

MARYLAND HEALTH CARE COMMISSION BID BOARD NOTICE

PROCUREMENT ID NUMBER: MHCC 18-011
ISSUE DATE: December 14, 2017
TITLE: Primary Care and Selected Specialty Workforce Study
DUE DATE: Friday, January 5, 2018, 4:00 p.m. Eastern Standard Time

PLEASE READ THE ENTIRE SOLICITATION BEFORE SUBMITTING YOUR PROPOSAL.

THIS SOLICITATION SHALL BE MADE IN ACCORDANCE WITH THE SMALL PROCUREMENT REGULATIONS DESCRIBED IN COMAR 21.05.07 WHEREAS THE MAXIMUM AWARD ALLOWED IS \$50,000.

I. PROCUREMENT OBJECTIVE

A. Summary Statement

The mission of the Maryland Health Care Commission (MHCC) 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.

MHCC seeks a vendor to estimate primary care and selected specialty workforce needs under current delivery models and under the new innovative models currently being negotiated with CMS to be launched in 2019. The vendor will apply a forecasting model that can account for the supply and demand for primary care, behavioral health, and certain surgical and medical specialists for Maryland overall and by Maryland jurisdictions.

Background

Maryland, like many states, is striving to achieve the triple aim of improving access to health care services, improving quality of services, and providing care as efficiently as possible to control costs. An accurate picture of the current and projected future state of the health workforce is essential to achieving these aims. Having too few providers can reduce access and quality, while having too many providers both increases healthcare costs (through induced demand) and creates other inefficiencies. Achieving a balance between supply and demand for health professionals encompasses having the right number and mix of health professionals in the right place at the right time.

Effective January 1, 2014, the State of Maryland and the Centers for Medicare & Medicaid Services (CMS) entered into a new initiative to modernize Maryland's unique all-payer rate-setting system for hospital services. This initiative, replacing Maryland's 36-year-old Medicare waiver, allows Maryland to adopt new and innovative policies aimed at reducing per capita hospital expenditures and improving patient health outcomes. Stated in terms of the "Triple Aim," Maryland strives to transform its health care system into one that enhances patient care, improves health, and lowers costs. Success of the New All-

Payer Model will reduce costs to purchasers of care—businesses, patients, insurers, Medicare, and Medicaid—and improve the quality of the care that patients receive both inside and outside of the hospital. Over the past four years, Maryland hospitals have met the key requirements of the Agreement. Negotiations are now underway with CMS for the next phase, called the Total Cost of Care (TCoC) Demonstration, which is set to begin in 2019. If approved, Maryland will launch the TCoC Model in 2019 and commit to generating over \$300 million in Part A and Part B savings by 2023. To achieve these goals, Maryland is developing new programs that will engage physicians and post-acute providers in new programs that complement the TCoC. Maryland has submitted for approval to CMS, the Maryland Primary Care Program (MDPCP) which, if approved, will become an element of the TCoC Demonstration. Modeled after the federal government’s CPC + program, MDPCP aims to engage up to 3,000 primary care providers by 2023.

B. Term of Contract

This contract will begin on or about February 1, 2018 and continue through December 31, 2018.

C. 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.

D. 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 5, 2018. Proposals may be submitted electronically to andrea.allen@maryland.gov by the specified date and time. Consultants mailing proposals should allow sufficient mail delivery time to ensure timely receipt by the Commission.

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

E. 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. SCOPE OF WORK

The vendor will implement a workforce model to assess the supply and demand for health professionals in Maryland. The vendor will use health care practitioner datasets gathered as part of the biannual re-licensure. MHCC anticipates the following datasets:

- Board of Physicians (Physicians and PAs),
- Board Nursing (NPs only),
- Board of Psychologists,
- Board of Clinical Social Work, and
- Board of Professional and Marriage Counselors.

MHCC will arrange access to these datasets. The MHCC has developed a physician supply dataset in collaboration with the Board of Physicians. This dataset is widely used and is the best source of data on the existing physician workforce. It must be used in the study. Data sets from the Board of Nursing,

Psychologists, Clinical Social Work (CSW), and Professional Counselors will be obtained from their respective Boards. A vendor may recommend alternative data sources for these health care providers.

The vendor may propose to use an existing supply and demand workforce model or may propose to develop a new model exclusively for this effort. In either situation, the workforce model must take into account implementation of health care reform initiatives, emerging care delivery models, trends in disease burden and prevalence, other health risk factors, and social determinants, all of which affect the demand for health care services and demand for health care practitioners.

