



# Telehealth Study

(MHCC 22-003)

*Pre-Proposal Conference*



July 14, 2021



# Key Information

Request for Proposals: Services – Telehealth Study

Solicitation Number: MHCC 22-003

RFP Issue Date: June 25, 2021

RFP Issuing Office: Maryland Health Care Commission (MHCC)

Procurement Officer: Andrea Allen  
Maryland Health Care Commission  
Email: [andrea.allen@maryland.gov](mailto:andrea.allen@maryland.gov)  
Office Phone: 410-764-8970

Proposals Delivery: Electronic proposals shall be submitted through eMaryland Marketplace Advantage (eMMA)  
Hard copies may be sent by mail or hand delivered.

# Key Information *(cont'd...)*

Questions Closing Date and Time:	Friday, July 30, 2021, 4:00 pm Local Time
Proposal Due (Closing) Date and Time:	Friday, August 13, 2021, no later than 4:00 pm Local Time; Offerors are reminded that a completed Feedback Form is requested if a no-bid decision is made
MBE Subcontracting Goal:	N/A
VSBE Subcontracting Goal:	N/A
Contract Type:	Firm fixed price
Contract Duration:	2-year base period
Primary Place of Performance:	As proposed by Offeror
SBR Designation:	No
Federal Funding:	No

# 2021 Legislation

- Chapter 70 (House Bill 123) and Chapter 71 (Senate Bill 3) of the 2021 Laws of Maryland, *Preserve Telehealth Access Act of 2021*, requires MHCC, in consultation with select State agencies, to conduct a telehealth study to examine use of audio-only and audio-visual technologies in somatic and behavioral health interventions, and submit a report to the Senate Finance Committee and the House Health and Government Operations Committee by December 1, 2022
- The report must include:
  - Recommendations on (1) coverage of telehealth services and (2) payment levels for technology-assisted audio-only and audio-visual telehealth services relative to in-person care
- Findings will inform proposed legislation during the 2023 Maryland legislative session
- The Final Recommendations and Technical Report must be publication ready by September 1, 2022

# MHCC Responsibilities

- Assign a Contract Monitor to provide project guidance and oversight
  - Other MHCC staff may be made available as determined by the Director of Health Information Technology and Innovative Care Delivery
- The MHCC will provide the Contractor with:
  - Output files from the APCD of telehealth (de-identified) claims (for select private payers, Medicaid, and Medicare) for 2018 through the most recent quarter available for 2022
  - A listing of Maryland providers and approximately 15 draft survey questions from the following categories:
    - Audio-only and audio-visual telehealth technologies in comparison to in-person visits
    - The impact of telehealth on access to care and utilization
    - The type and volume of services provided through telehealth

# Overview of Key Vendor Responsibilities



*RFP Components*

# Work Plan

- The Contractor shall develop and maintain a detailed work plan with a project management flow chart that minimally includes the following information:
  - Each major step of the project with specific tasks, task milestones, and completion dates
  - Name(s) and position title(s) of staff member(s) responsible for each task and the number of hours assigned to each staff member to complete each task
  - Resources needed for the project

# Research

- The Contractor shall develop six briefing papers informed by peer-reviewed literature, data used in the study, or other acceptable research methods
  - Briefing papers will serve as the precursor to sections in a Technical Report and the basis for the recommendations in a Final Recommendations Report
  - Maximum length for each briefing paper is seven pages
  - Literature reviews must be conducted in accordance with the Preferred Reporting Items for Systemic Reviews and Meta-Analysis (PRISMA) reporting guidelines (<http://prisma-statement.org/>)

# Research *(cont'd...)*

- Briefing papers will:
  1. Analyze the impact of telehealth on disparities in access to health care services, with a focus on primary care and behavioral health
  2. Analyze take-up rates of telehealth services across communities and diverse patient populations and determine which factors such as patient age, socioeconomic status, racial/ethnic identity, and rurality of where they live and work, most strongly influence telehealth adoption
  3. Assess how the use of audio-only and audio-visual technologies in somatic and behavioral health interventions creates and/or mitigates challenges to patient-centered care
  4. Examine and identify opportunities to leverage audio-only and audio-visual technologies as core components of new models of care
  5. Study health care services for which telehealth can substitute in-person care while maintaining a standard of care
  6. Study whether services delivered using audio-only and audio-visual technologies are equivalent to in-person services for the treatment of somatic and behavioral health conditions

# Analysis

- The Contractor shall:
  - Complete a comparative analysis on the effectiveness of somatic and behavioral health interventions using audio-only and audio-visual technologies as compared to in-person visits
  - Assess the use of audio-only and audio-visual technologies for the treatment of somatic and behavioral health conditions across the continuum of care ranging from virtual telecommunications services used for patient check-ins to in-person evaluations and management services as defined in the Berenson-Eggers type of service typology (<https://datacatalog.urban.org/dataset/betos-20-classification-code-assignments-2019>)
  - Complete an assessment and statistical analysis using Medicare and Medicaid data and data from the APCD (or provided by the payers) for 2018 through the most recent quarter available for 2022 to measure the take-up of telehealth for primary care, behavior health care, and select specialists

# Provider Survey and Consumer Focus Groups

- The Contractor shall:
  - Conduct pretesting and propose changes of the survey questions provided by MHCC
    - Survey at least 1,000 providers with a minimum 50 percent response rate
  - Convene two consumer focus groups (one consisting of telehealth users and the other consisting of non-telehealth users) with a range of ages, incomes and educational levels representing racial and ethnic makeup of that region in each of the following geographic locations in Maryland :
    - Eastern Shore
    - Baltimore City
    - Prince George's/Montgomery County
    - Western Maryland

# Reports

- The Contractor shall use a progress report template (approved by MHCC) to communicate information to the Contract Monitor, including reporting period, schedule status, budget status, milestones achieved, issues/delays, change requests, and risks
- The Contractor shall propose draft outlines for the Final Recommendations Report and Technical Report no later than 90 days after contract commencement
  - Recommendations included in the Final Report shall be based on evidence from study findings and cross-referenced to the appropriate section(s) of the Technical Report
- The MHCC will provide the Contractor with chapters from the MIA and HSCRC to incorporate in the Final Recommendations Report, which must be considered when developing the Final Recommendations Report

# Service Level Agreement

- The Contractor shall be responsible for complying with all performance measurement standards (Section 2.5.5 of the RFP) and ensure compliance by all subcontractors, if applicable
  - The Contract Monitor shall determine whether performance measurements are met
- SLA categories: Research, Final Recommendations Report, Technical Report, and Appendix to the Technical Report
- SLA applied example: If the monthly charges were \$20,000 and one SLA were missed, with an applicable 10% credit, the credit to the monthly invoice would be \$2,000, and the State would pay a net Monthly Charge of \$18,000
  - SLA credits paid to the State in any calendar month shall not exceed 15 % of the monthly charges

# The End

*The MHCC appreciates your interest in the Telehealth Study*