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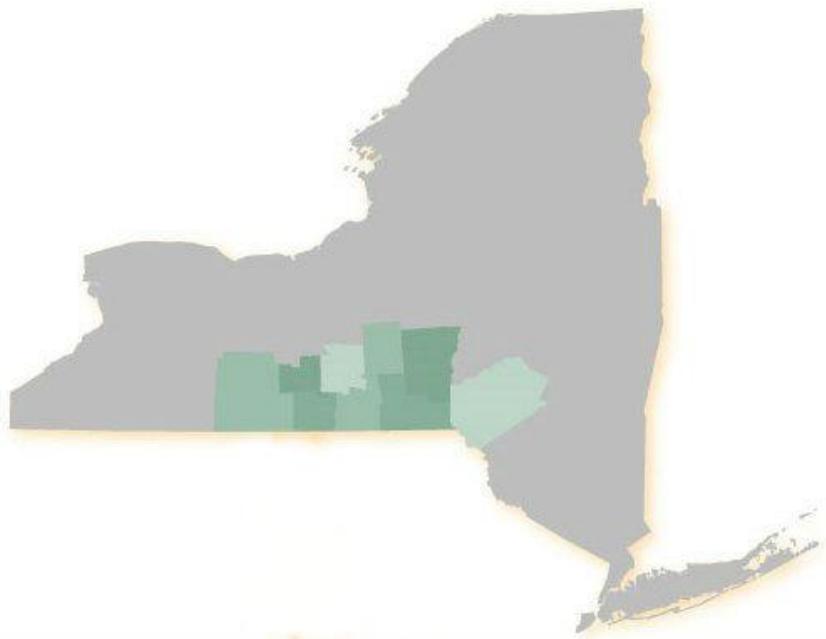
Innovation Funds for DSRIP Year 5
04/01/2019 – 03/31/2020

Request for Proposal

November 1, 2018

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SECTION 1 – OVERVIEW and GENERAL RFP SUBMISSION REQUIREMENTS

I. Introduction

A. DSRIP - Purpose and Background

On April 14, 2014 Governor Andrew M. Cuomo announced that New York has finalized terms and conditions with the federal government for a groundbreaking waiver that will allow the state to reinvest $8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms.

The waiver amendment dollars will address critical issues throughout the state and allow for comprehensive reform through a Delivery System Reform Incentive Payment (DSRIP) program. The DSRIP program will promote community-level collaborations and focus on system reform, specifically a goal to achieve a 25 percent reduction in avoidable hospital use over five years. Safety net providers will be required to collaborate to implement innovative projects focusing on system transformation, clinical improvement and population health improvement. Single providers will be ineligible to apply. All DSRIP funds will be based on performance linked to achievement of project milestones.

The $8 billion reinvestment will be allocated in the following ways:

- $500 Million for the Interim Access Assurance Fund – temporary, time limited funding to ensure current trusted and viable Medicaid safety net providers can fully participate in the DSRIP transformation without disruption

- $6.42 Billion for Delivery System Reform Incentive Payments (DSRIP) – including DSRIP Planning Grants, DSRIP Provider Incentive Payments, and DSRIP Administrative costs

- $1.08 Billion for other Medicaid Redesign purposes – this funding will support Health Home development, and investments in long term care, workforce and enhanced behavioral health services

The purpose of DSRIP is to fundamentally restructure the health care delivery system by reinvesting in the Medicaid program, with the primary goal of reducing avoidable hospital use by 25% over 5 years. Up to $6.42 billion dollars are allocated to the DSRIP program with payouts based upon achieving predefined results in system transformation, clinical management, and population health.

DSRIP has five program principles:

(1) Patient centered
(2) Transparent
(3) Collaborative
(4) Accountable
(5) Value Driven

Performing Provider System (PPS)

In order to participate in DSRIP, providers must work together to form Performing Provider Systems (PPS), which are regional entities responsible for the health of the population in their service area. Each PPS will be responsible for selecting 5-10 projects from a specified menu of DSRIP projects and domains. The project selection process will be guided by the results of a comprehensive Community Needs Assessment (CNA) and informed by PPS members and community partners who will be engaged throughout the planning process. In total, there are twenty-five (25) Performing Provider Systems (PPS) in the State of New York – Care Compass Network being one of them.

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By 2020, New York State Medicaid will have almost fully transitioned from a Fee-for-Service model to a value-based payment methodology that will put payment at risk based on performance.

The ability to manage risk will require existing Medicaid safety net providers to:

- Create a care delivery network structure for a region that has enough Medicaid covered lives to manage risk based payments.
- Organize the provider network to effectively and efficiently deliver care to Medicaid beneficiaries.
- Develop the analytical and financial core competencies for population health management.

