

OFFICIAL TRANSCRIPT OF THE  
MARYLAND HEALTHCARE COMMISSION  
SURVEY OF COMMERCIALY INSURED HEALTH PLAN MEMBERS:  
CAHPS® 5.0H ADULT QUESTIONNAIRE  
SOLICITATION NO. MHCC 16-003

JUNE 12, 2015

11:00 a.m.

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Attendees:

Scharmaine Robinson, Contract Monitor  
Andrea Allen, Procurement Officer  
Allison Booker, WBA Research  
Michelle Finzel, Maryland Marketing Source  
William Wells, Schaefer Center, University of Baltimore  
Wayne Frazier, Maryland Washington Minority Companies  
Robyn West, KRA Corporation

Via Webinar:

Jennifer Brown, Morpace  
Mary Kay Jordan, Morpace  
Fred Bingle, Bingle Research Group

Reporter:

Gervel A. Watts, CERT  
One Stop Legal  
5623 Monroe Street  
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1 MS. ALLEN: Good morning, everyone. I think we're  
2 going to get started. We are -- thank you for joining us.  
3 This is for RFP MHCC 16-003, Survey of Commercially Insured Heal  
4 Plan Members: CAHPS® 5.0H Adult Questionnaire.

5 I am the Procurement Officer. My name is Andrea Allen  
6 and I am the sole point of contact for this Solicitation.  
7 Scharmaine Robinson is the Contract Monitor, and she will be  
8 providing all the information and answering all your questions  
9 for you, right here and right now. So I'll turn it over to  
10 Scharmaine.

11 Oh, excuse me. One second. We need to introduce --  
12 yes, introduce ourselves, your name and your firm and we have  
13 some people on the webinar, but they have not unmuted their  
14 mics, so if you want access to communicate with us, you need to  
15 either dial in or unmute your mic or use the access code to dial  
16 in, but we'll introduce who's here now. I'm sorry. I will  
17 start with you.

18 MR. FRAZIER: My name is Wayne Fra --

19 MS. ROBINSON: -- If you could hold the button down  
20 until your light turns green.

21 MR. ROBINSON: Oh.

22 MS. ALLEN: Yes. Thank you.

23 MS. ROBINSON: Just hold it down until the light

1 turns.

2 MS. ALLEN: You might have to push it.

3 MS. ROBINSON: What happened? Okay.

4 MS. ALLEN: Fred Bingle.

5 MR. BINGLE: This is on mute. How do you unmute?

6 MR. FRAZIER: It took a woman to do it.

7 [Laughter].

8 MR. FRAZIER: Good morning. My name is Wayne Frazier  
9 and I'm President of the Maryland Washington Minority Companies  
10 Association.

11 MS. ROBINSON: Thank you for coming.

12 MS. BOOKER: Allison Booker, WBA Research.

13 MS. ROBINSON: Thank you.

14 MS. WEST: Good morning, Robyn West with KRA  
15 Corporation.

16 MS. ROBINSON: Thank you, Robyn.

17 MR. WELLS: Bill Wells with Schaefer Center at  
18 the University of Baltimore.

19 MS. ROBINSON: Thank you, Bill.

20 MS. FINZEL: Michelle Finzel, President of  
21 Maryland Marketing Source.

22 MS. ROBINSON: Thanks, Michelle.

23 MS. ALLEN: And we do have one gentleman who just

1 logged in. Mr. Bingle?

2 MR. BINGLE: Yeah, hi. This is Fred Bingle and  
3 I'm President of the Bingle Research Group. I'm located in  
4 Indianapolis, Indiana. But I don't know if there's -- it's part  
5 of -- I'm a Veteran's business here in Indiana and also  
6 Maryland.

7 MS. ROBINSON: Thank you for joining us. We also  
8 have two others.

9 MS. ALLEN: They're not unmuted.

10 MS. ROBINSON: Did you just want to introduce?

11 MS. ALLEN: Well, we do have on the line Jennifer  
12 Brown, but she's not going to be vocal today, I guess. And Mary  
13 Kay Jordan also. I'm not sure what firms they are from. So if  
14 they ever log in, we'll find out.

15 MS. ROBINSON: So thank you both, also, for  
16 participating today. And if you are experiencing technical  
17 difficulties and that's the cause of you not being able to  
18 communicate with us --

19 MS. ALLEN: We got Jennifer.

20 MS. ROBINSON: -- you could still also potentially  
21 use your chat feature within GoTo Webinar to --

22 MS. ALLEN: Jennifer Brown is on there.

23 MS. ROBINSON: -- type in questions.

1 MS. BROWN: Can you hear me? Jennifer Brown is  
2 here.

3 MS. ROBINSON: And is that Jennifer Brown, did  
4 you say?

5 MS. BROWN: Yes, I'm here. Can you hear me?

6 MS. ROBINSON: Yes, we can hear you. Thanks for  
7 joining us.

8 MS. BROWN: Okay.

9 MS. ROBINSON: What firm are you --

10 MS. BROWN: Yes. Mary Kay --

11 MS. ROBINSON: -- with Ms. Brown?

12 MS. BROWN: -- and I -- Mary Kay and I are both from  
13 Morpace.

14 MS. ROBINSON: Okay. Great. Thank you both for  
15 joining us.

16 MS. BROWN: Thank you.

17 MS. ALLEN: I think -- did you say Morpace? I'm  
18 sorry. Could you state the name of your firm again?

19 MS. BROWN: It's Morpace.

20 MS. ALLEN: Morpace.

21 MS. BROWN: M-O-R-P-A-C-E.

22 MS. ALLEN: Thank you.

23 MS. ROBINSON: Thank you.

1 MS. BROWN: Thank you.

2 MS. ROBINSON: Okay. So again, I would like to  
3 welcome everyone to today's pre-bid conference and thank you all  
4 for taking the time out of your day to attend and participate.

