

# MARYLAND HEALTH CARE COMMISSION

## BID BOARD NOTICE

**Procurement ID Number:** MHCC 20-016

**Issue Date:** January 13, 2020

**Title:** Maryland Primary Care Program Advisory Council – Subgroup Reports

**Due Date:** Thursday, January 30, 2020, 4:00 p.m. Eastern Standard Time

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### I. PROCUREMENT OBJECTIVES

#### A. Summary Statement

The Maryland Health Care Commission (MHCC or Commission) seeks a contractor (also referred to as Offeror herein) to provide professional writing, content development, and research for two subgroup reports for the Maryland Primary Care Program (MDPCP) Advisory Council (Council). The Offeror must be familiar with national advanced primary care medical home models that aim to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. The Offeror shall have a working knowledge of the Total Cost of Care (TCOC) Model and the MDPCP. The Offeror shall demonstrate experience in conducting literature reviews and with the collaborative development of reports, including the development of original material and revising material through multiple iterations.

The Offeror will support the work of two subgroups by synthesizing output from the subgroups. The *Increasing Practice Accountability Subgroup* will formulate recommendations to increase financial accountability for MDPCP participating practices in Track 2, and performance requirements and payment options that reward value and quality for a new Track 3. The *Practice Reporting Subgroup* will explore program and practice evaluation metrics, including return on investment, as well as reducing reporting requirements for participating practices. The Offeror will be responsible for providing information that will support meeting agenda discussion items from literature and/or industry-related knowledge of multi-payer payment reform and care delivery transformation initiatives. The Offeror will prepare a draft and final report for each subgroup.

#### B. Background

Maryland, under agreement with the Centers for Medicare & Medicaid Services (CMS), launched the All-Payer Model<sup>1</sup> in 2014 to transform the health care delivery system. In 2018, CMS approved the TCOC Model that expands on the All-Payer Model. The TCOC Model priorities include enabling access to quality health care, addressing the health and

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<sup>1</sup> More information about Maryland's All-Payer Model is available at: [hscrc.maryland.gov/pages/default.aspx](https://hscrc.maryland.gov/pages/default.aspx).

wellness needs of the senior population, reducing unnecessary emergency department and hospital utilization, fighting the opioid epidemic, and improving population health. The MDPCP is a key delivery reform program under the TCOC Model. The MDPCP enables primary care practices to contribute to the TCOC Model by delivering five advanced primary care functions<sup>2</sup> that represent a focus on patient-centered and team-based care.

The Council was established by request from the Secretary of the Maryland Department of Health (Secretary), under the authority of Health General § 2-104(d), to provide input on MDPCP operations, and to serve an advisory role to the Secretary and MDPCP Program Management Office. Leading activities of the Council include gathering data from MDPCP participants and beneficiaries, making recommendations for inclusion in the State's annual report on MDPCP to CMS, assessing implementation and recommending improvements, establishing subgroups, and requesting Maryland Department of Health agencies examine specific issues pertaining to the TCOC Model.

The 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. The MHCC provides timely and accurate information on availability, cost, and quality of services to policymakers, purchasers, providers, and the public. One of the priorities of MHCC is to support the development of advanced care delivery models and ambulatory practice transformation to shift the focus from quantity of care delivered to improved health outcomes. The MHCC provides administrative management and support services to the Council.

## **II. SCOPE OF WORK**

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

1. Attend regular status update meetings:
  - a. The MHCC will provide a meeting agenda at least one business day prior to each meeting.
  - b. Status update meetings will be held (virtually or in-person) at least weekly with MHCC for the duration of the project, which is anticipated to take up to 120 business days.
  - c. The Offeror will summarize key discussion points and work-related activities to support the subgroups within two business days of the status meetings.
2. Maintain a detailed work plan for activities to support each subgroup:
  - a. The work plans will include project milestones, due dates, and current status of tasks including key components of this scope of work. As evolving documents, the Offeror is expected to update work plans regularly.