Goals of DSRIP

- Transformation of the healthcare safety net at both the system and state level
- Reducing avoidable hospital use and improve other health and public health measures at both the system and state level
- Ensure delivery system transformation continues beyond the waiver period through leveraging managed care payment reform
- Near term financial support for vital safety net providers at immediate risk of closure

Collaboration

The State suggested that collaborative partnerships/coalitions should include:

- Hospitals
- Health Homes
- Skilled Nursing Facilities
- Diagnostic & Treatment Centers (D&TCs) and Federally Qualified Health Centers (FQHCs)
- Behavioral Health providers
- Home Care agencies
- Other key stakeholders

In Care Compass Network's selected DSRIP projects, collaboration has been very robust and inclusive of any willing stakeholder.

For more information, visit the DSRIP page on the New York State Department of Health website here.

This Request for Proposal (RFP) is for use of the Care Compass Network Innovation Funds, to support innovative ideas and opportunities needed to help accomplish our goals. **Partners may propose solutions that address one or more of the functional requirements of DSRIP and may also collaborate with other partners in order to provide a more comprehensive and complete proposal (as long as this is intention is made clear within the actual submitted response and proposal).**

B. *Care Compass Network – Overview*

History and Background

In the fall of 2014, many providers located in the Southern Tier region of New York State (which is comprised of the following counties - Broome, Chemung, Chenango, Cortland, Delaware, Schuyler, Steuben, Tioga, and Tompkins) came together to form the Southern Tier Rural Integrated Performing Provider System (STRIPPS), a conglomeration of two previously separate Performing Provider Systems - STPPS (Southern Tier Performing Provider System), which covered Broome, Chemung, Chenango, Delaware, Steuben, and Tioga counties, and RIPPS (Rural Integrated Performing Provider System) which covered Tompkins, Cortland, and Schuyler counties. UHS Hospitals was the co-

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leads for the application process for this newly combined and single Performing Provider System (PPS) throughout the initial application period of September 2014 through Spring 2015.

As the application and implementation planning progressed through the winter and spring of 2015, a new organization was created to lead the PPS in an effort of creating an Integrated Delivery System, Care Compass Network. Care Compass Network is a 501(c)(6) member-owned, not-for-profit organization created to champion new models of providing Medicaid beneficiaries with higher quality care while reducing expenses through care coordination and community-focused care and education.

Current State

Today, Care Compass Network is a Performing Provider System (PPS) and a new, not-for-profit, community organization, spanning nine counties in the southern tier area of upstate New York, created to champion new models of providing Medicaid beneficiaries with higher quality care, while reducing expenses through care coordination and community-focused care and education.

Comprised of over 180 partner organizations, including; UHS, Lourdes Hospital, Guthrie Corning Hospital, Cayuga Medical Center, Cortland Regional Medical Center, Family Health Network, and Schuyler Hospital – are working together as Care Compass Network. These partner organizations include; hospitals, primary care providers, long-term and post-acute care facilities, home health and hospice care, behavioral health and substance abuse programs, social service agencies, and a variety of other community based organizations.

Structurally, Care Compass Network is comprised primarily of leased employees hosted by PPS Partner Organizations. There are currently fourteen positions hosted by UHSH, three hosted by Lourdes, one hosted by Guthrie, and one employed by Care Compass Network with additional positions being recruited by UHS, Lourdes, and Guthrie.   Care Compass Network currently leases space at 33 Lewis Road and operates on the UHSH IT and Telecommunications infrastructure with Care Compass Network-owned hardware through a Purchased Services Agreement.   Additional Purchased Services are through UHSH and Cayuga Area Plan (CAP), requiring selected UHSH and CAP staff to have secure access to selected Care Compass Network applications and files.

Care Compass Network will be receiving protected health information (PHI) data from Medicaid and are bound to security requirements consistent with New York State information technology security policies and the Data Exchange Application and Agreement (DEAA).

Care Compass Network operates on the calendar fiscal year, and was incorporated on January 15th, 2015. We are governed by our Board of Directors and the four Board Committees: Clinical Governance, Finance, IT, Informatics, and Data Governance, and the Compliance & Audit Committee.