5 Again, I'm Scharmaine Robinson. I'm the Chief for  
6 Health Benefit Plan Quality and Performance here at MHCC, and I  
7 will also be the Contract Monitor for this procurement.

8 In terms of -- before jumping into the review of  
9 this RFP, what I will share with you is that MHCC does currently  
10 have a contract that is coming to term this year and it is  
11 intended to be replaced by the procurement resulting from this  
12 RFP. As such, the RFP for this solicitation is relatively the  
13 same as what currently exists that's coming to term now. So  
14 there aren't really any surprises in this procurement.

15 So in addition, since this Solicitation was  
16 posted last week, MHCC has had several inquiries and we have  
17 responded to these vendor inquiries. There are some question  
18 and responses documents, two of them, in fact, on the table in  
19 the room here. They will also be sent electronically to the  
20 people who are participating remotely --

21 MS. ALLEN: -- (Indiscernible).

22 MS. ROBINSON: -- as well as -- I'm sorry, Andrea?

23 MS. ALLEN: No. I was asking if we were going to

1 review those now.

2 MS. ROBINSON: Sure. So one of the questions, I  
3 Believe, everyone -- one of the question sets, I believe,  
4 everyone has received already, the Procurement Officer here has  
5 requested that we review. The second set of questions that came  
6 in that were just produced today.

7 So in terms of -- before jumping into the RFP,  
8 this question set does -- it's a two-pager in the packet here.  
9 And the first question references the section in the RFP,  
10 3.2.1.07 Plans Reporting. The question is:

11 "Should the NCQA submission fee be considered as a  
12 portion of the 'cost per plan' on the financial  
13 proposal (Attachment F)?"

14 MS. ROBINSON: The response is "Yes."

15 Next, the reference is Section 3.2.1.08 Survey  
16 Administration. The question is:

17 "Have plans over-sampled in the past?" And, "Should  
18 over-sampling be included as part of cost?"

19 MS. ROBINSON: The response:

20 "Yes. Plans have over-sampled in the past. Yes,  
21 over-sampling should be included as part of the cost.  
22 The contractor should include as part of the cost the  
23 required sample size of 1,100 plus the cost of a ten

1           percent (10%) over-sampling rate for a final sample  
2           size of 1,210. At their own expense, each health  
3           benefit plan does have the option to increase the  
4           over-sampling rate in addition to the ten percent  
5           (10%) executed by MHCC."

6           MS. ROBINSON: So they can also increase it by another  
7           ten percent (10%). This is NCQA -- or at least they have  
8           typically increased it by another ten percent (10%) and these  
9           sample size numbers are established by the National Committee  
10          for Quality Assurance (NCQA). So if they change during the  
11          duration of this five-year contract at any time, we would still  
12          be going with what NCQA recommendations are for a sample size  
13          for the effective year.

14                    The next question for the same citation, 3.2.1.08  
15          Survey Administration.

16                    "Question: Is a Spanish protocol used for either the  
17                    mail or telephone protocols or both?"

18                    MS. ROBINSON: The response is, "No." Spanish  
19          protocol isn't used.

20                    Next question, Reference 3.2.1.09 Supplemental  
21          Questions.

22                    "How many of the supplemental questions are closed-  
23                    ended and how many are open-ended?"

1 MS. ROBINSON: So the response:

2 "For quality reporting in 2015, the ten supplemental  
3 questions came directly from portions of the CAHPS®  
4 Cultural Competence Item Set produced by the Agency  
5 for Healthcare Research and Quality (AHRQ).

6 Supplemental questions for quality reporting are  
7 subject to change and are typically finalized annually  
8 at or before the December Kick-off Meeting. The 2015  
9 supplemental questions follow, and response choices  
10 for all of these questions include never, sometimes,  
11 usually and always."

12 MS. ROBINSON: So I've listed the ten questions. They  
13 all start within the last 12 months. So Question 1:

14 1. "In the last 12 months, how often were the  
15 explanations your personal doctor gave you hard to  
16 understand because of an accent or the way your  
17 doctor spoke English?

18 2. How often does your personal doctor use medical  
19 words you did not understand?

20 3. How often did your personal doctor talk too fast  
21 when talking with you?

22 4. How often did your personal doctor ignore what  
23 you told him or her?

- 1           5. How often did your personal doctor interrupt you  
2           when you were talking?
- 3           6. How often did your personal doctor show interest  
4           in your questions and concerns?
- 5           7. How often did your personal doctor answer all of  
6           your questions to your satisfaction?
- 7           8. How often did your personal doctor use a  
8           condescending, sarcastic or rude tone or manner  
9           with you?
- 10          9. How often have you been treated unfairly at your  
11          personal doctor's office because of your race or  
12          ethnicity?" And --
- 13          10. "How often have you been" -- excuse me -- "how  
14          often have you been treated unfairly at your  
15          personal doctor's office because of the type of  
16          health insurance you have or because you do not  
17          have health insurance?"

18           MS. ROBINSON: So the next question references Section  
19   3.2.1.12 Target Response Rates.

20           "Question: "Is the 30 percent (30%) response rate a  
21           calculation of the average of the health plan's  
22           response rates or an average of all respondents  
23           (average response rates across all plans for summing

1 all completes/total sample - total ineligible)?"

2 "Response: "The target response rate of 30  
3 percent (30%) or better is an average of all  
4 respondents."

5 MS. ROBINSON: So that is the summing all  
6 completes/total sample minus total ineligible.

7 The next question for the same citation 3.2.1.12  
8 Target Response Rates.

9 "What are the historical response rates for each  
10 plan?"