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<sup>2</sup> Primary care functions include access to care, care management, comprehensiveness and coordination, patient and caregiver experience, and planned care and population health. More information is available at: [health.maryland.gov/mdpcp/Pages/Home.aspx](http://health.maryland.gov/mdpcp/Pages/Home.aspx).

3. Conduct an ongoing literature review to support each subgroup's activities and provide other related information to guide subgroup agenda discussion items:
  - a. The literature review will focus on items that will be used by the subgroups to guide discussion and formulate proposed recommendations.
  - b. The Offeror is expected to provide content from CMS or private payers that can inform subgroup meeting agendas; this information will be included in each subgroup recommendations report.
4. Propose a recommendations report outline for each subgroup:
  - a. The outlines will be developed iteratively with MHCC and each subgroup.
  - b. The outlines will reflect deliberations from the subgroups and be informed by literature and other related material.
5. Develop two subgroup recommendations reports:
  - a. The Offeror will draft iteratively with MHCC and each subgroup the final recommendations reports, not to exceed 10 pages (appendices are not counted in the maximum length).
  - b. The MHCC will deem drafts acceptable that meet the highest possible level of academic quality based on the following criteria:
    - i. Content:
      - Clear, concise, and unambiguous; and
      - Accurate and comprehensive.
    - ii. Readability:
      - Tone and style;
      - Paragraph and sentence structure;
      - Grammar and spelling; and
      - Format and presentation.
6. Present reports to the Council during a public meeting:
  - a. The Offeror will present the final recommendations reports to the Council at a scheduled public meeting to be determined by MHCC.

The Offeror agrees to accommodate tasks and produce deliverables in accordance with the scope of work above and target timeline and due dates in the table below. ***Deliverables may require multiple iterations, as requested by MHCC.*** Only MHCC authorized work completed and deemed acceptable by MHCC will be eligible for compensation. The duration of the engagement is up to 150 business days from the date of award. Offerors may propose an alternative approach to accomplish the work and deliverables of this Bid Board Notice.

### III. CONTRACT DELIVERABLES & DUE DATES

<b>Advisory Council Subgroup Reports – Key Deliverables</b>	<b>Due Date (Targets)</b>
Kick-off meeting	February 10, 2020
Weekly status meetings	Ongoing
Work plan	February 12, 2020
Agenda based literature review and related material(s)	Ongoing
Recommendations report outlines for two subgroups	March 4, 2020
Two subgroup recommendations reports	March 18, 2020
Iterations of the two draft reports	March - April 2020
Present final two subgroup recommendation reports to the Council	April 2020

*Note: Contract deliverables/due dates are tentative and subject to change at the discretion of MHCC. Multiple iterations of all work may be required.*

#### **IV. STAFFING REQUIREMENTS**

The contractor may propose to augment or revise the following list of required personnel. The contractor must demonstrate how its proposed staff model will complete the tasks in a timely fashion. Proposals must include an hourly rate for the work to be performed and an estimated total number of hours required to complete each task.

##### **A. Project Lead**

- At least five years of experience supporting the development of value-based care models;
- At least five years of experience assessing value-based care programs, including return on investment; and
- At least five years of experience interpreting complex health care topics for public audiences, including policymakers and the general public.

**Note: Offerors shall propose a single individual as the Project Lead**

The Offeror must also demonstrate the additional following minimum qualification and capabilities for staff.

##### **B. Project Associate(s)**

- At least two years of experience supporting the development of value-based care models;
- At least two years of experience assessing value-based care programs, including return on investment;

- At least two years of experience interpreting complex health care topics for public audiences including policymakers and the general public; and
- Strong research and writing skills.

## **V. MINIMUM QUALIFICATIONS**

The Offeror must demonstrate the following minimum qualifications and capabilities:

- Willingness to work collaboratively with MHCC on multiple iterations of each report;
- Strong demonstrated knowledge of the TCOC Model, MDPCP, multi-payer payment reform, and care delivery transformation;
- Experience supporting the development of value-based care models;
- Experience assessing value-based care programs, including return on investment; and
- Demonstrated creativity and ability to interpret complex health care topics for public audiences, including policymakers and the general public.