Helpful References / Links:

- Care Compass Network website:

  http://carecompassnetwork.org/

- Governor Cuomo's DSRIP Announcement, including PPS funding information:

  https://www.governor.ny.gov/news/governor-cuomo-announces-medicaid-redesign-efforts-saving-taxpayers-billons

- New York State Department of Health - DSRIP Related Webinars and Videos:

  https://www.health.ny.gov/health_care/medicaid/redesign/dsrip/webinars_presentations.htm

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Here is a map showing Care Compass Network's geographic region:
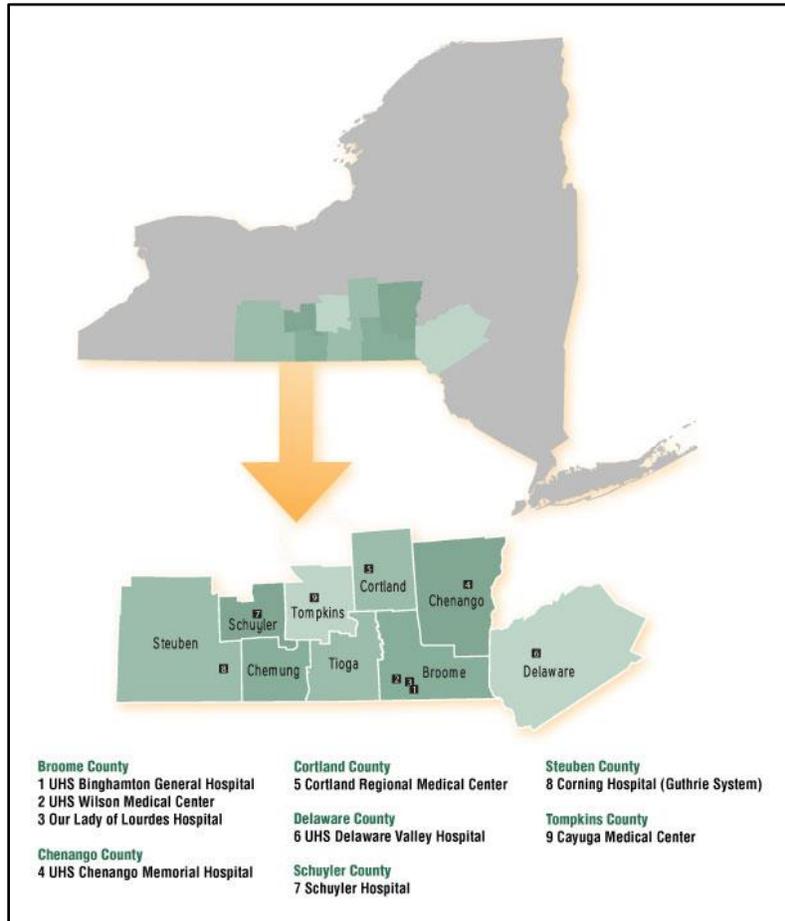
Figure 1 - Care Compass Network Geographic Region

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Within Care Compass Network's nine-county region, Care Compass Network has created Regional Performing Units (RPUs), as shown on the chart below:
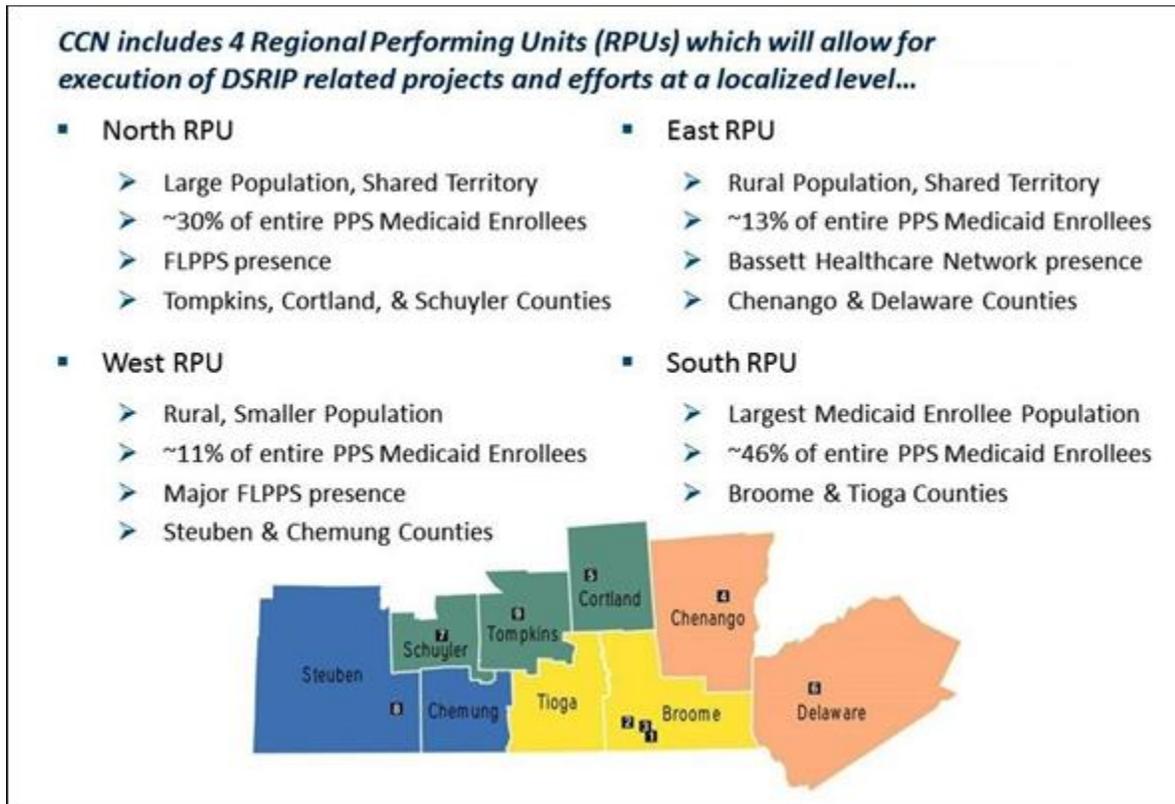

