



# Request for Proposal

## National Colorectal Cancer Roundtable

***Promising Practices for Medicaid-based  
Colorectal Cancer Control Activities***

**Request for Proposal Date:** September 20, 2017

**Email Notification of Intent to Apply Due Date:** October 20, 2017

**Response Due Date:** October 27, 2017

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# 1.0 American Cancer Society Overview

The American Cancer Society (ACS) is the nationwide community-based voluntary health organization dedicated to eliminating cancer as a major health problem by preventing cancer, saving lives, and diminishing suffering from the disease. With more than two million staff and volunteers nationwide and 90 years of experience, ACS is one of the oldest and largest voluntary health agencies in the world.

Only ACS fights all cancers on all fronts: research, education, advocacy, and patient services. And only ACS has the organizational breadth, the grassroots volunteer capacity, and the wealth of public health experience necessary to dramatically improve the lives of millions of Americans facing cancer.

Cancer prevention is central to the mission and goals of ACS. As a community-based public health organization with local as well as national reach, ACS is uniquely positioned to address the goal of increasing cancer screening through numerous existing volunteer networks and partnerships. Its organizational structure enables staff and volunteers to disseminate, implement, and evaluate evidence-based strategies at the national, state, and local levels.

## 1.1 National Colorectal Cancer Roundtable Overview

The National Colorectal Cancer Roundtable (NCCRT), established by ACS and the Centers for Disease Control and Prevention (CDC) in 1997, is a national coalition of more than 100 membership organizations, including public organizations, private organizations, voluntary organizations, and invited individuals, dedicated to reducing the incidence of and mortality from colorectal cancer (CRC) in the U.S., through coordinated leadership, strategic planning, and advocacy.

The ultimate goal of NCCRT is to increase the use of recommended CRC screening tests among the entire population for whom screening is appropriate. As part of this mission, the NCCRT has launched the 80% by 2018 initiative, which aims to engage partners and the public in reaching an 80% CRC screening rate by 2018. Over 1500 organizations – including health plans, medical professional societies, academic centers, survivor groups, government agencies, cancer coalitions, cancer centers, and many others – have signed a pledge to make this goal a priority. Learn more about NCCRT and the 80% by 2018 initiative at <http://nccrt.org>.

# 2.0 Overview

CRC is the third most commonly diagnosed cancer in both men and women and the second leading cause of cancer-related death in the U.S. In 2017, an estimated 135,430 new cases of CRC will be diagnosed and an estimated 50,260 deaths will occur due to CRC.

The real tragedy is that many CRC cases and deaths could be prevented if more people were offered and took advantage of CRC screening. CRC screening not only detects cancer early, endoscopic screening approaches can prevent the cancer through the detection and removal of precancerous polyps. For those at average risk, it is important that screening begin at age 50 using one of the evidence-based screening tests available (e.g., fecal occult blood testing, fecal immunochemical test, stool DNA test,

sigmoidoscopy, CT colonography, or colonoscopy). Despite the availability of these life-saving screening tests, about one in three adults between 50 and 75 years old – about 23 million people – are not getting screened as recommended.

Screening rates vary by population and geography; however, one segment known to be less likely screened for CRC is the Medicaid population. Due to the Patient Protection and Affordable Care Act (ACA), many states have expanded their Medicaid program to individuals under age 65 who are under 138% of the federal poverty level. This expansion is increasing the number of individuals eligible for Medicaid who fall within the recommended guidelines for colorectal cancer screening, and thus providing a significant opportunity to improve CRC screening rates in participating states. Some states that did not officially expand Medicaid also have begun offering CRC screening to more uninsured and low income individuals. The NCCRT Policy Action Task Group conducted a state by state assessment of colorectal cancer control activity among Medicaid programs. The report found a wide range of colorectal cancer control activity among Medicaid agencies, ranging from no activity to ten states with “Extensive” CRC activity, including data collection, partnership, measurement and tracking, and implementation of evidence-based interventions.

To advance this research and identify additional opportunities to reach newly insured and underserved individuals, the NCCRT convened an ad-hoc advisory group (formed through the direction of the Policy Action Task Group) to oversee the development of a comprehensive report that improves our understanding of the state Medicaid agencies that are more active and experienced with promoting CRC screening. As such, we would like to commission an analysis to study more thoroughly the ten states identified as having extensive CRC activity within the previous NCCRT report, thus unveiling activities other Medicaid agencies should consider for replication in order to promote CRC screening. These ten states include: Arizona, Kentucky, Maryland, Massachusetts, Minnesota, Montana, New York, Oregon, Washington, and Wyoming.