11 "Response: "Our response rates are approximately  
12 30 percent (30%) plus or minus approximately five  
13 percent (5%)."

14 MS. ROBINSON: Next question, Citation 3.2.1.13

15 Maintain Confidentiality:

16 "What type of HIPAA certification is required?"

17 "Response: "MHCC is not requiring HIPAA Certification  
18 by a specific entity; however, certification by  
19 any entity that covers issues surrounding both privacy  
20 and security will be considered to be satisfactory.  
21 Please also note that there is information technology  
22 requirements in Section 3.3.3 of this RFP."

23 MS. ROBINSON: And that was the last question that

1 came in prior to this pre-bid conference here. So with that,  
2 I'll say that we can dive into the actual RFP. We start on page  
3 iii.

4 You'll see that here, we have the closing date  
5 and time. The RFP has a typo that -- did we get an addendum out  
6 beforehand --

7 MS. ALLEN: (Indiscernible).

8 MS. ROBINSON: -- that was -- okay. So we just  
9 created an addendum that's available for the folks in-house, but  
10 an electronic version will be sent out following this meeting,  
11 but the closing date and time should read July 6th, 2015 --  
12 rather than 2013 -- no later than 4:00 p.m. local time.

13 There is also an MBE subcontracting goal of 15  
14 percent (15%) and the VSBE subcontracting goal of 0.5 percent.  
15 That 0.5 is not a typo, half a percent, VSBE goal.

16 Next, if we could turn our attention to page 9,  
17 the contract type for this RFP is a combination, indefinite  
18 quantity contract with fixed unit prices and a fixed incentive  
19 price contract.

20 So indefinite quantity, because although there  
21 are currently 15 health benefit plans that require survey  
22 administration in the State of Maryland, that number could  
23 change from year-to-year. I will say that historically, that

1 number 15 health benefit plans, has been relatively stable. So  
2 if there are changes in the years ahead, I wouldn't anticipate  
3 that the changes would be dramatic.

4 See fixed unit price would be the plan price for  
5 all services rendered under this contract and in addition, there  
6 is a \$5,000 annual incentive that can be earned if the  
7 contractor achieves a survey response rate of 30 percent (30%).

8 So the contract duration for this RFP is for a five-  
9 year period with a go live date of October 1, 2015 and a  
10 termination date of September 30, 2020.

11 Proposals will be competitive sealed proposals with  
12 both technical and financial proposals having equal weighting  
13 for this procurement.

14 So next, let's turn our attention to page  
15 11. I just wanted to emphasize that the proposals must be  
16 received by the Procurement Officer here, Andrea Allen, no later  
17 than 4:00 p.m. on Monday, July 6th, in order to be considered.

18 And what your proposals need to include is one unbound  
19 original, five bound copies of a proposal, one electronic copy  
20 that is in editable Word or Excel format, and one electronic  
21 copy that is searchable using Adobe format, .pdf style format.

22 So Andrea has a comment she'd like to add to  
23 this.

1 MS. ALLEN: Also, a requirement is that you  
2 submit an electronic Public Information Act copy with your  
3 regular electronic copy, so in case of inquiries, we can  
4 already have your proprietary information redacted by your  
5 firm, by your attorneys. And you just need to provide a list  
6 of what you believe is proprietary, you know, with that disc,  
7 please. Thank you.

8 MS. ROBINSON: Fantastic.

9 Okay. So I will say that the proposals coming in at  
10 the due date, they can be sent in by mail; they can be sent in  
11 by courier; they could be hand-delivered. They may not be  
12 emailed. They may not be faxed.

13 Okay. So next, if we could just jump right to  
14 page 26, Minimum Qualifications. So there are only two minimum  
15 qualifications for this procurement. First is that the offer  
16 must be a current NCQA-certified CAHPS® Survey Lender. We're  
17 using the 5.0H version. At any time during the course of this  
18 contract if there is an updated version, we'll be going with  
19 that updated version.

20 The second minimum qualification, the offeror  
21 must possess a minimum of three years of experience within the  
22 past five years in conducting CAHPS® mail and telephone survey  
23 projects. Okay.

1           So next, we will turn to page 29, looking at the  
2 Survey Administration at the bottom of the page. With the  
3 administration of this CAHPS® Survey, the use of the mixed  
4 methodology protocol is required and the use of computer-  
5 assisted telephone interviews is also required.

6           On page 30, Supplemental Questions. The contractor  
7 shall work with the contract monitor and health benefit plans to  
8 ensure that supplemental questions and modified surveys are  
9 reviewed and approved by NCQA.

10           Next section, 3.2.1.10 on the same page,  
11 Questionnaire's Transmittal Letters and Reminder Postcards. The  
12 contractor shall work with the contract monitor to ensure that  
13 the questionnaire's transmittal letters and reminder postcards  
14 include the appropriate MHCC-specific information and the  
15 contractor must place a minimum of three seeds for the purposes  
16 of this Solicitation. And a seed in the -- a seed is a survey  
17 mailing to a non-respondent as a means of checking for quality.

18           So one of these seeds will go to MHCC, one to the  
19 contractor itself, and one to the National Committee for Quality  
20 Assurance. They'll go into the mail phase of each health plan  
21 survey protocol, and MHCC will be designating the seeds at the  
22 Annual Planning Conference.

23           The next section, 3.2.1.11 Communication and

1 Coordination. I just wanted to stress here the importance of  
2 ensuring open communication throughout the duration of the  
3 contract, responsiveness. So again, I just wanted to stress the  
4 importance that is stated there.

