

BID BOARD NOTICE**Procurement ID Number: MHCC 18-010R****Issue Date: March 7, 2018****Title: Patient Family Advisory Council –Guidance Document****Proposals Due: Friday, March 30, 2018, no later than 4:00 p.m., Local Time****I. PROCUREMENT OBJECTIVES****A. Purpose**

The Maryland Health Care Commission (MHCC) is an independent regulatory agency whose mission is to plan for health system needs, promote informed decision-making, increase accountability, and improve access in a rapidly changing healthcare environment; by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The MHCC is composed of 15 Commissioners appointed by the Governor with the advice and consent of the Maryland Senate.

Maryland, under an agreement with the Centers for Medicare & Medicaid Services (CMS), launched the All-Payer Model (model) in 2014 to transform health care delivery in the State.¹ The model is changing the way Maryland hospitals provide care, shifting from a financing system based on the volume of services to hospital-specific global revenues and value-based incentives. The model aims to reduce costs, in and outside the hospital setting, while maintaining or improving quality of care for patients. System-wide transformation is a key component of the model and essential to managing patients with chronic diseases; however, many ambulatory practices in Maryland lack adequate resources to meet the full range of needs required to achieve practice transformation, particularly as the number of patients with multiple chronic conditions continues to grow. Such resources include care management, care coordination, and connections to behavioral health and social services.

An important component of achieving practice transformation is employing a Patient Family Advisory Council (PFAC) to help the practice: 1) understand how patients and caregivers perceive the practice and health care delivery; and 2) deliver higher quality, better coordinated, and more patient-centered care. A PFAC consists of patients and family members of patients who receive care at the practice, along with leadership and support staff at the practice. PFAC advisors provide input to practices to assist health care

¹ More information about Maryland's All-Payer Model is available at:
<http://hsrc.maryland.gov/Pages/progression.aspx>.

providers in identifying patient needs, which facilitates collaboration between providers and advisors to develop recommendations that enhance care delivery, from processes in clinical workflows to the patient experience. Input from PFAC advisors enables the practice to prioritize and implement changes that best meets the needs of their patient populations. *The MHCC aims to award a contract to an organization (also referred to as Offeror or Contractor herein) to develop a Maryland specific PFAC Guidance Document to assist practices in changing the healthcare experience for their patients and family members. The PFAC Guidance Document must detail how patients and families' point of view, perspective, and experience should be integrated into care delivery.*

B. Scope of Work

The MHCC is issuing this solicitation to obtain a Contractor who will complete, at a minimum, the following:

1. Develop a unique and comprehensive PFAC Guidance Document (compendium) tailored for Maryland ambulatory practices.
2. Includes appropriately targeted guidance, such as assessing practices' capabilities to implement a PFAC; how to establish a successful PFAC; and incorporating recommendations into the practice operations and care delivery methods, among other things.
3. The PFAC Guidance Document should not duplicate existing industry available material. Rather, it should detail specific practice strategies in a compendium that accomplishes at a minimum the tactics recommended by CMS in the Comprehensive Primary Care Plus (CPC+) Change Package² regarding patient and caregiver engagement as detailed below:
 - a. Engage patients and caregivers to guide improvement in the system of care:
 - i. Establish a PFAC to work on procedures, processes, and quality improvement strategies to achieve high-quality coordinated and patient and family-centered care in the practice
 - ii. Ensure that patients are directly involved in the practice's transformation team
 - iii. Communicate with patients, families, and caregivers about the changes being implemented by the practice
 - iv. Regularly assess the patient care experience and engage patients as partners through surveys and/or other mechanisms
 - b. Integrate self-management support into usual care across conditions:
 - i. Incorporate evidence-based approaches to promote collaborative self-management into usual care using techniques, such as goal

² <http://www.tabularasahealthcare.com/wp-content/uploads/CPC-Change-Package.pdf>