## **VI. RESPONSE FORMAT**

### **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 eMaryland Marketplace Advantage (eMMA) number; and
- Offeror's Minority Business Enterprise (MBE) certification number (if applicable).

### **B. Technical Proposal**

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

- Statement of the Problem;
- Experience and Qualifications of Proposed Staff;
- Proposed Work Plan; and
- Disclosure of Conflicts or Potential Conflicts.

The *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 biographies or 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 Offeror’s methods and techniques for meeting the requirements outlined in this procurement, including a timeline and milestones.

The *Disclosure of Conflicts or Potential Conflicts* section must disclose any existing relationship of the Offeror’s, and any of the Offeror’s employees or subcontractors who might work on the contract with a Maryland hospital, health care system, or the MDPCP.

**C. Financial Proposal**

**Fixed Price per Deliverable**

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 MHCC deemed acceptable work completion within each task, up to the fixed price established for this contract. Offerors should note that the Contract resulting from this solicitation shall be a Firm Fixed Price as described in COMAR 21.06.03.02.A(1).

Key Deliverables	Project Lead		Project Associate(s)		Total \$
	Hours	\$	Hours	\$	

Key Deliverables	Project Lead		Project Associate(s)		Total \$

**VII. 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 below.

**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.

1. Experience and Qualifications of the Proposed Staff:

- a. Willingness to work collaboratively with MHCC on multiple iterations of each report;
- b. Strong demonstrated knowledge of the TCOC Model, MDPCP, and multi-payer payment reform and care delivery transformation;
- c. Experience supporting development of value-based care models;
- d. Experience assessing value-based care programs, including return on investment; and
- e. Demonstrated creativity and ability to interpret complex health care topics for public audiences including policymakers and the general public.

2. Proposed Work Plan:

- a. Includes a reasonable and detailed strategy and timeline as it pertains to each of the activities outlined in the scope of work above;
- b. Reflects a breadth and depth of knowledge regarding CMS payment and transformation initiatives related to primary care, TCOC Model, and MDPCP;
- c. Includes two, but no more than three samples of previous work, specifically, samples related to health care and/or health policy; and
- d. Outlines a process to ensure completion of two high quality subgroup reports at the completion of the engagement.

3. Statement of Problem:

- a. Reflects MHCC's objectives and goals of this solicitation.

4. Disclosure of Conflicts or Potential Conflicts

- a. None.

## VIII. CONTRACT TERM

The contract will begin on or about February 10, 2020 and will continue through August 30, 2020.

## IX. VENDOR REQUIREMENTS

### A. Registration with the State

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 <https://businessexpress.maryland.gov/start/register-a-business-in-maryland>

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.

### B. eMaryland Marketplace Advantage (eMMA)

In order to receive a contract award, consultants must be registered on eMaryland Marketplace (eMM). Registration is free. Go here to register: <https://emma.maryland.gov>. Click on "Registration" to begin the process and follow the prompts.

### C. Proposal Submission

To be eligible for consideration, bids must be received by the Issuing Officer at the Commission office by 4:00 p.m., Thursday, January 30, 2020. Offerors 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.

**X. TYPE OF CONTRACT**

The Contract that results from this solicitation shall be a Firm Fixed Price as described in COMAR 21.06.03.02.

**XI. ISSUING OFFICE**

The issuing office for this solicitation is the Maryland Health Care Commission, 4160 Patterson Avenue, Baltimore, Maryland 21215.

The issuing officer for this solicitation is Andrea Allen, Procurement Officer. All questions regarding this solicitation shall be addressed via email to [andrea.allen@maryland.gov](mailto:andrea.allen@maryland.gov)

**XII. CONTRACT MONITOR**

For additional information contact Alana Sutherland, Program Manager, Center for Health Information Technology and Innovative Care Delivery:

Phone: 410-764-3330

e-Mail: [alana.sutherland@maryland.gov](mailto:alana.sutherland@maryland.gov)

**XIII. 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 \$50,000.00.

**XIV. 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.**

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