5 On the next page, 31, bottom of the page, 3.2.3.4  
6 Data Extracts. On June 1st of each contract year, the  
7 contractor shall provide in electronic format an extract of  
8 final summary data files to the contract monitor that contains  
9 all fields used to generate and display the health plan's  
10 specific CAHPS® metrics and summary information.

11 So for example, prior quality compass scores to  
12 be used for the national average benchmark and the national 90th  
13 percentiles score are to be secured by the contractor from the  
14 National Committee for Quality Assurance (NCQA). So any costs  
15 associated with that will be the responsibility of the  
16 contractor.

17 So we do -- I'm going to stop here briefly. We  
18 do have someone who might want to mute their phone. We're kind  
19 of hearing a little bit of background conversation. So just a  
20 gentle reminder to please mute your phone -- or not.

21 [Laughter].

22 MS. ROBINSON: So we're just going to continue.

23 Page 32. I did want to say that the format for

1 any of the electronic files for these data extracts will be  
2 described in detail, again, at the Annual Planning Conference  
3 that will likely be held around October or November of the year  
4 -- of this year, and every subsequent year during the course of  
5 the contract.

6           Next section on the same page, 3.2.5 Ownership of  
7 Data Information and Reports. Any data information and reports  
8 collected or prepared by the contractor in the course of  
9 performing its duties and obligations under the contract  
10 resulting from this RFP shall be deemed to be owned by, and  
11 become the property of MHCC.

12           And the last thing that I'm going to be covering  
13 before I turn things over to Andrea --

14           MS. ALLEN: Questions.

15           MS. ROBINSON: -- will be the -- okay.

16           The last thing from the RFP that I will cover is the  
17 Invoice Submission Schedule. So we're looking at page 38.

18           The contractor is required to complete all activities  
19 for each interval identified in the summary table of  
20 deliverables and payment terms that begins on page 38.

21           So they're required to finish each of the items  
22 in each of the intervals before payment can be rendered by MHCC.  
23 So you'll see the -- there's a first payment interval that has

1 five items. The second payment interval with three items. A  
2 third payment interval with another three items and the final  
3 payment interval with four items, all related to CAHPS® survey  
4 administration and the data extracts.

5 So that's it in terms of my RFP summary. At this  
6 point, I think we'll just open up the floor to questions from  
7 the group. And in terms of the webinar participants, if there  
8 are -- if there is any indication that you did not receive the  
9 first set of questions, we could go over those as well after we  
10 address the questions from the group here live. So does anyone  
11 have any questions?

12 Yes. Please just turn your mic on. State your  
13 name and organization for the court reporter.

14 MS. FINZEL: Hi. This is Michelle Finzel with  
15 Maryland Marketing Source. Section 2 on page 26, when you  
16 were talking about minimum qualifications --

17 MS. ROBINSON: Yes.

18 MS. FINZEL: -- as well as when you were  
19 referencing the information technology minimum qualifications,  
20 do these apply to subcontractors, MBE, VSBE subcontractors  
21 as well as prime bidders or is that -- are these requirements  
22 of prime bidders only?

23 MS. ROBINSON: Okay. So the minimum qualifications on

1 page 26 is the responsibility of the prime, for the prime to be  
2 NCQA certified and to possess the experience stated.

3 MS. FINZEL: Subcontractors, no?

4 MS. ROBINSON: Subcontractors are between the  
5 subcontractor and the prime.

6 MS. FINZEL: Okay.

7 MS. ROBINSON: So we're not getting involved with  
8 that.

9 MS. FINZEL: Okay. And do sub -- and one more  
10 question. Do subcontractors need to be named in the proposal  
11 ahead of time?

12 MS. ROBINSON: Yes. Absolutely.

13 MS. FINZEL: Thank you.

14 MS. ROBINSON: Are there any other questions?

15 MR. BINGLE: Hi. This is Fred Bingle of Bingle  
16 Research Group. I just has a question. Are you able to say who  
17 was the incumbent that had it last time?

18 MS. ROBINSON: Yes. So the -- yes, right?

19 MS. ALLEN: Uh-huh.

20 MS. ROBINSON: Yes. So the incumbent is WBA  
21 Research.

22 MR. BINGLE: Uh-huh.

23 MS. ROBINSON: And that contract is due to come

1 to term this year.

2 MR. BINGLE: Uh-huh. Okay. Thank you.

3 MS. ROBINSON: Mm-hmm.

4 MS. BROWN: Hi. This is Jennifer Brown from  
5 Morpace. Can you hear me?

6 MS. ROBINSON: I'm sorry. Can you speak up a  
7 little bit, please, Jennifer?

8 MS. BROWN: Sure. This is Jennifer Brown from  
9 Morpace.

10 MS. ROBINSON: Yes.

11 MS. BROWN: You had mentioned the first set of  
12 questions, I don't believe we received a copy of that. So would  
13 you be able to either --

14 MS. ROBINSON: Yes.

15 MS. BROWN: -- cover that now or send that to us?

16 MS. ROBINSON: Absolutely. I'll cover it now and  
17 we'll be sending it to you later this afternoon.

18 MS. BROWN: All right. Thank you.

19 MS. ROBINSON: Sure. So, the first set is only two  
20 questions. So Question 1:

21 "IMS Health obtained the NCQA HEDIS CAHPS®  
22 certification late last year (2014) and already can  
23 claim CAHPS® survey past performance. As the NCQA

1 certification program admits new vendors every year,  
2 based on strict application criteria, we believe the  
3 State of Maryland may be limiting the number of  
4 potential respondents by requiring three CAHPS®-  
5 specific past performance." That will be three years  
6 of CAHPS®-specific past performance. "Would the state  
7 of Maryland accept non- CAHPS® survey past performance  
8 to demonstrate IMS' ability to administer a large-  
9 scale survey programs? In applying for the NCQA  
10 certification, IMS provided two reference letters  
11 demonstrating past performance conducting large-scale  
12 health."

