

# Strike Teams for COVID-19 Treatment and COVID-19 Vaccinations

## Prospective Vendor Questions

### Strike Team

**Question 1.1:** Would the 5 strike teams be regionally based so commute times are kept under a certain amount of time?

**IDPH Response:** IDPH will review proposals that include regionally based strike teams or strike teams based out of a central location as long as the vendor will be able to support the entire State of Illinois outside of Chicago city limits.

**Question 1.2:** What are the hours/schedule for each team?

**IDPH Response:** We expect routine business hours of operation for vaccination efforts but we would expect the ability to provide therapeutic strike team services within 48 hours of receiving a referral for therapeutics needs, including on weekends. Considerations will be made for capacity and logistics limitations.

**Question 1.3:** Page 1, Background, states travel to about five (5) LTC facilities each week to administer the mAB and/or COVID-19 booster vaccines. Page 7, Quality of Services, states that vendor shall work with IDPH to reach the following goals per week: 5-10 sites total for targeted COVID-19 therapeutics, prophylaxis, and treatment education for healthcare providers per week; In your response describe how your organization plans to offer flexible capacity regarding deployment frequency and volume. Will the Respondent be required to travel to 5 or 10 sites weekly?

**IDPH Response:** There is a range built to allow for flexibility in the number of facilities serviced each week. We expect facilities to be able to service at least 5 facilities a week. However, that goal is also subject to the demand for referrals received.

**Question 1.4:** Page 5, Provision of Medical Therapeutics, states that Teams must be of sufficient size to provide services and consultations to LTC facilities regarding treatment, vaccination, and reporting for up to 100 individuals per clinical service provision event or per day. Are the 100 individuals per day patients that each strike team will see?

**IDPH Response:** This is an expectation that the strike team will be staffed in such a manner as to deliver services including vaccinations to at most a 100 individuals a day. These need not be in the same facility and is subject to the demand for referrals.

**Question 1.5:** What's the limit number of personnel for each team?

**IDPH Response:** That is at the discretion of the vendor. The expectation is that the staffing will be able to meet the demands of the deliverables.

**Question 1.6:** How many facilities need to be visited per day is there a maximum?

**IDPH Response:** No maximum or minimum. We have weekly rather than daily targets for service delivery.

**Question 1.7:** What format is this request "available to deploy within 48 hours of request by IDPH" or can we implement a format such as electronic alerts?

**IDPH Response:** If a vendor proposes an implementation of an electronic alert system, that will also be acceptable. IDPH is in the process of developing a referral system for this purpose.

## **Therapeutics**

**Question 2.1:** Does Illinois Department of Public Health require the HL7 interface, or can Respondents place the information in manually?

**IDPH Response:** Yes, either manual or automatic (HL7) entry is possible. The HL7 connection is for providers who wish to have the information automatically uploaded from an electronic medical record. Since I-CARE is a web-based application, you will need reliable high-speed internet access, preferably with a dedicated connection.

**Question 2.2:** Do we need sponsoring lab or does the State provide storage (i.e. refrigeration)?

**IDPH Response:** If you are referring to testing, IDPH will not be responsible for storing supplies or providing lab results.

**Question 2.3:** If Evusheld or Paxlovid are to be written by prescription, why would a pharmacist be needed as the NP can write the prescription? Is the Respondent required to dispense these medications?

**IDPH Response:** A pharmacist is not needed for the prescription but a pharmacist can also prescribe Paxlovid, if needed. Dispensing is not an expectation.

**Question 2.4:** What is the allocation of MaB and how much is the vendor responsible for purchasing?

**IDPH Response:** IDPH will supply Bebtelovimab for up to 500 individuals. However, these free doses must be prioritized for those who do not have the ability to receive mAB due to insurance coverage i.e. whose insurance will not cover the cost of the mAB. The vendor is expected to purchase bebtelovimab for those who have insurance coverage for mAB. Documentation will be required regarding the lack of insurance coverage for those who receive the free USG supply. Note that the Federal Govt also has a mAB replenishment program for those who use a commercially purchased product for the uninsured. Evusheld will be provided free of cost for all vendors to meet the entire demand.

## **Billing**

**Question 3.1:** Will the services be billed to the county or will the awarded contractor need to bill to insurance?

**IDPH Response:** Allowable costs are billable to IDPH under this award and cannot exceed overall award amount. Allowable costs include travel expenses, staffing, fringe benefits, personal protective equipment, technology to facilitate provision of services. The vendor must not bill IDPH for any costs separately billed to and reimbursed by an insurance provider. IDPH will not accept claims for direct medical services.

**Question 3.2:** Will teams be compensated for drive time or strictly time when services are being rendered at the LTC facilities?

**IDPH Response:** Travel expenses are allowable and reimbursable. Vendor must be cognizant of the location of their strike teams vis a vis locations of the long term care facilities being serviced in order to maximize the budget.

**Question 3.3:** Does this amount include anticipated third-party payor reimbursement?

**IDPH Response:** The vendor must not bill IDPH for any costs separately billed to and reimbursed by an insurance provider. If the vendor is partially reimbursed by insurance, IDPH should be used as a payor of last resort to cover any outstanding/unreimbursed costs. The vendor must not bill Medicare/insurance for services for which they have already received payment through IDPH.

## **RFP**

**Question 4.1:** There are two different due dates (09/26/2021 and 9/26/2022) on the RFP linked below.

**IDPH Response:** The 2021 date is in error. The due date is 9/26/2022

**Question 4.2:** the RFP does not mention a target budget for this project. It is difficult to gauge the target scale of this rollout without an anticipated budget. Is it possible to publish a projection for the program?

**IDPH Response:** The maximum award amount for year 1 is \$1,161,868.

**Question 4.3:** Does the Illinois Department of Public Health have an email file size restriction?

**IDPH Response:** Yes it is 20 MB and that is set by Microsoft Outlook

**Question 4.4:** The RFP states that Respondents must complete this Proposal Specification Checklist Table provided as Attachment D to identify how their proposal meets the requirements of the solicitation. There is no Proposal Specification Checklist Table in Attachment D. Can the Illinois Department of Public Health please provide?

**IDPH Response:** Attachment D is mislabeled in this section; it should be Attachment F and will be uploaded on the IDPH Website. Vendors will still need to submit either Attachment D Forms A or Attachment E Forms B.

**Question 4.5:** We'd like to know the predecessor budget and whom if any?

**IDPH Response:** This is the first IDPH procurement for the scope of services outlined in the RFP. The maximum award amount for year 1 is \$1,161,868.