- setting with structured follow-up, Teach Back, action planning, and motivational interviewing
 - ii. Use tools to assist patients in assessing their need for and receptivity to self-management support (e.g., the Patient Activation Measure or How's My Health)
 - iii. Use group visits for common chronic conditions (e.g., diabetes)
 - iv. Provide condition-specific chronic disease self-management support programs or coaching, or link patients to those programs in the community
 - v. Provide self-management materials at an appropriate literacy level and in an appropriate language
4. Field test the draft PFAC Guidance Document with select practices that vary in size, specialty, location, etc. *Practice contacts will be provided to the vendor by MHCC; however, the Contractor may supplement the list with additional contacts. It is the Contractor's responsibility to contact practices and enlist their support in the work.*
- a. Develop a strategy for determining the appropriate Maryland practices to provide feedback that informs the development of the PFAC Guidance Document:
 - i. Development of the strategy must occur in consultation with MHCC;
 - ii. The strategy must include a process for over-recruiting practices to ensure a representative number of practices, as outlined in B.4.c-d below; and
 - iii. The strategy must include a screening mechanism that will identify: 1) practice demographics, 2) willingness to participate in the field testing, 3) level of engagement necessary to provide effective feedback, and 4) individual(s) at the practice best suited to provide valuable feedback.
 - b. Implement the strategy, recruit practices, and report on progress:
 - i. Using practice information made available by MHCC, which will include practice name and address, the Contractor must outreach to practices identified through the process as outlined in B.4.a; and
 - ii. The Contractor will report to MHCC on the progress of recruitment for the focus groups and field testing (30 unique practices), identified by milestones of every five practices, as well as target dates to ensure completion by the deadline.
 - c. Propose a methodology to conduct at least two focus groups comprised of 10 unique practices each that represent independent practices statewide to

assess if the draft PFAC Guidance Document is understandable, thorough, and meets the needs of practices to support them in implementing a sustainable PFAC. Implement the MHCC approved strategy and report on the findings of each focus group to MHCC.

- d. Include a methodology for field testing an additional ten (10) unique practices meeting the qualifications below to assess the impact of any modifications to the PFAC Guidance Document as a result of B.4.c. The Contractor will incorporate feedback from field testing into subsequent iteration(s) of the draft PFAC Guidance Document at a level deemed sufficient by MHCC;

- i. Specialty

1. (5) primary care
 2. (5) non- primary care

- ii. Region

1. (2) from Baltimore Metro
 2. (2) from Eastern Shore
 3. (2) from National Capital
 4. (2) from Southern Maryland
 5. (2) from Western Maryland

- iii. Practice Size

1. (4) with a practice size of (1-2) physicians
 2. (3) with a practice size of (3-5) physicians
 3. (3) with a practice size of (6-10) physicians

- iv. Ownership Type – Non-Hospital Owned

1. (10) Independent practices

- v. PFAC Implementation

1. (5) practices that already implemented a PFAC
 2. (5) practices that have not yet implemented a PFAC

Total funding available for this contract is up to \$50,000, and the duration of the engagement is seven months from the date of an award. Offerors must have a strong working knowledge of CPC+ and other alternative care delivery models, including the model in Maryland. The Offeror shall demonstrate experience in designing care transformation guidance documents for alternative care delivery models. Preference will be given to Offerors that demonstrate in-depth knowledge and experience with the CMS Transforming Clinical Practice Initiative (TCPI) and CPC+ PFAC requirements. Offerors may propose an alternative approach to accomplish the work of this Bid Board Notice.

Please note, MHCC is seeking a Contractor to develop a Maryland practice specific comprehensive compendium and is **not** seeking a Contractor to implement PFACs or provide consulting services to practices in Maryland.

Contract Deliverables & Due Dates – 2018

PFAC Guidance Document – Key Deliverables	Estimated Due Date
Kick off meeting	May 1st
First draft for Focus Groups	May 15 th
Subsequent drafts as needed	May-June
Final draft for Focus Groups	June 13 th
Focus Group Meetings	June 15 th -June 30th
First draft for Field Testing	July 16 th
Subsequent drafts as needed	July-August
Final draft for Field Testing	August 15th
Field testing	August 16 th - September 1st
First draft guidance document	September 15 th
Subsequent drafts as needed	September - October
Final Draft document	November 15th
Final guidance document	November 30th

Note: Contract deliverables/due dates are tentative and subject to change at the discretion of the MHCC.

C. Term of Contract

The contract will begin on or about May 1, 2018, with an end date on or about December 31, 2018.

D. Issuing Office

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215; Attention: Andrea Allen, Procurement Officer.