13 MS. ROBINSON: Probably surveys business.

14 So the response: "As described in the Minimum  
15 Qualification, Section 2.1.2 of this RFP, the offeror  
16 must possess a minimum of three years of experience  
17 within the past five years in conducting CAHPS® mail  
18 and telephone survey projects. Prior experience with  
19 conducting large-scale health survey projects and  
20 other non-CAHPS® survey projects may not be  
21 substituted for experience with CAHPS® survey  
22 projects.

23 MS. ROBINSON: So this is definitely a large-scale

1 project and we would need to have vendors with that level of  
2 experience. And with the target rates of -- or target goal of  
3 30 percent (30%) or greater for this RFP, the state felt that it  
4 was necessary to ensure that bidders that are being considered  
5 have that level of experience. So --

6 "Question 2: "There is no mention of customer support  
7 in the requirements. Will there be any need for this?  
8 If so, what are the specific requirements?"

9 "Response: "Although there is no separate section  
10 on customer support in Scope of Work - Requirements  
11 Section 3.2, descriptions of the type of ongoing  
12 communication and support, a contractor is expected to  
13 provide to MHCC health benefit plans and other MHCC  
14 contractors is described under the various subheadings  
15 throughout Section 3.2."

16 MS. ROBINSON: So we hope that this would be  
17 sufficient to describe the level of customer support that is an  
18 expectation of the contractor.

19 So that's it for me in terms of these questions that  
20 came in prior to the pre-bid conference.

21 Do you have any additional questions?

22 MR. FRAZIER: In regards --

23 MS. ROBINSON: Yes.

1 MR. FRAZIER: -- In regards to the MBE and the  
2 veteran requirements, did the previous contractor have MBE  
3 goals?

4 MS. ALLEN: Yes.

5 MR. FRAZIER: And did they -- have they met them?

6 MS. ALLEN: Yes, they have.

7 MR. FRAZIER: And what were those goals?

8 MS. ALLEN: I think at this moment -- well, the  
9 established goal was 15 percent and I think the prime right  
10 now is at maybe a 16 percent --

11 MS. ROBINSON: So it exceeded the --

12 MS. ALLEN: -- accomplished.

13 MS. ROBINSON: -- goal slightly.

14 MS. ALLEN: Yes.

15 MR. FRAZIER: Well, why is it just 15 percent --

16 MS. ALLEN: Well --

17 MR. FRAZIER: -- and not the --

18 MS. ALLEN: -- because the services --

19 MR. FRAZIER: -- State's goal of 29?

20 MS. ALLEN: -- well, this contract -- the prior  
21 contract was put in place -- what about four years ago, 2011 or  
22 2010 --

23 MR. FRAZIER: Uh-huh.

1 MS. ALLEN: -- And at that time, the goal was at 25  
2 percent, I believe. But each department is able to basically  
3 set their own goals as to, you know, the services that we  
4 believe can be set aside for a subcontractor because the  
5 certification requirements through CAHPS®, a lot of that --  
6 those services are not available for subcontractors to provide,  
7 so that's why the goal was only 15 percent. When the contract  
8 was first established back in, maybe 2000, the goal was 10  
9 percent or maybe five percent. So we've upped it a little bit  
10 at a time to see, you know, as the contract evolves and the  
11 services evolve and more opportunities are available for subs,  
12 we don't want to put an undue burden on primes neither to try to  
13 meet these goals. And that's happened in the -- before, and  
14 then that ruins the reputation of the prime also. So we don't -  
15 - we kind of want to keep it even and keep everything, you know  
16 -- I don't want to say easy -- but we just want to be realistic  
17 about what's out there, you know, what's available to the subs.

18 MR. FRAZIER: Well, what type of work can MBEs do  
19 on this contract?

20 MS. ALLEN: I think in the past it was maybe  
21 telephone survey or printing, documents and mailing services.

22 MR. FRAZIER: Okay.

23 MS. ALLEN: Okay. I -- not right offhand.

1 MS. ROBINSON: No.

2 MS. ALLEN: I think that's what it was.

3 MS. ROBINSON: That's absolutely correct.

4 MS. ALLEN: Okay.

5 MS. ROBINSON: So because of -- this is a survey  
6 that's going out through the mail with follow-up telephone  
7 calls. Some of the telephone can be done through an automated  
8 system and then transfers to a live voice. For this  
9 procurement, we're still doing all of this only in English, so  
10 there is no like interpreter services that are needed or  
11 anything like that. So typically, it has been -- or  
12 historically, it has been survey production and printing  
13 services type of --

14 MR. FRAZIER: Okay.

15 MS. ROBINSON: -- work.

16 MR. FRAZIER: So are you limiting the MBE's goal to 15  
17 percent? It takes away from the creativeness of the competitors  
18 to come up with even greater opportunities for MBEs.

19 MS. ALLEN: Well, that's not true because that is  
20 just a minimum. I always encourage primes to, if they can, if  
21 they want to be innovative, if they want to partner with an MBE  
22 and go 50/50 -- we've had prior contracts where the MBE was 70  
23 percent of the contract. So don't think that we're limiting

1 anyone. They are free to partner with an -- excuse me -- with  
2 an MBE and give them as much of the work they, you know, as they  
3 choose, but that is just our minimum. That's what we believe is  
4 available, so.

5 MR. FRAZIER: But are you giving any additional  
6 credit for going above and beyond and creating opportunities for  
7 MBES?