Figure 2 - Care Compass Network's Regional Performing Units (RPUs)

Vision

The Vision of Care Compass Network is to improve the health and life of Medicaid beneficiaries who engage in coordinated, culturally sensitive services that utilize the most appropriate, effective setting given medical, behavioral, social, and health literacy needs.

Goals

(1) Develop and implement a model of care that right sizes, realigns, and integrates the continuum of community based and institutional services to achieve Delivery System Reform Incentive Payment (DSRIP) goals to improve access to care while simultaneously reducing patient Emergency Department visits, re-admissions, and preventable admissions, thereby reducing costs.

(2) Retrain and redeploy the healthcare workforce to align with and support the transformed service delivery model.

(3) Implement community based care coordination to deploy early intervention and prevention to people with rising risk for chronic illness and facilitate access and movement through care settings in the service continuum.

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(4) Build organizational infrastructure for population health management, financial operations, contracting and electronic information management needed to support the Care Compass Network in the achievement of DSRIP quality and utilization goals.

Community Health Needs Assessment

In order to get a full representation of the healthcare marketplace in the Care Compass Network region, RMS, an independent market research firm, conducted a 3-tier qualitative and quantitative market research study comprised of: (1) an online survey shared with healthcare providers, community leaders across many organizations, and the general community, (2) telephone in-depth interviews with healthcare providers and community leaders, and (3) focus groups across the counties with recruited community residents. To learn more about the research, review the **Community Health Assessment Report**

DSRIP Projects

Based on the completed Community Health Needs Assessment, Care Compass Network has selected to work on the following eleven DSRIP projects. Many of these projects are overlapping or are complimentary in their approach to specific care needs.

These DSRIP projects do not impact an individual's Medicaid coverage, nor do they limit access to services. The intent of these programs and the work of Care Compass Network is to optimize Medicaid beneficiaries' health outcomes by engaging the beneficiaries in a coordinated delivery of care that utilizes the most appropriate, cost-effective setting given medical, behavioral and social needs. By transforming the way services are provided to Medicaid beneficiaries, care will be better coordinated with improved access to a variety of care settings. Additionally, early intervention and prevention strategies will be more readily available to people with rising risk for chronic illness.

1. 2.a.i. - Integrated Delivery System - Create a clinically integrated delivery system focused on evidence-based medicine and population health management.

2. 2.b.iv. - Care Transitions for Chronic Diseases - Provide 30-day transition support after hospitalization to reduce risk for readmission, targeting cardiac, renal, diabetes, respiratory and/or behavioral health disorders. Work to expand the Balancing Incentive Plan (BIP) currently used in Tompkins County.

3. 2.b.vii. – INTERACT - Implement the Interventions to Reduce Acute Care Transfers (INTERACT) model in all participating skilled nursing homes.

4. 2.c.i. - Development of Community Based Health Navigation Services - Develop community-based healthcare navigation services to assist patients in accessing appropriate healthcare services efficiently. We will use existing 211 infrastructure to identify individuals in need of navigation services.

5. 2.d.i. - Patient Activation - Engage and activate the uninsured, non-utilizing and low-utilizing populations to increase utilization of primary and preventative care services and increase the level of patient engagement across these populations. Outreach workers and patient activation training teams will be employed by community-based organizations.