E. Vendor Requirements

Before a business entity can do business in the State, it must be registered with the State Department of Assessments and Taxation (SDAT). SDAT is located at State Office Building, Room 803, 301 West Preston Street, Baltimore, Maryland 21201. The SDAT website is: <http://dat.maryland.gov/Pages/default.aspx>.

It is strongly recommended that any potential Offeror complete registration prior to the due date for receipt of proposals. An Offeror’s failure to complete registration with SDAT may disqualify an otherwise successful Offeror from final consideration and recommendation for Contract award.

In order to receive a contract award, Offerors must be registered on eMaryland Marketplace (eMM). Registration is free. Go here to register: <https://emaryland.buyspeed.com/bs/>. Click on “Register” to begin the process and follow the prompts.

F. Submission Deadline

Offerors proposals must be received by the Issuing Officer at the Commission office by 4:00 p.m. Friday, March 30, 2018. All proposals must include Federal Tax Identification (FEIN) and eMaryland Marketplace (eMM) Numbers. Offerors mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission. Proposals may also be submitted electronically to Andrea.Allen@maryland.gov by the specified date and time.

G. Procurement Method

The procurement method for this solicitation is a small procurement as described in the Code of Maryland Regulations (COMAR) 21.05.07. The maximum award amount allowed under these regulations is \$50,000.

II. SPECIFICATIONS

For additional information contact Justine Springer, Program Manager, Center for Health IT and Innovative Care Delivery at MHCC:

Phone: 410-764-3777

E-Mail: justine.springer@maryland.gov

III. BASIS FOR AWARD

An Evaluation Committee (committee) will be established to review all proposals received before recommending an Offeror for award. The committee will give preference to the Offeror whose proposal best meets the requirements of this solicitation and provides the most competitive and advantageous offer to the State.

IV. SELECTION PROCESS

A. Evaluation Committee

A committee appointed by MHCC will evaluate all proposals received by the closing deadline. The committee may request additional technical assistance from any source.

The committee will evaluate each technical proposal using the evaluation criteria set forth below. Only those technical proposals deemed “reasonably susceptible” of being selected for an award and whose proposal is initially judged to be “responsible” shall be considered “qualified offerors.” All other Offerors will not be considered qualified and the Offerors shall be so notified.

The committee shall recommend an award to MHCC of the Offeror whose proposal is determined to be the most advantageous to the State. In making this determination for award, the committee will give more weight to the Offerors’ technical proposal than to its financial proposal.

B. Evaluation Criteria

The evaluation criteria set forth below are arranged in descending order of importance (where 1 is more important than 2 and 2 is more important than 3). Within each criteria,

subcriteria are also arranged in descending order of importance (where 2.A is more important than 2.B and 3.B is more important than 3.C etc.)

Criteria

1. Experience and Qualifications of the Proposed Staff:

- a. Knowledge and experience with CPC+ PFAC requirements
- b. Knowledge and experience with TCPI PFAC requirements;
- c. Previous experience developing resources for practices to implement, assess and sustain a PFAC;
- d. Knowledge of PFAC evaluation;
- e. Experience working with practices to assist with transformation activities; and
- f. Familiarity with quality-based alternative health care delivery models.

2. Proposed Work Plan:

- a. Commitment and ability to participate, in person or virtually, in progress status update meetings with MHCC staff;
- b. Method for practice screening and selection for focus groups and field testing that meets the requirements by specialty, size, region, and ownership as outlined in B.4.d;
- c. Demonstrated commitment to developing iterations of the draft PFAC Guidance Document that appropriately includes feedback from MHCC in the draft;
- d. Outlines a process to ensure the PFAC Guidance Document will support practices to achieve the goals of establishing a PFAC that is:
 - i. Developed with input from Maryland practices and stakeholders;
 - ii. Promotes collaboration between patients, families, and providers to facilitate the delivery of more patient and family-centered care;
 - iii. Facilitates access to information for patients, families, and providers to improve satisfaction with health care delivery at the practice; and
 - iv. Identifies and establishes priorities related to policy, programs, educational resources, and procedures that support patients and families.
- e. A reasonable and detailed strategy and timeline as it pertains to the development of the PFAC Guidance Document that includes details about processes and timing for:
 - i. The development of the PFAC Guidance Document;

- ii. Gaining input from practices during the development of the guidance document;
 - iii. Field testing the PFAC Guidance Document, including how the Offeror plans to obtain sufficient input from small practices; and
 - iv. Revising the PFAC Guidance Document based on feedback from field testing.
3. Statement of Problem – A clear understanding of:
 - a. The challenges and barriers with respect to the work; and
 - b. The MHCC objectives and goals of this solicitation.