The vendor will generate multiple estimates of supply and demand using the model and the data sources provided by MHCC. The vendor will provide estimates under the baseline and alternative two scenarios for the following provider groups:

- Primary care providers (physicians, NPs, PAs)
- Behavioral Health (Psychiatrists, Psychologists, CSWs, and Professional Counselors),
- Up to three medical or surgical specialists

The estimates shall be provided for the State and by jurisdiction in a format similar to that shown in Attachment A.

Deliverable 1: Estimate of the baseline supply and demand. The vendor will estimate current supply and demand for primary care, behavioral health, and specialty providers assuming current delivery models and the insurance expansion under the ACA continue. The baseline estimates will reflect current health reforms, including the existing All Payer Model and various initiatives already in place, including the insurance expansion and various delivery system reforms, including Accountable Care Organizations. The estimates shall be provided for the State and by jurisdiction in a format similar to that shown in Attachment A.

To test the adequacy of supply under the new models of care, the vendor will estimate of impact on the demand for primary care and specialty care providers if Maryland fully implements the TCoC Demonstration and MDPCP Program within the Demonstration using the following assumptions. The vendor will generate two the additional estimates based on the assumption that that new models are implemented and the State is successful or very successful in achieving the aims of the model.

Deliverable 2: The vendor shall estimate supply and demand for provider services assuming the State implements the TCoC model and the MDPCP program is established and participation encompasses 2,500 primary care providers.

Deliverable 3: The vendor shall estimate supply and demand for provider services assuming the State implements the TCoC model and the MDPCP program is established and participation encompasses 4,000 primary care providers.

For deliverables 2 and 3, the MHCC may wish to assume that expanded access to primary care will reduce the demand for certain specialty services and thus certain specialty providers. The specialists of interests will be physician specialties. They will be identified in consultation with the vendor.

Deliverable 4: Final Presentation. The vendor shall prepare a presentation suitable for viewing by a health care policy audience. The presentation shall contain a slides and also contain reference material suitable for later review.

Deliverable 5: Final Documentation: The vendor shall provide a description of the workforce supply and demand models and the assumptions made for each of the studies and the key findings.

III. MINIMUM QUALIFICATIONS

The Offeror must demonstrate the following minimum qualifications and capabilities:

Principal Investigator

- Ten years of experience in *conducting health care work force studies*.
- Ten years of professional experience in statistical analysis and modeling health care professional workforce.
- Five years of experience in assessing and operationalizing how factors such as insurance coverage, the disease burden of a population, and social determinants can affect the demand for health care services.
- Five years of expertise in the current workforce models used by the U.S. Health Resources and Services Administration.
- Five years of experience in using state health care provider licensure and license renewal data systems to calculate the number of health care providers in a state and in jurisdictions of the state.
- Five years of experience in developing and presenting workforce results to professional and public audiences.

Senior Analyst

- At least 5 years of experience in conducting health care work force studies.
- Three years of professional experience in statistical analysis and modeling health care professional workforce.
- Three years of experience in assessing and operationalizing how factors such as insurance coverage, the disease burden of a population, and social determinants can affect the demand for health care services.
- Three years of expertise in the current workforce models used by the U.S. Health Resources and Services Administration.
- Two years of experience in using state health care provider licensure and license renewal data systems to calculate the number of health care providers in a state and in jurisdictions of the state.
- Two years of experience in developing and presenting workforce results to professional and public audiences.

IV. RESPONSE FORMAT

A. Transmittal Letter

A transmittal letter prepared on the Offeror's business stationery is to accompany the original and required copies of the Offeror's proposal. The purpose of this letter is to transmit the proposal; therefore, it should be brief. 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 letter MUST also include the Offeror's Federal Tax Identification Number or Social Security Number and the eMaryland Marketplace Number.**

B. Technical Proposal

The Offeror shall submit a letter up to 10 pages long (excluding resumes) describing the following topics:

- Statement of the Problem
- Experience and Qualifications of Proposed Staff
- Proposed Work Plan

Statement of the Problem should demonstrate that the Offeror clearly understands MHCC's objectives and goals with respect to the work that is the subject of this solicitation. The Offeror shall also demonstrate an understanding of the requirements of this solicitation.

