underserved populations

At the conclusion of the study, the Vendor {Contractor} will provide a written report to NJDOH outlining its findings and recommendations that shall not be binding on any health benefits plan in NJ, State Medicaid and NJ Family Care, the State Health Benefits Plan, or the School Employee's Health Benefits Plan. The study and scope of activities include the following:

I. A statewide comparative study identifying if established provider rates for services delivered as in-person contact and consultation may be applicable and reimbursed when provided through telemedicine or telehealth services.

II. Consideration for the adoption or impact of reimbursement requirements for telehealth and telemedicine in other jurisdictions as determined by NJDOH as necessary for inclusion in the study.

- 1) The effect of the availability and provision of health care services delivered through telemedicine or telehealth on utilization, access to care, patient outcomes, and patient satisfaction.
 - a. Clinical Efficacy- surveying how the use of telehealth has reduced the number of no-calls/cancellations and greater patient adherence to attending follow-up appointments. Whether the delivery of services through telemedicine or telehealth effect the standard of care, quality, or cost of care.
- 2) Whether different or more stringent utilization management requirements recommendations should be adopted for coverage and payment for health services delivered through telehealth or telemedicine.
 - a. Better Utilization Management- how the standard of care has not diminished with the use of telehealth in certain types of practice where an "in-person visit or exam" can be conducted in the same manner via telehealth with the right settings and proper audio/visual components.
- 3) How the incentivization of the provisions of telehealth and telemedicine services impacts underserved populations.

- a. Health Equity / Disparities- the ability to receive (CMS) reimbursement with the expansion of phone (audio) only for certain services, in addition to the traditional audio/visual requirement has allowed for better access, especially for those with poor internet connectivity or access to “smartphone” technology.
- b. Provider Network availability (address concerns about interstate compact practice) – review and research if the impact of telehealth/telemedicine services has improved access to care where there is a shortage of providers in those underserved areas.

4) Additional areas of study for consideration

- a. How the Consolidation Appropriations Act has allowed for a 151-day extension post-PHE (Public Health Emergency), as opposed to an immediate stop when the PHE expires, for those telehealth flexibilities and act as a signal to allow for Congress to either further extend or make some of the PHE waivers permanent.
- b. Through the growth of telehealth/ telemedicine services, there can be a stronger argument/need for a universal DEA license and justification for more states joining the interstate compact to allow for more reciprocity of licensure to increase the number of providers available. With the right safeguards in place (e.g., state PDMP Prescription Drug Monitoring Program).

4. PROJECT DELIVERABLES AND TIME FRAMES:

The chart below provides the project deliverables and timelines for the two (2) telemedicine and telehealth studies to be conducted including the Vendor’s {Contractor’s} written report. NJDOH will contract with two (2) vendors {contractors}, each one with specific skills and experience to conduct a) Policy Survey and b) Payment Parity Survey. The timelines for completion of work, will be discussed and identified with the selected Vendors upon award.

Activity	Timeline
1. Develop and Provide a Logic Model – depicting start to finish Vendor goals, achievement task, and anticipated outcomes	To be included in Vendor Proposal
2. Meeting with DOH to review Logic Model and identify SOW completion dates	TBD
3. Collaborate with NJDOH to identify meeting agenda and participate, as needed, meeting with DOBI, Treasury, and DHS to identify / consider additional factors of information.	TBD
I. The Telemedicine-Telehealth Policy Study must include:	

Ia. Part 1. - <u>IDENTIFICATION</u> - summarize findings of an environmental scan of other jurisdictions utilizing telemedicine and telehealth: a) Clinical Efficacy,	TBD
Ib. Part 2. - <u>DELIVERY OF SERVICES</u> – report conclusions of effectual impact on the standard of care, quality, or cost of care, including a) Access to Care	TBD
Ic. Part 3.- <u>UTILIZATION MANAGEMENT</u> – assess whether different or more stringent UM requirements/ recommendations should be adopted.	TBD
Id. Part 4. – <u>HEALTH EQUITY AND HEALTH DISPARITIES</u> - assess Provider Availability, and Network Adequacy in rural and other underserved populations.	TBD
The Policy Vendor’s Final Report must:	
a. Outline the findings and any recommendations for legislation, and administrative action.	
b. Final Report Due Date to NJDOH	July 1, 2023
II. The Telemedicine-Telehealth Payment Parity Study must include:	
Iia. Part 1. – <u>INCENTIVIZATION</u> - review/research CMS reimbursement, provider network availability and interstate practice of telehealth/telemedicine services.	TBD
Iib. Part 2. – <u>GROWTH OF PAYMENT PARITY LAWS</u> - approximately 29 states have implemented payment parity laws which allow for better standardization and without any preference for one mode of visit versus the other as long as the appropriate standard of care is met.	TBD
Iic. Part 3. - Summarize findings of an environmental scan of other jurisdictions utilizing telemedicine and telehealth: a) Growth of Payment Parity Laws and b) related policy changes.	TBD
The Payment Parity Vendor’s Final Report must:	
a. Outline the findings and any recommendations for legislation, and administrative action.	
b. Final Report Due Date to NJDOH	July 1, 2023

5. Experience:

Vendor {Contractor} shall provide relevant experience on projects of similar size and scope successfully completed as evidence of vendor {contractor} ability to successfully complete statewide assessments similar to those required by this RFP. Vendor {Contractor} shall submit the resumes of staff that will participate in conducting the statewide assessment concerning telemedicine and telehealth as stipulated in P.L. 2021, Chapter 310.