8 MS. ALLEN: When you say "additional credit," if  
9 we're doing the --

10 MR. FRAZIER: Meaning --

11 MS. ALLEN: -- evaluation --

12 MR. FRAZIER: -- meaning --

13 MS. ALLEN: -- part?

14 MR. FRAZIER: Yes, yes.

15 MS. ALLEN: Well, it all ties together. It  
16 depends on how the proposal -- how well the proposal is written  
17 and, you know, that it is a plus if you come in with maybe 30,  
18 35 percent MBE goal. I mean, it's always a plus, yes.

19 MR. FRAZIER: So is there a scoring to this?

20 MS. ALLEN: Not really, but we do look at it.

21 It's not on the evaluation sheet, but we do look at it and  
22 consider it.

23 MR. FRAZIER: I see you have a veteran goal.

1 MS. ALLEN: Yes. That is the State's new  
2 initiative that was put in place maybe a year and-a-half ago.

3 MR. FRAZIER: But veterans don't have a goal.

4 MS. ALLEN: I'm sorry.

5 MR. FRAZIER: Meaning, veterans don't have a  
6 quantitative [phonetic] goal set aside for them. Service-disabled  
7 veterans do, but not veterans. And I don't see you have  
8 anything in here for service-disabled veterans. The State of  
9 Maryland has a half-a-percent goal.

10 MS. ALLEN: Right. That's our half -- we also  
11 half-a-percent goal on this contract.

12 MR. FRAZIER: For service-abled -- service-  
13 disabled veterans, not veterans.

14 MS. ALLEN: Well --

15 MR. FRAZIER: There's been no legislation that  
16 passed in Maryland --

17 MS. ALLEN: It did.

18 MR. FRAZIER: -- ever.

19 MS. ALLEN: Unfortunate -- well, fortunately, it did  
20 just recently --

21 MR. FRAZIER: For veterans?

22 MS. ALLEN: -- like a month -- yes -- like a month  
23 or two ago, yes.

1 MR. FRAZIER: So it must have been in this session.

2 MS. ALLEN: Well, if you go through your RFP, you  
3 can find the COMAR numbers that relate to veteran goals and you  
4 can --

5 MR. FRAZIER: -- But you don't have one for service-  
6 abled -- and I notice you have a number of these groups here  
7 that are service-disabled veteran, I guess, certified, on the  
8 find veteran businesses.

9 MS. ALLEN: Right.

10 MR. FRAZIER: But you don't have a goal for that,  
11 for service-disabled veterans.

12 MS. ALLEN: No, we don't. We don't exclude them,  
13 though, when we --

14 MR. FRAZIER: Yeah, but you should have a goal  
15 because it's part of the State --

16 MS. ALLEN: -- Well, I'm going to stop you right  
17 here. I'm not the person to have this discussion with. You  
18 should call the Governor's office and whoever else set these  
19 goals. I'm just the messenger, so I'm sorry. I mean, it's nice  
20 to have your opinion, but I can't do anything about the goals  
21 nor the COMAR regulations that go along with it. I'm just the  
22 Procurement Officer who --

23 MR. FRAZIER: Yeah, but you guys are setting

1 goals.

2 MS. ALLEN: Yes, we set goals.

3 MR. FRAZIER: All right. So I'm requesting that  
4 you do the State's 29 percent overall goal.

5 MS. ALLEN: Well, let me just say this. We have  
6 to submit all this paperwork to a committee who reviews our  
7 goals that we have set. This is not just something I've come up  
8 with, you know, on a whim.

9 MR. FRAZIER: It's called a Procurement Review  
10 Group, right?

11 MS. ALLEN: Yes. Yes.

12 MR. FRAZIER: Okay.

13 MS. ALLEN: And they approved it for the 15  
14 percent. And once again, I'm going to just say that that is a  
15 minimum. Primes are always able to do more if they can provide  
16 more work for a sub.

17 MR. FRAZIER: It seems as if this has been driven  
18 by the primes because you just said that you don't want to put a  
19 hardship on them, that they can self-perform a good portion of  
20 this work, so why --

21 MS. ALLEN: Well --

22 MR. FRAZIER: -- put them through?

23 MS. ALLEN: -- the reason why they can self-

1 perform is because of the NCQA licensing part, like they had to  
2 be licensed through NCQA --

3 MR. FRAZIER: You said the prime did. You didn't  
4 say that the minority businesses --

5 MS. ALLEN: Well, I'm going to tell you, I  
6 checked the licensing list and none of the licensed  
7 organizations were certified MBEs. I did check.

8 MR. FRAZIER: Yeah, but MBEs aren't primes.

9 MS. ALLEN: They can be --

10 MR. FRAZIER: Yeah, but they're not.

11 MS. ALLEN: -- if they are licensed.

12 MR. FRAZIER: But they're not generally primes, they  
13 are generally subcontractors.

14 MS. ALLEN: Well, I always encourage them to try  
15 to be a -- to submit a proposal as a prime. That's up to the  
16 MBE firm. That's, you know, they may not have the funds to --

17 MR. FRAZIER: Yeah, but --

18 MS. ALLEN: -- for start-up costs.

19 MR. FRAZIER: -- you're missing the point.

20 The point is this -- that you're limiting the opportunities for  
21 MBE firms who don't have to be licensed as the prime is.

22 You're limiting opportunities for them to participate in this  
23 because you're allowing this prime to self-perform more.

1 MS. ROBINSON: Okay. Let me just offer one  
2 little morsel of information. There are, in 2015, so currently,  
3 there are only 15 possible vendors that could do this work for  
4 the State. In the whole country, there are 15 possible vendors  
5 that could do this work for the State and we want to have a  
6 response to this RFP and we want to not create barriers that  
7 make it over-burdensome for potential bidders.