The advisory group is comprised of leading professionals and researchers focused on CRC control with additional experience in federal, state, and commercial insurance types. Advisory group members will be instrumental in supporting the development of this report by offering continued feedback and guidance. The new report and guide will build on the findings of existing NCCRT commissioned work related to Medicaid and CRC screening:

- [Study on Medicaid Expansion and Access](#)
- [Coverage of Medicaid Preventive Services for Adults - A National Review](#)
- Colorectal Cancer Initiatives in Medicaid Agencies - A National Review

### 3.0 RFP Goals

Using the findings of a previously commissioned study, *Colorectal Cancer Initiatives in Medicaid Agencies – A National Review*, ten states have been identified as conducting “extensive” CRC activities. With a more thorough analysis of these ten state Medicaid agencies and a comprehensive review of their CRC screening-related activities, the NCCRT and the advisory group expects to distinguish notable successes

and replicable interventions that can be shared with and implemented by other states. Strategic goals for this report will include:

- A deeper understanding of the colorectal cancer control activities that these states have or are currently undertaking;
- An understanding of how these colorectal cancer control activities and interventions came to be developed and implemented, including leadership buy-in, funding, key partnerships, and implementation;
- An analysis of common factors that contributed to development and implementation of CRC activities by these agencies;
- Review of any data collected, partnerships used, and measures tracked to define success;
- Discovery of limitations and challenges faced by these states;
- Advice for state Medicaid agencies or partners looking to replicate these activities in other states; and,
- A useful menu of options for state Medicaid agencies and policy makers to consider in supporting 80% screening rates.

The NCCRT would like to commission development of an in depth review of these state Medicaid agencies with extensive activity in the area of colorectal cancer control. Tasks will include: reviewing any related literature, conducting qualitative interviews with the identified agencies to gather detailed information on the practices they attribute to their success in promoting CRC control, conducting interviews with relevant state or local partners and working with NCCRT and the advisory group to inform the survey instruments, analysis and final report. The selected contractor will then compile this information into a finalized working draft report, including case studies and lessons learned.

The American Cancer Society, on behalf of NCCRT, seeks to commission a contractor via a competitive bid process to develop a comprehensive report that improves our understanding of state Medicaid agencies with more extensive activity in the area of colorectal cancer control. Our ultimate goal is to provide information for state Medicaid agencies that are interested in progressing in the area of colorectal cancer control for their Medicaid populations.

More specific objectives and deliverables for this engagement are as follows:

- Review any existing literature and conduct expert interviews to understand the key drivers that are influencing/should influence state Medicaid agencies to prioritize efforts to increase CRC screening rates;
- Identify and analyze cross-cutting themes demonstrated by state Medicaid agencies, review of any additional data collected, partnerships used, and measures tracked to define success, and discussion of limitations and challenges faced by these states and recommendations for overcoming those challenges;
- Guidance for state Medicaid agencies or partners looking to replicate these activities in other states including a useful menu of options to support the 80% by 2018 initiative.

## 4.0 Instructions/Process for RFP

### 4.1 Questions Regarding the RFP

If you have questions pertaining to this RFP, please email NCCRT Program Manager, Caleb Levell ([caleb.levell@cancer.org](mailto:caleb.levell@cancer.org)) by October 20, 2017. Be sure to include relevant contact information, and specifically reference the section(s) of the RFP in question. All questions must be in writing. Questions and answers may be given to all applicants to avoid any unfair advantage. These guidelines for communications have been established to ensure a fair and equitable evaluation process for all respondents. Any attempt to bypass the above lines of communication may be perceived as establishing an unfair or biased process and could lead to your disqualification as a potential contractor.

### 4.2 Response Due Date and Delivery

Please submit a letter of intent by October 20, 2017 and an electronic copy of your proposal by October 27, 2017 to Caleb Levell ([caleb.levell@cancer.org](mailto:caleb.levell@cancer.org)) via email.

### 4.3 Response Costs

All costs associated with the preparation of a Proposal shall be borne by the applicant.

### 4.4 Confidentiality

This RFP and any information supplied in connection with the preparation of a Proposal is confidential and must not be disclosed, reproduced, or used in any way, except for the sole purpose of responding to this RFP.

