

**BID BOARD NOTICE**

**ID Number:** MHCC 18-010  
**Issue Date:** December 14, 2017  
**Title:** Patient Family Advisory Council (PFAC) – Guidance Document Development

**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 health care environment by providing timely and accurate information on availability, cost, and quality of services to policy makers, purchasers, providers and the public. The Commission 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, launched the All-Payer Model (model) in 2014 to transform the health care delivery system.<sup>1</sup> The All-Payer Model is changing the way Maryland hospitals provide care, shifting from a financing system based on the volume of services to a system of hospital-specific global revenues and value-based incentives. The model aims to reduce costs while maintaining or improving the quality of care for patients. System-wide primary care transformation is a key component of the model and essential to managing patients with chronic diseases. However, many primary care settings lack the resources to meet the full range of needs of the growing number of patients with multiple chronic conditions. Necessary resources include care management, care coordination, and connections to behavioral health and social services.

The Maryland Primary Care Program (MDPCP) is an initiative proposed by the Maryland Department of Health to advance primary care transformation; MHCC is a collaborator on this initiative. The MDPCP is based on the Center for Medicare and Medicaid Innovation Comprehensive Primary Care Plus (CPC+) Model with some Maryland specific components.<sup>2</sup> The MDPCP aims to foster collaboration between primary care providers, and hospitals and specialists to facilitate the delivery of high-quality, cost-effective care.

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

<sup>2</sup> CPC+ is a national advanced primary care medical home model that aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. More information is available at:  
<https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>.

More information on the MDPCP can be found here: <https://pophealth.health.maryland.gov/Pages/Maryland-Primary-Care-Program.aspx>.

To participate in the MDPCP, practices must be able to deliver care that incorporates the Five Primary Care Functions: Access to Care; Care Management; Comprehensiveness and Coordination; Patient and Caregiver Experience; and Planned Care and Population Health. As part of the Patient and Caregiver Experience function, the MDPCP requires each participating practice to implement a Patient Family Advisory Council (PFAC) to help the practice to: 1) understand how their patients and caregivers perceive the practice and health care delivery; and 2) deliver higher quality, better coordinated, and more patient-centered care. Applications to participate in the MDPCP are scheduled to be accepted in early 2018. The program is expected to launch July 2018.

PFACs consist of patients and family members of patients who receive care at the practice, along with the leadership and staff of the practice. PFAC advisors provide input to practices to assist health care providers in identifying the needs of patients and facilitate collaboration between providers and advisors to develop recommendations for improvements in care, processes, and experiences. The input of PFAC advisors enables the practice to deliver services and care in a way that best meets the needs of their patients. Each practice in the MDPCP will be required to convene a PFAC at a minimum of once per year. *The MHCC aims to award a contract to an organization to develop a guidance document to assist practices participating in the MDPCP with implementing and assessing the impact of a PFAC.*

## **B. Scope of Work**

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

1. Develop a guidance document for primary care practices that provide the following:
  - a. Engages primary care practices in PFAC development activities:
    - i. Establish a group charter with a clear mission and vision for the PFAC;
    - ii. Increases understanding and cooperation between patients, families, and staff through promotion of respectful and effective partnerships;
    - iii. Transforms the practice culture toward patient-centered care through identification of overarching programs and policies that are relevant to patients' and families' needs;
    - iv. Develops a mechanism for the practice to receive and respond to customer input that is used by the practice for more efficient planning;

- v. Facilitates collaboration with other providers and community organizations for better patient self-management of chronic conditions and medication adherence; and
    - vi. Incorporates additional items in consultation with MHCC;
  - b. The process to interact with patients and families to meaningfully participate in the PFAC:
    - i. Establishes criteria, recruiting, and outlining expectations for participants to serve on the PFAC;
    - ii. Facilitates patients to have a greater understanding of the health care system and be more engaged in their own health and care;
    - iii. Allows patients to have an active voice and be advocates for patient and family-centered care in their community; and
    - iv. Facilitates collaboration between members of the council, stakeholders, and staff at the primary care practice.
  - c. Addresses primary care provider challenges:
    - i. Assure primary care providers that providing patient and family-centered care is valuable to the organization;
    - ii. Decide on a unified guiding mission and vision;
    - iii. Concerns that patients and family PFAC members suggestions will be unreasonable and members will compromise patient confidentiality;
    - iv. Concerns about limited resources and competing priorities;
    - v. Perception that patient and family-centered care is time-consuming and will require additional staff; and
    - vi. Others
  - d. Establishes a process to assess the impact of the PFAC on the practice:
    - i. Identify structural, process, and outcome goals;
    - ii. Determine process milestones to assess progress;
    - iii. Process to regularly measure and monitor success;
    - iv. Method to report on the progress of the PFAC to organizational leadership and stakeholders, including patients;
    - v. Establishes a process to use information from the assessment to modify PFAC approach, as necessary; and
    - vi. Others.
- 2. Field test draft guidance document with primary care practices

- a. Ensure guidance document is understandable and meets the needs of primary care practices to support them in implementing a sustained/sustainable PFAC;
- b. Incorporate feedback from small primary care practices into subsequent iteration of the draft guidance document at a level deemed sufficient by MHCC; and
- c. Contacts will be provided to the vendor by MHCC; however, the Contractor may supplement the contact with their own.