6. 3.a.i. - Integration of Behavioral Health and Primary Care - Integrate behavioral health and substance abuse care with primary healthcare services to ensure coordination of care for both services and a more comprehensive approach to healthcare delivery.

7. 3.a.ii. - Crisis Stabilization - Provide readily accessible behavioral health crisis services that will allow timely access to the appropriate providers.

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8. <u>3.b.i. - Evidence-Based Strategies for Disease Management</u> - Support the implementation of evidence-based best practice strategies for cardiovascular disease management, in adults only. Will consider using tele-monitoring technology to track patient indicators at home.

9. <u>3.g.i. - Palliative Care</u> - Increase access to palliative care programs in Patient Centered Medical Homes (PCMH.)

10. <u>4.a.iii. - Strengthen Mental Health and Substance Abuse Infrastructure</u> - Strengthen chronic mental health/substance abuse disease prevention, treatment and recovery and infrastructure for mental/emotional/ behavioral health promotion and disorder prevention. Will expand existing prevention programs across the PPS and develop targeted intervention and screening.

11. <u>4.b.ii. - Chronic Disease Preventative Care and Management</u> - Increase access to high quality chronic disease preventive care and management in both clinical and community settings for chronic obstructive pulmonary disease (COPD.) Implement a more robust screening and education effort.

<u>Governance Structure</u>

Below is the current governance structure for Care Compass Network. Care Compass Network believes this structure will enable it to facilitate coordination and take advantage of many larger scale efficiencies, while acknowledging that all healthcare is local with a need for representation and resources based at the local level.
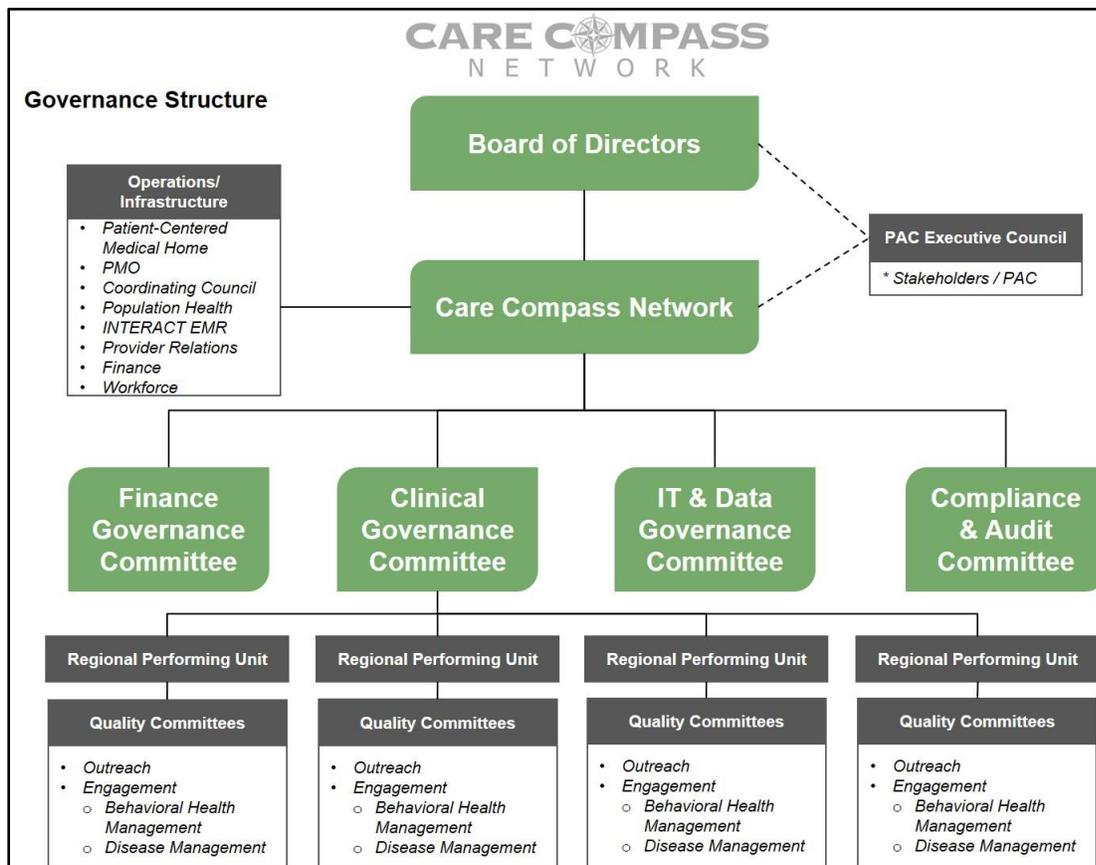

Figure 3 - Care Compass Network's Governance Structure

For more information regarding Care Compass Network, visit the Care Compass Network web page at: **http://carecompassnetwork.org/**.