### 4.5 Selection Process

The evaluation team members will evaluate each proposal based upon how it satisfies ACS and NCCRT requirements. While the evaluation methodology is confidential, at a high level, the major areas of consideration are:

- Familiarity and experience working with or studying state Medicaid agencies;
- Familiarity with the issues surrounding CRC screening, insurance types, health reform and state Medicaid expansion;
- Delivery of a strong and realistic project plan following the specifications in the RFP;
- Ability to meet the proposed deadline;
- Experience with conducting qualitative interviews;
- Ability to conduct a robust interview process;
- Ability to translate the lessons learned into concrete and useful analysis;
- Strong references and product samples;
- Quality assurance commitment and high performance standards;
  
- Willingness to work closely and receive input from NCCRT and Advisory Group members, while also exercising independent judgment and creative thinking;
- Strong analytical, written, and oral communication skills;

- Budget and fee proposal.

While cost is always an important decision factor, previous expertise, quality, level of service, ability to meet deadlines and operating efficiencies are also important and are critical aspects that will be examined by ACS and NCCRT. Please be sure to include all essential data in the proposal to ensure ACS and NCCRT have a full and complete understanding of your (the Contractor) capabilities and experience. See Section 5.4 for information about the budget and available funds.

## 4.6 Schedule of Events

Please observe the following schedule:

- RFP Issue Date: September 20, 2017
- Bidders Indicate Intention to Respond: October 20, 2017
- Proposal Due Date: October 27, 2017 (5:00 p.m. EST)
- Contractor Selected: November 1, 2017
- Kick off Call: November 4, 2017 (approximately)
- Target Project Start Date: November 6, 2017
- Project Completion Date: March 31, 2018

## 5.0 Proposal Deliverables

The proposal must follow the structure outlined in this section, using the numbering of sections specified. The proposal text for each section should begin by repeating the section question or statement followed by your response. In cases where the question/statement for a section does not apply, or you are unable to respond, reference the question, and then follow with a response of "N/A" (Not Applicable), including a brief explanation of the reason for not responding. Applicant may add items not listed within this section by placing them at the end of the proposal.

### 5.1 Contractor Profile

- 5.1.1 Company Name:
- 5.1.2 Mailing Address:
- 5.1.3 Street Address:
- 5.1.4 Tax Payer ID:
- 5.1.5 Dun & Bradstreet Number (DUNS):
- 5.1.6 Key Contact (Name, Title, Phone, Fax, and E-Mail):
- 5.1.7 If a Corporation, answer the following:
  - 5.1.7.1 Date of Incorporation:
  - 5.1.7.2 State of Incorporation:
  - 5.1.7.3 President's Name:
- 5.1.8 If a Partnership, provide the names of the principals.

- 5.1.9 Minority business status, if applicable.
- 5.1.10 What is the name of your organization's parent company?
- 5.1.11 Provide the location(s) of your corporate facilities.
- 5.1.12 Has your firm filed for bankruptcy within the past five years? If yes, provide details.
- 5.1.13 List any services or products that you have provided to the American Cancer Society in the past 5 years.
- 5.1.14 List your top 5 major clients, including not-for-profit clients, for whom you have performed similar work (i.e. work related to colorectal cancer, cancer screening, cancer prevention and early detection, health reform, Medicaid, public health).
- 5.1.15 Number of paid employees.
- 5.1.16 Please provide copies of your financial reports for the past three years.

## 5.2 Contractor References

Please list three references for similar projects performing similar requirements. Please include not-for-profit organizations, if any.

If possible, please share sample projects you have created for other clients, ideally plans around disease awareness campaigns, that would help illustrate your qualifications for this project.

## 5.3 Proposal Narrative

- 5.3.1 **Previous Experience** – please describe contractor experience in the following areas: development of best practices or implementation reports/guides, key informant interview tool development and implementation, colorectal cancer, cancer screening, cancer prevention and early detection, health reform, health equity/health disparities, public health, and/or Medicaid agencies.
- 5.3.2 **Proposed Project Design and Implementation** - This is the narrative of how you plan to satisfy the RFP Goals (listed in Section 3.0 and critical questions listed below). Narrative should not exceed 5 pages, single spaced, 1 inch margins, 11 Arial font. Discussion about the project plan should include the following areas:
  - Review of any related literature.
  - Interviewing a mix of representatives and partners from the ten identified Medicaid agencies, including medical directors and quality improvement leads and external partners. The NCCRT and the advisory group will work with the selected contractor to identify the proper cross section of interviewees.
  - The project plan should include the estimated number of interviews required as well as the expected length of interviews to be conducted. In some cases, it might be beneficial to interview more than one person from a particular agency.

Project plans that include a robust interview process will be viewed more favorably.