8 We have systematically increased the MBE and VSBE  
9 goals for this procurement and we are committed to continuing to  
10 follow state regulations in terms of inviting participation in  
11 procurements by MBEs and VSBEs, and encouraging our primes to  
12 give it a good faith effort to have as high a goal as they can,  
13 but to have no less than the threshold that is set by the RFP,  
14 which has gone through the State's procurement evaluation  
15 process before coming here -- before even being posted and  
16 coming to this pre-proposal conference.

17 So in that regard, I would just thank Andrea for  
18 her efforts in getting moving this process forward. We are  
19 certainly limited by time as well in terms of ensuring that  
20 State of Maryland residents have access to valuable quality  
21 information that will help them make decisions with regard to  
22 their own healthcare and which health benefit plans might offer  
23 a better value for their care by knowing how that plan performs

1 on quality measures related to the patient's experience of care,  
2 rather than just looking at the bottom line cost of what it cost  
3 to enroll in healthcare. So we want to give them a better way  
4 to choose health options and --

5 MR. FRAZIER: I'm not disputing any of that.

6 MS. ROBINSON: -- yeah. So basically, the limitation  
7 is that there are only 15 that could possibly bid. If we made  
8 it --

9 MR. FRAZIER: Fifteen --

10 MS. ROBINSON: Fifteen --

11 MS. ALLEN: Firms.

12 MS. ROBINSON: -- potential clients --

13 MR. FRAZIER: Licensed firms, primes.

14 MS. ROBINSON: -- business firms that could --

15 MR. FRAZIER: -- in America?

16 MS. ROBINSON: -- be a prime in the whole country.

17 MR. FRAZIER: Okay.

18 MS. ROBINSON: Correct.

19 MR. FRAZIER: Okay.

20 MS. ROBINSON: So of those 15, we have worked  
21 toward increasing goals over the years and we don't want to make  
22 it so burdensome that they don't even bid for this. So --

23 MS. FINZEL: If I could --

1 MR. FRAZIER: -- Well, have they expressed that,  
2 that it would be over-burdensome to have more aggressive MBE  
3 goals?

4 MS. ROBINSON: Well, we have been increasing the  
5 MBE goals.

6 MS. FINZEL: If I can step in for a second and  
7 help out? Maryland Marketing Source is an MBE organization  
8 that we often look to work with primes and do with firms like  
9 WBA or the Schaefer Center, and we've worked on CAHPS® in the  
10 past as well. And as an MBE firm, who always wants more of a  
11 bigger piece, at the same time, we want to make sure that  
12 projects are still fiscally and logistically possible for  
13 these prime companies to bid on them, in order for us to have  
14 an opportunity to bid with them. And though we are in the  
15 position to bid as prime on some projects as well, it does  
16 become difficult to carve out certain pieces, especially when  
17 it comes to research. And something so specific, we could  
18 never bid on this as a prime, but if it was requested of  
19 another company to give us more of this, considering the costs  
20 to put a proposal together, to get the licensing and  
21 everything else involved, it would probably become not  
22 feasible for most of the organizations to bid and then we  
23 wouldn't get any opportunity at all. And as a subcontractor,

1 we have the added benefit of being able to be included in  
2 several proposals.

3           So these three people here, I could be in each of  
4 their proposals and have the opportunity to win a piece of  
5 this with each of them. So there are other opportunities,  
6 even though the 15 percent may sound smaller, it's part of the  
7 overall State goal that gets contributed to as well. So it's  
8 not like they're not meeting that, but for a project like this  
9 that's so specific, when it comes to NCQA and HEDIS, that 15  
10 percent, as an MBE, actually sounds very plausible and sounds  
11 like a good deal, honestly, to put it in those terms. That  
12 would be a very good project we would want to work on and we  
13 would not feel like we're not getting a good enough piece.

14           MR. FRAZIER: Yeah, but that's --

15           MS. FINZEL: -- And it is more than it was in the  
16 past.

17           MR. FRAZIER: -- you.

18           MS. FINZEL: Well --

19           MR. FRAZIER: That's your opinion.

20           MS. FINZEL: -- right. As an MBE firm --

21           MR. FRAZIER: -- But --

22           MS. FINZEL: -- who's --

23           MR. FRAZIER: -- But --

1 MS. FINZEL: -- worked on several state and federal  
2 projects.

3 MR. FRAZIER: -- but okay. But there are  
4 plenty of other MBEs out here that would love to have the  
5 opportunity to work on this and with the goal being so  
6 small, they may not. And --

7 MS. FINZEL: -- Well, the bottom line --

8 MR. FRAZIER: -- DHMH -- are you affiliated with  
9 DHMH?

10 MS. ALLEN: Yes, we are affiliated and we do have  
11 the best record of goal setting in the entire department, just  
12 so you would know.

13 MR. FRAZIER: You mean your little -- your area?

14 MS. ROBINSON: The Maryland Healthcare --

15 MS. ALLEN: Our Commission --

16 MS. ROBINSON: -- Commission.

17 MS. ALLEN: -- has the best goals set --

18 MR. FRAZIER: Right. Because --

19 MS. ALLEN: -- in the department.

20 MR. FRAZIER: -- DHMH is poor on minority  
21 participation.

22 MS. ALLEN: So --

23 MR. FRAZIER: Very poor. Very poor. I just find it

1 appalling that in this day and age, Governor O'Malley set the  
2 goal at 29 percent and you're going to come in with a  
3 participation at 15 percent. It's not acceptable.