II. Scope of the Proposal

The Care Compass Network Innovation Fund will promote greater customization of delivery system reform based on the needs of the Care Compass Network region. This policy has been developed to define allowable requests and usage of Care Compass Network innovation funds. Utilization of innovation funds will require completion of an application process as outlined below. In addition, a competitive evaluation will be used in identifying proposals which will be funded so as to best leverage the funds in achieving the DSRIP metrics.

Care Compass Network is seeking proposals for innovative ideas aligned with the DSRIP objectives and metrics to make substantial improvement in health outcomes for Medicaid beneficiaries. These ideas can be outside of the eleven DSRIP projects chosen by Care Compass Network, as well as expansions of those projects. They should not be for programs already covered through regular project funding.

III. Instructions for Responding

A. Selection Process and Timetable

This Request for Proposal (RFP) represents a significant opportunity to enter into a strategic partnership with Care Compass Network. This RFP will assist Care Compass Network in its efforts to identify, evaluate, and ultimately select the best ideas across the PPS that can deliver the highest level of benefit in the most cost effective and efficient manner. The intent of this RFP is to communicate Care Compass Network's requirements for Innovation Fund Use in a manner that enables each responding partner to prepare a compliant, complete, and effective response and proposal.

Care Compass Network, with input from an independent third party consultant, will review and evaluate the submitted responses and proposals using the scoring matrix contained in this RFP in Section 3.

Table 1 – Milestone Schedule

Milestone	Date
Distribute RFP	Thursday, November 1, 2018
Submit RFP or Population Health Questions via Email	Friday, November 30, 2018
Responses to RFP Questions	Friday, December 14, 2018
RFP Responses and Proposals Due to Care Compass Network	Thursday, January 31, 2019
Announcement of Awardees	February 2019 (estimated)

Proposals must be received (electronically, via email or secure file sharing web portal) per the contact information in Section E below and received on or before 5pm EST on Thursday, January 31, 2019.

B. Proposal Submission

All partner responses and proposals to this RFP should be submitted in accordance with the milestone schedule above, and should include the following components:

1. The completed Partner Response section, including:
   1) Business Case Proposal
      i. Dollar Amount Requested
      ii. Plans for sustainability post-Care Compass Network Funding

      iii.   DSRIP Alignment
      iv.   Community Need
2) Expected impact on Medicaid Members
      i.   Location(s) of impact (e.g., county, organizations, demographic)
      ii.   Timeline for realization of impact/Speed to Implementation
      iii.   Quality Metrics used to measure impact
3) Overall value provided to the Care Compass Network Region
4) Direct and/or Indirect impact on High Performance Metrics, including potentially preventable ED Visits and potentially preventable readmissions
5) Improved Access, whether by supply of scarce resources, geography, time of day/expanded hours)
6) Previous Experience (if any)
7) Proposal for Performance Tracking
8) Other Evaluation Criteria from the Scoring Matrix
9) Budget Table specifically outlining funding request from Care Compass Network
10) Summary of your Proposal in 250 words or less for public announcement should your project be awarded funding

2. Funded proposals will be executed through an Appendix to the Partner Agreement with Care Compass Network. It is not necessary that your organization have a signed partner agreement at the time of submission for Innovation Funds, but it will be required if your proposal is chosen to be funded.

3. Documentation of any and all Noted Exceptions, to any contents of this RFP, should be included as a separate section in your overall response – and clearly labeled as such. All Noted Exceptions should include the corresponding RFP section and item number(s), along with a clear statement as to your organization's position on the subject / issue and the reason for the Noted Exception.

4. Proprietary Information – To the extent possible, please avoid the use of proprietary information.

C. Proposal Conditions

■ All pages of your response should clearly include your organization's name, the date of your proposal, and the RFP section and/or item it is addressing.

■ You should respond to **all items** in the RFP as thoroughly as possible. Statements such as "all reasonable effort to provide" and other ambiguous or vague language should be avoided.

■ All partner responses and proposals must be signed by a representative authorized to bind your organization. This signature should be included in the electronic version sent back to us by the response and proposal deadline date outlined in the Milestone Schedule above (Table 1).

■ By the issuance of this RFP, Care Compass Network is not obligated to award a contract. Care Compass Network also reserves the right to accept or reject any and all parts of a submitted response and proposal – either in total or in part.