6. Pricing:

Vendor {Contractor} shall submit all-inclusive pricing to provide the requested deliverables.

Pricing shall be firm fixed pricing. Firm Fixed Price means a price that is all-inclusive of direct cost and indirect costs, including, but not limited to, direct labor costs, overhead, fee or profit, clerical support, equipment, materials, supplies, managerial (administrative) support, all documents, reports, forms, travel, reproduction, and any other costs.

The Vendor {Contractor} must demonstrate how it proposes to utilize the funds (proposed amount) as it carries out each objective; including a timeline of funding used based on the submitted work plan. **The proposed amount must align with the Statement of Work and included in the proposal.**

7. Technical Proposal Requirements:

Vendor {Contractor} shall submit a Technical Proposal, which describes its approach and plans for accomplishing the work outlined in the Scope of Work section, Deliverables, Experience, and Pricing, i.e., Sections 1 - 3. The Vendor {Contractor} must set forth its understanding of the requirements of this RFP and its approach to successfully complete the contract. The Bidder should include the level of detail it determines necessary to assist the evaluation committee in its review of the Bidder's Proposal. **All required forms must be completed and returned as part of the required proposal.**

8. Evaluation:

Personnel: The qualifications and experience of the vendor's (contractor's) management, supervisory, and key personnel assigned to the contract, including the candidates recommended for each of the positions/roles required.

Experience of firm: The Contractor {Vendor} documented experience in successfully completing contracts of a similar size and scope in relation to the work required by this RFP.

Ability of firm to complete the Scope of Work based on its Technical Proposal: The overall ability of the bidder to undertake and successfully complete the technical requirements of the contract in a timely manner.

The intent of this RFP is to award a contract to that responsible Bidder whose Proposal, conforming to this RFP is most advantageous to the State, price and other factors considered. The evaluation criteria categories may be used to develop more detailed evaluation criteria to be used in the evaluation process.

9. **Required forms:**

9.1 FORMS, REGISTRATIONS AND CERTIFICATIONS REQUIRED WITH PROPOSAL

All required forms are found at the following link:

<https://www.state.nj.us/treasury/purchase/forms.shtml>

All bid submissions must include completed mandatory compliance forms, which include:

- Ownership Disclosure
- Disclosure of Investigations and Other Actions Involving Contractor
- Disclosure of Investment Activities in Iran
- Chapter 51 Compliance, where applicable
- Chapter 271 form, where applicable
- MacBride Principles
- Source Disclosure
- Business Registration Certificate
- Affirmative Action Compliance
- Certification of Non-Involvement in Prohibited Activities in Russia or Belarus p
- Evidence of Insurance
- State of New Jersey Standard Terms and Conditions
- Waivered Contracts Supplement to the State of New Jersey Standard Terms and Conditions

Contractors are under a continuing obligation to report updates to the information contained in its required forms.

Unless otherwise specified, forms must contain an original, physical signature, or electronic signature.

Winning Bidder(s) must register with NJSTART as a Contractor for the State of NJ.

www.njstart.gov

9.2 MACBRIDE PRINCIPLES CERTIFICATION

Pursuant to N.J.S.A. 52:34-12.2, a Bidder is required to certify that it either has no ongoing business activities in Northern Ireland and does not maintain a physical presence therein or that it will take lawful steps in good faith to conduct any business operations it has in Northern Ireland in accordance with the MacBride principles of nondiscrimination in employment as set forth in N.J.S.A. 52:18A-89.5 and in conformance with the United Kingdom's Fair Employment (Northern Ireland) Act of 1989, and permit independent monitoring of their compliance with those principles.

9.3 OWNERSHIP DISCLOSURE FORM

Pursuant to N.J.S.A. 52:25-24.2, in the event the Bidder is a corporation, partnership, or limited liability company, the Bidder must disclose all 10% or greater owners by (a) completing and submitting the Ownership Disclosure Form with the Proposal; (b) if the Bidder has submitted a signed and accurate Ownership Disclosure Form dated and received no more than six (6) months prior to the Proposal submission deadline for this procurement, the State may rely upon that form; however, if there has been a change in ownership within the last six (6) months, a new Ownership Disclosure Form must be completed, signed and submitted with the Proposal; or, (c) a Bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest. N.J.S.A. 52:25-24.2.