4 MS. ALLEN: Well, for --

5 MR. FRAZIER: You're leaving 14 percent --

6 MS. ALLEN: -- certain solicitations it is. I'm  
7 going to just say, human service contracts are completely  
8 different from commodity contracts. It's much harder to find  
9 services that you can separate and give -- it's not like  
10 building a house; you can't hire an MBE to build the roof and  
11 MBE to build the steps. This is something that a licensed  
12 organization has to take the bulk of the work and provide it and  
13 then, I guess, you know, the surveying and the marketing and  
14 printing is done by the MBE. That's just what it is for this  
15 procurement. That's just what it is for this one.

16 MR. FRAZIER: Yeah, but if they can procure 15  
17 percent, they can procure 29 percent.

18 MS. ALLEN: In the --

19 MR. FRAZIER: And -- and you're thinking --

20 MS. ALLEN: -- in the history of this --

21 MR. FRAZIER: -- you're thinking --

22 MS. ALLEN: -- contract --

23 MR. FRAZIER: -- for them.

1 MS. ALLEN: -- no they could not. No, I am not  
2 thinking for them.

3 MS. ROBINSON: (Indiscernible) --

4 MS. ALLEN: And this --

5 MS. ROBINSON: -- (indiscernible).

6 MS. ALLEN: I'm just going to say this. We've  
7 discussed this too.

8 THE REPORTER: Careful not to talk over each  
9 other.

10 MS. ALLEN: Yes. We've discussed this in full and  
11 this is something we can speak about after the meeting. Let's  
12 just get to the services and questions that the other people may  
13 have. And this is something we can discuss.

14 MR. FRAZIER: I'm a protest --

15 MS. ALLEN: Okay.

16 MR. FRAZIER: -- this. I'm a protest this today.

17 MS. ALLEN: Well, you can't protest it today because  
18 it hasn't been awarded. I will just let you know that you --

19 MR. FRAZIER: No. I'm a --

20 MS. ALLEN: -- cannot protest something --

21 MR. FRAZIER: -- a protest the --

22 MR. ALLEN: -- until after --

23 MR. FRAZIER: -- the goals.

1 MS. ALLEN: -- it's been awarded.

2 Okay. Well, we can discuss it afterwards. Please  
3 wait and speak to me after the meeting, please.

4 Okay. Now we can continue. If anyone has any  
5 questions?

6 [There was no response.]

7 MS. ROBINSON: Is there anyone by webinar who has  
8 questions? I see that we still have one person that's muted.  
9 You do have the option to --

10 MS. ALLEN: She's -- they're together.

11 MS. ROBINSON: Oh, okay. I'm sorry. So anyone  
12 on the webinar participating have any questions that hasn't been  
13 addressed already?

14 [There was no response.]

15 MS. ALLEN: Okay.

16 MS. ROBINSON: Okay.

17 MS. ALLEN: Okay. So what I will do, I want to  
18 review the new minority business forms in the RFP. They have  
19 changed since -- some things have changed. Now MBE's are able  
20 to count themselves as 50 percent of the goal as a prime  
21 contractor, but -- okay. So information has been incorporated  
22 into the form stating such and there's also information on how  
23 to submit a waiver. They've expanded that information.

1 I just want to go over the fact that please make  
2 sure that we fill out this paperwork correctly. I have no way  
3 to remedy this. This is something that bothers me just a little  
4 bit. If you make a typo, if your calculations are wrong, we  
5 have no way to fix this. I have to deem your proposal non-  
6 responsive. There's no way. I can't stress it enough. And if  
7 you have any questions or concerns about filling it out, please  
8 call me. Call me, email me. I will walk you through filling  
9 out your paperwork.

10 Also, the forms that are to be submitted after  
11 award, if you should get award, I would suggest you get those  
12 filled out immediately, in between the evaluation process so  
13 that way you'll have everything you need in place when you  
14 receive your letter of Notice of Award in that way because  
15 you're only limited to 10 days to get this paperwork, you know,  
16 filled out and completed. So I would say try to get everything  
17 done ahead of time. And I think that's -- oh, and the VSBE  
18 goal. It is .5 percent. It's a half-a-percent.

19 This is a new initiative. I did print out some of the  
20 veterans that I searched for of what I thought would be, you  
21 know, available services in the contract. If you need any more  
22 guidance in looking for that, please don't hesitate to call me.  
23 I also printed out information on the waiver information for a

1 veteran goal. That paperwork is not as strict as the minority  
2 paperwork. So if you have a typo there, then we can fix that.  
3 [Laughing]. We can fix that.

4 And what else do I need to let everybody know?

5 Any questions about the minority business paperwork or  
6 anything? This is, once again, a competitive sealed proposal  
7 solicitation. Once again, the technical and financial factors  
8 are equally weighted. And let's see, and stay vigilant of your  
9 emails around July 20th time. That's when we should be  
10 evaluating, so any questions or further clarifications will come  
11 via email. Okay?

12 Anything else, anyone?

13 [There was no response.]

14 MS. ALLEN: Okay. I think this meeting can be  
15 adjourned, and thank you all for participating. I really  
16 appreciate it. You have a great day.

17 (Meeting concluded at 12:00 p.m.)

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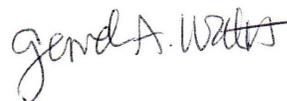
I, hereby, certify that the Maryland Health Care Commission meeting held at 4160 Patterson Avenue, Baltimore, Maryland on June 12, 2015 was recorded by means of electronic sound and stenograph recording.

I further certify that, to the best of my knowledge, that the foregoing pages represent a transcript of MHCC 16-003, Commercially Insured Health Plan Members: CAHPS® 5.0H Adult Questionnaire, was proofed by me.

I further certify that I am neither a relative to nor an employee of any party, herein, and that I have no personal interest in the outcome of this meeting.

In witness whereof, I have affixed my signature this 19th day of June 2015.

By:



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Gervel A. Watts  
Transcriber