- While the literature review and interviews should inform the content of the report, the proposal should demonstrate a familiarity with the general topic, and the following elements could be reflected on:
  1. **Description of the current landscape**, including answers to questions such as: What do we know about state Medicaid expansion, cancer prevention efforts, and CRC activity? What are the key drivers that are influencing/should influence Medicaid agencies to prioritize efforts to increase screening rates?
  2. **Case studies** highlighting successful work in the ten identified states, including such topics as:
    - a) Partnerships with public health and/or cancer control programs;
    - b) Participation in advisory committees and data sharing;
    - c) Significant quality measurement and /or incentive activities;
    - d) Significant outreach activities to patients and/or providers;
    - e) Participation in a larger public health strategy that specifically incorporates CRC;
    - f) Research activities focused on CRC; and
    - g) Effective strategies to improve CRC screening rates with the use of expert assistance.
  3. **Appendix**: activity menu of options, action steps, tools, and/or templates
- The project plan should include creating all relevant materials, such as literature review summary, interview guides, and the report working draft and PowerPoint.
- The contractor should plan on participating on an initial kick-off call with NCCRT staff and the advisory group, many of whom are experts in the field. The contractor should also plan on participating in a call with NCCRT staff and the advisory group to review interview findings and select best practices/case studies for inclusion.
- The project plan should include allowance for NCCRT and Advisory Group review, feedback, and revision to ensure support and consensus. Several revisions of the work can be expected, and additional conference calls are possible.

### 5.3.3 Critical questions to be answered by the project include the following:

- What are the key drivers that are influencing/should influence state Medicaid agencies to prioritize efforts to increase CRC screening rates?
- What practices support increased CRC screening through multi-strategy approaches of Medicaid agencies?
- What infrastructure, internal processes, or external partnerships need to be in place to launch the best practice?

- What roles/key players need to be engaged to successfully implement colorectal cancer control activities?
- What concrete action steps did Medicaid agencies and policy makers take to begin implementing these practices?
- What are the lessons learned? (i.e. what activities were attempted but were not feasible or did not lead to increased CRC screening rates?)

5.3.4 **Project Deliverables** - At the conclusion of the project, the contractor will deliver:

- Transcripts of all interviews (requested but not required) or detailed interview notes;
- Interview Guide;
- An executive summary of key findings;
- A finalized working draft report, including case studies, action steps, and any tools or templates; and,
- A PowerPoint Presentation, including overall findings, verbatim quotations, key practices, and lessons learned.

## 5.4 Project Timeline and Budget

The target start date for the project is August 14, 2017. The final report and documentation should be completed by March 31<sup>st</sup>, 2018.

The proposal should include a timeline that clearly indicates when major tasks and activities will be accomplished. The proposal should provide a summary of the costs and fees to complete each section referenced in **5.3. Project Deliverables and Expectations** as presented in the project plan. The timeline should allow for feedback from relevant NCCRT representatives and the associated advisory group.

The estimated budget should range from \$20,000 to \$25,000, which includes personnel and administrative costs. The contractor should provide a detailed proposed budget, including estimated hourly labor costs, estimated hours, and a brief description of what will be accomplished monthly. Please note that all anticipated fees and expenses for delivery of the project should be included; materials, shipping costs, etc. The project plan will be viewed more favorably if it includes submission of high and low estimates for deliverables around each section of the plan.

## 5.5 Minimal Contract Requirements, if selected

5.5.1 **Tobacco-related affiliation:** ACS defines a "Tobacco Company" as any company that manufactures tobacco products and is commonly considered to be part of the tobacco industry, including subsidiaries and parent companies, as well as philanthropic foundations and other organizations closely linked with the tobacco industry

**Contractor must answer the following questions:**

5.5.1.1 Do you own 5% or more of a Tobacco Company?

5.5.1.2 Are you 5% or more owned by a Tobacco Company?

5.5.1.3 Are any of your clients Tobacco Companies?

5.5.1.4 If so, how many and what percentage of your revenues are derived from those clients?

5.5.1.5 Will you and your employees adhere to ACS's no smoking policy when on ACS premises?

**5.5.2 Conflict of Interest:**

Contractor must answer the following:

5.5.2.1 Are any of your employees, officers or majority owners employed by, or national volunteers of, the American Cancer Society, Inc. (a national volunteer is defined as being a member of the ACS national Board)?

5.5.2.2 Are you able to state that your company will not enter into a contract or agreement, or execute a document, which will create a conflict of interest or which will prevent you from freely performing for ACS?

**5.5.3 Intellectual Property/Data:** The Contractor must include in its proposal a statement acknowledging its understanding that the proposed scope of work will be deemed “work for hire” and the American Cancer Society will retain ownership of all deliverables and intellectual property, and further that the American Cancer Society and NCCRT are entitled to utilize and publicly disseminate aggregate outcome data collected and/or reported by Contractor in connection with this project.