The total funding available is \$50,000 and the duration of the engagement is four months. Offerors must have a strong working knowledge of CPC+ and alternative care delivery models. The Offeror shall have experience in designing guidance documents for alternative care delivery models. Offerors must have knowledge and experience with Transforming Clinical Practice Initiative (TCPI) and CPC+ PFAC requirements.

Please note, MHCC is not seeking a vendor to implement PFACs in Maryland primary care practices.

**Contract Deliverables & Due Dates**

Key Deliverables	Due Date
Kick off meeting	February 15, 2018
First draft	March 15, 2018
Second draft	March 29, 2018
Final draft for field testing	April 5, 2018
Draft approach to field testing	April 15, 2018
Final approach to field testing	April 29, 2018
Field testing	May 15, 2018
Revised guidance document	May 29, 2018
Final guidance document	June 15, 2018

*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 February 15, 2018, with an end date of four months thereafter, on or about June 15, 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/bsol>. Click on "Register" to begin the process and follow the prompts.

#### **F. Submission Deadline**

To be eligible for consideration, proposals must be received by the Issuing Officer at the Commission office by 4:00 p.m. Friday, January 19, 2018. All bids must include Federal Tax Identification (FEIN) and eMaryland Marketplace (eMM) Numbers. Consultants mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission. Bids may also be submitted electronically to [Andrea.Allen@maryland.gov](mailto: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 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](mailto:justine.springer@maryland.gov)

## **III. BASIS FOR AWARD**

In recommending an Offeror for award, an Evaluation Committee (committee) will be established to review all proposals. The committee will recommend the Offeror whose proposals provide the most advantageous offer to the State.

## **IV. SELECTION PROCESS**

### **A. Evaluation Committee**

A committee appointed by the Issuing Office 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 award to 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 Offerors' technical proposal than to its financial proposal.

## **B. Evaluation Criteria**

The evaluation criteria set forth below are arranged in descending order of importance. (Therefore, 1 is more important than 2 and 2 is more important than 3) Within each criteria, the subcriteria are also arranged in descending order of importance. (In other words, 2.A is more important than 2.B; and 3.A, is more important than 3.B., and 3.B. is more important than 3.C., etc.) In addition, it would be improper to assume that 2.A. is either less important or more important than 3.A., 3.B., etc. An offeror can only conclude that criteria 3 as a whole is less important than criteria 2 as a whole.

### *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 a PFAC;
- d. Knowledge of PFAC evaluation;
- e. Experience working with primary care practices to assist with transformation activities; and
- f. Familiarity with alternative health care delivery models based on quality.

#### 2. Proposed Work Plan

- a. Commitment and ability to participate, in person or virtually, in progress status update meetings with MHCC staff;
- b. Commitment to developing iterations of the draft guidance document in consultation with MHCC;
- c. Outlines a process to ensure the guidance document will support practices to achieve the goals of establishing a PFAC:
  - i. Developed with input from Maryland practices and stakeholders;
  - ii. Promote collaboration between patients, families, and primary care providers facilitate the delivery of more patient-and family-centered care;
  - iii. Facilitate access to information for patients, families, and primary care providers to improve satisfaction with health care delivery at the practice; and

- iv. Identify and establish priorities related to policy, programs, educational resources, and procedures that support patients and families.
- d. A reasonable and detailed strategy and timeline as it pertains to:
  - i. The development of the guidance document;
  - ii. Gaining input from primary care practices during the development of the guidance document;
  - iii. Field testing the guidance document, including how the Offeror plans to obtain sufficient input from small practices; and
  - iv. Process for enhancing the 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 with respect to the work.

## 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 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;
- 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 work that is the topic of this bid proposal. The Offeror should also demonstrate an understanding of the challenges and barriers faced by small physician practices in implementing telehealth including the lack of a sufficient TRA tool that is readily available to these practices and can address potential biases of the user.

**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 vendor’s methods and techniques for meeting the requirements outlined in this procurement. 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 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 should describe the proposed staff’s experience and qualifications relative to the specific responsibilities outlined in the work plan for this procurement as outlined under B.2. 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 should be included in the proposal. Each resume should be limited to three pages and include the amount of experience the individual has had 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, should be included with the proposal.
- c) An approach to addressing staff turnover in cases where staff with important expertise must be replaced during the contract work.

**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 bid 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 up to a maximum total annual billing of \$50,000 for the contract. Billing under the firm

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 the Contract Monitor.

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 convenience of the State. Offerors must acknowledge this statement in their response to this Bid Board notice.

**The MHCC may release another procurement request to secure a vendor to utilize the guidance tool developed under this procurement request with Maryland primary care practices. The Contractor for this solicitation is prohibited from bidding on any and all relative subsequent solicitations.**

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