9.4 DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

The Bidder should submit Disclosure of Investment Activities in Iran form to certify that, pursuant to N.J.S.A. 52:32-58, neither the Bidder, nor one (1) of its parents, subsidiaries, and/or affiliates (as defined in N.J.S.A. 52:32-56(e)(3)), is listed on the Department of the Treasury's List of Persons or Entities Engaging in Prohibited Investment Activities in Iran and that neither the Bidder, nor one (1) of its parents, subsidiaries, and/or affiliates, is involved in any of the investment activities set forth in N.J.S.A. 52:32-56(f). If the Bidder is unable to so certify, the Bidder shall provide a detailed and precise description of such activities as directed on the form. If a Bidder does not submit the form with the Quote, the Bidder must comply within seven (7) business days of the State's request or the State may deem the Quote non-responsive.

9.5 BUSINESS REGISTRATION

In accordance with N.J.S.A. 52:32-44(b), a Bidder and its named Subcontractors must have a valid Business Registration Certificate ("BRC") issued by the Department of the Treasury, Division of Revenue and Enterprise Services prior to the award of a contract. To facilitate the Proposal evaluation and contract award process, the Bidder should submit a copy of its valid BRC and those of any named Subcontractors with its Proposal. See Section 2.1 of the State Standard Terms and Conditions.

Any Bidder, inclusive of any named Subcontractors, not having a valid business registration at the time of the Proposal opening, or whose BRC was revoked prior to the submission of the Proposal, should proceed immediately to register its business or seek reinstatement of a revoked BRC.

The Bidder is cautioned that it may require a significant amount of time to secure the reinstatement of a revoked BRC. The process can require actions by both the Division of Revenue and Enterprise Services and the Division of Taxation. For this reason, a Bidder's early attention to this requirement is highly recommended. The Bidder and its named Subcontractors may register with the Division of Revenue and

Enterprise Services, obtain a copy of an existing BRC or obtain information necessary to seek reinstatement of a revoked BRC online at https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp.

A Bidder otherwise identified by the DOH as a responsive and responsible Bidder, inclusive of any named Subcontractors, but that was not business registered at the time of submission of its Proposal must be so registered and in possession of a valid BRC by a deadline to be specified in writing by the DOH. A Bidder failing to comply with this requirement by the deadline specified by the Division will be deemed ineligible for contract award. Under any circumstance, the Division will rely upon information available from computerized systems maintained by the State as a basis to verify independently compliance with the requirement for business registration.

9.6 DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING BIDDER FORM

The Bidder should submit the Disclosure of Investigations and Other Actions Involving Bidder Form, with its Proposal, to provide a detailed description of any investigation, litigation, including administrative complaints or other administrative proceedings, involving any public sector clients during the past five (5) years, including the nature and status of the investigation, and, for any litigation, the caption of the action, a brief description of the action, the date of inception, current status, and, if applicable, disposition. If a Bidder does not submit the form with the Proposal, the Bidder must comply within seven (7) business days of the State's request, or the State may deem the Proposal non-responsive.

9.7 SOURCE DISCLOSURE

Pursuant to N.J.S.A. 52:34-13.2, prior to an award of a contract, the Bidder is required to submit a completed Source Disclosure Form. The Bidder's inclusion of the completed Source Disclosure Form with the Proposal is requested and advised.

9.8 AFFIRMATIVE ACTION

The intended Contractor must submit a copy of a New Jersey Certificate of Employee Information Report, or a copy of Federal Letter of Approval verifying it is operating under a federally approved or sanctioned Affirmative Action program. Awarded Contractors not in possession of either a New Jersey Certificate of Employee Information Report or a Federal Letter of Approval must complete the Affirmative Action Employee Information Report (AA-302) located on the web at <https://www.state.nj.us/treasury/purchase/forms.shtml>.

Bidders should verify its Affirmative Action Compliance status on the "Maintain Terms and Categories" Tab within its profile in NJSTART. In the event of an issue with a Contractor's Affirmative Action Compliance status, NJSTART provides a link to take corrective action.

9.9 INSURANCE CERTIFICATES

The Contractor shall provide the State with current certificates of insurance for all coverages required by the terms of this contract naming the State as an Additional Insured. See Section 4.2 of the State Standard Terms and Conditions accompanying this Request for Proposal. The Bidder should verify its Insurance Certification Compliance status on the “Maintain Terms and Categories” Tab within its profile in NJSTART.

9.10 Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

On March 9, 2022, Governor Murphy signed P.L.2022, c.3, which prohibits certain government dealings with businesses engaged in prohibited activities in Russia or Belarus. The new law requires the Department of the Treasury to develop a list of persons and entities that engage in prohibited activities in Russia or Belarus and an accompanying form for use statewide.

Prior to entering into, renewing, amending, or extending a contract, the intended Contractor must certify that they are not engaged in prohibited activities in Russia or Belarus using the provided Certification Of Non-Involvement In Prohibited Activities In Russia Or Belarus Pursuant To P.L.2022, c.3.