■ If the full amount of available Innovation dollars for a given DSRIP year are not distributed in the initial award for that year, additional application periods can be opened up at the discretion of the Care Compass Network management team. These special application windows will follow the same process as the previously described windows, and will allow at least two months for receipt of proposals.

■ Care Compass Network shall not be responsible for any partner costs involved in the preparation of responses, proposals, presentations/demonstrations, site visits, or any other steps in this evaluation and selection process. Therefore, participating partners may not charge any of their associated costs back to Care Compass Network.

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■ No part of this RFP shall become part of any final agreement between Care Compass Network and selected Partner (if applicable) unless specifically incorporated into a final, written agreement. However, any and all contents of partner responses and proposals may become part of a final agreement as determined and requested by Care Compass Network.

D. Communications / Questions and Answers

Any and all partner questions regarding this RFP, its contents, the Milestone Schedule and timeline, or any other aspects of this evaluation and selection process MUST be directed and submitted via email to:

Bob Carangelo
Finance Director, Care Compass Network
rcarangelo@carecompassnetwork.org

In an effort to provide direct, consistent, and fair information and responses to questions, Care Compass Network staff and leadership, along with any participating partner organizations, will be following pre-established ground rules regarding communications protocols regarding this evaluation and selection process.

Attempts to circumvent or fail to comply with the above stated communications protocol may result in immediate partner disqualification from further consideration. Please respect and comply with this protocol.

Regardless of which participating partner(s) ask questions regarding this RFP or any of its contents, Care Compass Network will provide a compiled list of **ALL** submitted questions (by the previously defined deadline for RFP questions), along with Care Compass Network's responses to those questions, to **ALL** participating partners. However, the partner(s) who submitted the questions will not be disclosed. This is an attempt to maintain fairness throughout the entire evaluation and selection process.

E. Submission Deadline

Responses are due by 5pm EST on Thursday, January 31, 2019. All responses, and any supporting documentation, should be submitted electronically (via email or secure file sharing web portal) in electronic format using MS Office applications (Word, Excel, PowerPoint, etc.) or in PDF format. Please direct responses and proposals via email or emailed URL link to:

Bob Carangelo
Finance Director, Care Compass Network
rcarangelo@carecompassnetwork.org

F. Proposal Duration

All terms and conditions included in the partner's initial response and proposal must remain firm for a minimum period of six months from the Care Compass Network receipt thereof.

G. Confidentiality

This Request for Proposal (RFP), and all information contained herein, belongs to Care Compass Network and is considered strictly confidential information property of Care Compass Network. The information is intended only for participating partner's use in preparing a response and proposal to this RFP, and may not be communicated to any other parties, either internally or externally, that are not directly involved in preparing the actual response and proposal.

H. Notifications

Any and all participating partners may be contacted by Care Compass Network, or one of its participating partner organizations, for additional information or clarification of responses and/or proposals following their submission.

I. Evaluation Criteria

Care Compass Network will evaluate all participating partner responses and proposals, submitted on time and in compliance with all previously stated submission requirements, in accordance with evaluation and selection criteria deemed critical to the success of Care Compass Network and its mission. Care Compass Network reserves the right to; (1) reject any and all responses and proposals and (2) waive formalities and irregularities in proposals received.

The selection of proposals by Care Compass Network will be based upon the scoring matrix located at the end of this RFP. This matrix may be modified prior to evaluation of the proposals pursuant to changes in CCN policies, procedures, and guidance from the New York State Department of Health. Should any changes occur, all parties will be notified within 1 business day of the changes. In the event it is necessary to choose between proposals submitted by the same organization, it is recommended that a notation be made in the proposal as to its priority in the list of all proposals submitted by that organization.

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SECTION 2 – PARTNER RESPONSE REQUIREMENTS

I. Requirements

A. General Requirements

Please describe the following:

1.   Your organization's background, industry experience, and innovation development strategy.

2.   A comprehensive description of your project.

3.   A description of your project in 250 words or less which will be made publicly available if your proposal is chosen to receive funding.

4.   Your organization's commitment and approach to develop and provide innovative solutions that keep pace with the ongoing and rapid changes in DSRIP, Accountable Care Organization (ACO), and/or other value-based contracting models.

5.   Your plans for the ongoing development of the proposed solution as well as sustainability beyond Care Compass Network funding streams.