The Experience and Qualifications of Proposed Staff section shall describe how the experience and qualifications of proposed staff meet or exceed Minimum Qualifications and should address their specific responsibilities as detailed in the work plan for this procurement. Individual resumes for the key personnel who are to be assigned to the project if the Offeror is awarded a contract shall be included with the Offeror's proposal as attachments.

The Proposed Work Plan section should briefly describe the work plan proposed to meet the requirements, and should include the firm's methods and techniques for meeting the requirements outlined in this procurement, including a timeline and milestones.

The Proposal must include a cost proposal arranged to show the estimated cost per Deliverable, the number of hours and the hourly rate. Billing under the contract will be monthly, based on the completion and approval of each milestone within each task, up to the fixed price established for this contract. Offerors should note that the Contract that results from this solicitation shall be a Firm Fixed Price as described in COMAR 21.06.03.02.A(1). The maximum total billing for all successfully completed tasks approved under this contract is \$50,000.

V. SELECTION PROCESS

A. Evaluation Committee

An Evaluation Committee appointed by the Issuing Office will evaluate all proposals received by the closing deadline. The Evaluation Committee may request additional technical information from any source. In recommending an Offeror for award, the Evaluation Committee will give more weight to an offeror's technical proposal than to its financial proposal. The Evaluation Committee shall recommend the proposal that provides the most advantageous offer to the State, considering price and the evaluation criteria set forth in the offers.

B. Evaluation Criteria

1. Experience and Qualifications of the Proposed Offeror (assuming the minimum qualifications have been met)
 - a. Credibility of the proposed workforce model that will be applied to the Maryland model as measured by use by other customers, organizational support by the vendor, and independent recognition by credible users of the estimates.
 - b. Experience using and manipulating health care practitioner license renewal data for modeling workforce needs.
 - c. Experience in presenting workforce study findings in a clear and concise manner.
2. Proposed Work Plan
 - a. Ability to successfully meet the requirements and timeframes of this procurement.
 - b. Approach to overall and task-specific management.

c. Approach to identifying and resolving anomalies with the licensure data to be used in this study.

3. Statement of Problem

Offeror shall provide a brief description of the problem and approach, including the risks and mitigation strategies associated with this type of project.

4. References

The Offeror shall provide at least two references that can speak to the work of the Offeror's Key Personnel on similar projects. References for the firm as a whole will be disregarded. Offeror should provide reference's name, title, contact information and a brief description of the work performed.

VI. ISSUING OFFICER

The issuing officer for this solicitation is Andrea Allen. Questions regarding this solicitation can be addressed via email to andrea.allen@maryland.gov.

VII. TERMINATION CLAUSE

The State of Maryland may terminate this contract at any time and for any reason. Offerors must acknowledge this statement in their response to this Bid Board Notice to be considered an acceptable response.

Attachment 1.

County	Total FTEs			FTEs/10,000 Population	
	FTE Demand	FTE Supply	Supply - Demand	FTE Demand	FTE Supply
Allegany	57	63	6	7.6	8.5
Anne Arundel	407	379	(28)	7.4	6.9
Baltimore City	464	817	353	7.5	13.1
Baltimore County	621	788	167	7.6	9.6
Calvert	66	56	(10)	7.5	6.2
Caroline	25	14	(11)	7.5	4.2
Carroll	125	103	(22)	7.5	6.2
Cecil	75	60	(15)	7.5	5.9
Charles	111	91	(20)	7.4	6.1
Dorchester	25	14	(11)	7.9	4.1
Frederick	176	140	(36)	7.4	5.8
Garrett	23	20	(3)	7.7	6.6
Harford	186	142	(44)	7.5	5.7
Howard	218	197	(21)	7.3	6.6
Kent	16	16	0	8.0	7.9
Montgomery	729	833	104	7.2	8.3
Prince George's	637	471	(166)	7.2	5.3
Queen Anne's	37	25	(12)	7.6	5.1
St. Mary's	80	53	(27)	7.3	4.9
Somerset	19	8	(11)	7.3	2.9
Talbot	31	42	11	8.1	11.0
Washington	112	111	(1)	7.5	7.4
Wicomico	75	81	6	7.5	8.0
Worcester	42	41	(1)	8.0	7.9
Total	4,357	4,565	208	7.4	7.8

Note: Primary care specialties include general and family practice, general internal medicine, geriatrics, and general pediatrics.