V. INFORMATION REQUIRED IN OFFEROR PROPOSALS

A. Transmittal Letter

A transmittal letter prepared on the Offeror's business stationery is to accompany the original and required copies of this proposal. The letter **MUST** be signed by an individual who is authorized to bind his/her firm to all statements, including services and prices contained in the proposal. The transmittal letter should include the following:

- Name and address of the Offeror;
- Name, title, e-mail address, and telephone number of the primary contact for the Offeror;
- Solicitation Title and Solicitation Number that the Proposal is in response to;
- Signature, typed name, and title of an individual authorized to commit the Offeror to its Proposal;
- Federal Employer Identification Number (FEIN) of the Offeror, or if a single individual, that individual's Social Security Number (SSN);
- Offeror's eMM number; and
- Offeror's MBE certification number (if applicable).

B. Technical Proposal

The Work Plan should be prepared in a clear and precise manner and be limited to 15 pages. It **MUST** address all applicable points of this proposal **EXCEPT** the financial information. This volume consists of, and **MUST** contain the following sections for each part of the technical requirements for which a proposal is being submitted:

1. Statement of the Problem

The "Statement of the Problem" should demonstrate that the Offeror clearly understands MHCC objectives and goals with respect to the scope of work that is for this procurement. The Offeror should also demonstrate an understanding of the

challenges and barriers faced by physician practices in implementing and assessing the impact of a PFAC.

2. Proposed Work Plan

The “Proposed Work Plan” section contains a brief general description of the work plan proposed to meet the requirements as outlined under IV.B.2. above. It should address the Offeror’s methods and techniques for meeting the requirements outlined in this procurement notice. The Offeror shall provide a scheduling matrix (Gantt chart) of proposed Contractor Personnel utilization in hours matched to the requirements of the procurement. The Offeror shall include job titles and the estimated percentage of time each individual will spend on his/her assigned tasks.

3. Experience and Qualifications of the Proposed Staff

The “Experience and Qualifications of the Proposed Staff” section shall describe the proposed staff’s experience and qualifications relative to the specific responsibilities outlined in the work plan for this procurement as outlined under section B. above.

- a) Please include individual resumes for the key personnel who are to be assigned to the project if the Offeror is awarded a contract. Subcontractors, if any, must be identified, and a detailed description of their contributing role relative to the requirements of the proposal must be included in the proposal. Each resume must be limited to three pages and include the amount of the individual’s experience relative to the work called for in this solicitation;
- b) Letters of Commitment for the intended work on the project from all key personnel, including subcontractors, must be included with the proposal;
- c) An approach to addressing staff turnover in cases where staff might be replaced during the contract work; and
- d) Three letters of recommendation from organizations where similar work was performed.

C. Financial Proposal

The financial proposal must provide both an hourly rate by labor category (time and materials) and a firm fixed price as described in COMAR 21.06.03.02.A(1). Both financial proposals must be sufficient to cover the cost of all deliverables as detailed under I.B. above. The information will be used for evaluation purposes and cost comparisons. Once awarded, MHCC will inform the Offeror which financial proposal it will accept. Billing under the time and materials contract will be for actual hours worked by each individual not to exceed \$50,000 for the term of the contract. Billing under the fixed price contract will be monthly, based on the completion and approval of each deliverable/milestone, up to the fixed price established for this contract. The contractor may not bill for work unless and until such work is specifically requested by MHCC.

Key Deliverables	Principle		Consultant		Total \$
	Hours	\$	Hours	\$	

VI. TERMINATION CLAUSE

This contract may be terminated at any time and/or for any reason at the discretion of the State. *Offerors must acknowledge this statement in their response to this Bid Board notice.*

**MINORITY BUSINESS ENTERPRISES AND SMALL BUSINESSES
ARE ENCOURAGED TO RESPOND TO THIS SOLICITATION**