B. Operational Requirements

Please describe the following (this is the bare minimum, please describe as much as you can about other aspects as well):

1.   Your project implementation strategy

2.   Resources do you anticipate using from your team

3.   Expectations for use of Care Compass Network resources?

4.   How many Medicaid lives you expect to impact with your innovative idea

5.   Metrics you will track to show success of the project

6.   Other items which you feel will help make the case for your proposal.

C. Safety Net Requirements

Due to requirements around funds flow to non-safety net partners, all Innovation proposals for DY5 must be contracted through Safety Net Partners. This will encourage collaboration among network partners, and a great vehicle for doing this is through a Cohort your organization may be participating in. Additionally, as CCN works to determine the awardees, it is important to note in the budget portion of the proposal the amount you expect to be distributed to each of the participating partners in the proposal. It is not expected that these numbers be exact, but they be a best estimate.

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II. Innovation Costs

Innovation costs, as incorporated into an overall Innovation Project Plan, are a key evaluation criteria and significant aspect of this, and any, competitive process. Within your proposal, please list **ALL** costs associated with acquiring, implementing, deploying, using, managing, and supporting the proposed innovative solution. Please do this on a separate page labeled "Budget."

Please separate your cost information in the proposal to include one-time costs, implementation costs, and recurring/ongoing costs. Please include any assumptions used in deriving cost information. The proposal needs to clearly define **ALL** costs expected to be paid by Care Compass Network Innovation Funds before and during implementation and deployment, as well as throughout the life of the innovative solution. If you are planning to flow funds to downstream network partners, please also state the names of those partners and the anticipated amount of funding they would receive.

III. Organization Information

Please complete all applicable sections below as clearly and completely as possible.

A. General Information

1. Please provide complete contact information including; Full Organization Name, Address, and Primary Contact Name and Primary Contact Information (title, address, office phone and/or mobile phone, fax, and email address). Primary Contact will be for ongoing inquiries, discussions, etc. related to this evaluation and selection process.

2. Please define your organization's geographic scope of operations.

3. Describe your firm's approach to quality and data integrity regarding the information and services you provide. Denote any quality awards of significance that have been achieved and when.

4. In what year was your firm founded and how many years has your firm been providing related services?

B. Service Offerings

1. Please describe your firm's focus and core competencies. Please include a complete listing of products and/or services your organization offers to their customers.

2. What distinguishes your organization's capabilities from other firms in your industry? How do you compete with your nearest competitor in the market?

3. What proprietary tools and/or methodologies does your firm use? How are these tools and/or methodologies superior to those of other firms within your industry? As your proposal will be evaluated by persons employed by organizations competing with yours, please do not disclose any specifics and keep it a very high level.

C. Operating Philosophy

1. Care Compass Network expects that the overall project scope, plan, and timeline will be negotiated and mutually agreed to in the very beginning of the engagement, and will not be altered without mutual written agreement by both parties. What practices do you utilize to manage project scope and timelines?

2. What is your organization's practice regarding the measurement of project success and/or client satisfaction?

SECTION 3 – EVALUATION PROCESS

I. Scoring Matrix

Below is the table which will be used in evaluating all of the proposals received by Care Compass Network.

#	Criteria Description	Weight	Max Score	Max Weighted Score
1	Adherence to RFP Guidelines/Requirements	3%	5	0.15
2	Company Information - Background, Size, Sustainability	3%	5	0.15
3	Aesthetics - Professional, Organized, Concise, Well-written	3%	5	0.15
4	References - Number, Relevancy to Care Compass Network/RFP/DSRIP	3%	5	0.15
	Business Case			
5	Dollar Amount Requested	0%	5	0.00
6	Sustainability Post-Funding	10%	5	0.50
7	DSRIP Alignment	10%	5	0.50
8	Community Need	10%	5	0.50
	Member Impact			
9	Reach of Proposal (# of members, counties, etc.)	8%	5	0.40
10	Speed to Implementation (0-6, 6-12, 12+ months)	6%	5	0.30
11	Appropriate Quality Metrics	12%	5	0.60
12	Overall Value ($/member impacted)	12%	5	0.60
	DSRIP Metric Impact			
13	Potential Reduction of IP/ED Usage (Direct)	6%	5	0.30
14	Potential Reduction of IP/ED Usage (Indirect - H/M/L)	4%	5	0.20
15	Improved Access (Supply, Geographic, Time of Day, etc.)	10%	5	0.50
	Totals	100%	75	5.00

II. Process

All of the proposals will be scored by an independent third-party consultant (COPE Health Solutions). Awards will be based on the objective rank order of the proposal scores as well as discussion within the evaluation group. This means that proposals scoring above average may not be funded because of discussion within the group, and it is also possible that proposals scoring below average may receive funding as well. In addition, Care Compass Network will strive to keep the distribution in accordance with population by RPU as described on page seven, as well as to have a minimum of 30% of the available funds go to hospitals and a minimum of 30% of the available funds go to non-hospital organizations.