OFFICIAL TRANSCRIPT OF THE

MARYLAND HEALTH CARE COMMISSION

PRE-PROPOSAL CONFERENCE FOR

RFP NO. MHCC 19-003

QUALITY MEASURES TO SUPPORT MARYLAND HEALTH CARE PERFORMANCE

DECEMBER 19, 2018

1:00 P.M.

Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

ATTENDANCE:

MHCC:

Andrea Allen, Procurement Officer
Office of Procurement

Theressa Lee, Director, Center for Quality Measurement and Reporting

Ben Steffen, Executive Director

ATTENDEES:

Jeffrey J. Amirani, Alpine Technology Group
Barbara Szaro, FEI Systems, Inc.
Scott Peterson, DK Consulting, LLC
Mari-Louise Ross, JMT Technology Group
Dorothy Lopes, Management Solutions, LLC
Michael Ragan, Cognizant Technology Solutions
Chandru Palaniappan, Cognizant Technology Solutions
Delores Sanchez, Cornerstone
Yuri Radams, Signature Consulting Group
Jason Salkaukas, The St. Paul Group
Senthil Ramiah, Aileron Consulting, LLC
Michael Mercado, Telligen
Arun Azhagiri, Aquas, Inc.
Andrew Fraijo, ReefPoint Group
Keith Gibson, ReefPoint Group
Jen Vogel, The St. Paul Group
Greg Downing, Innovation Horizons
Michael Yea, GMG ArcData
Sherron Fulton, Momentum
Ari Friedman, Medisolv
Zahid Bott, Medisolv
Roya Mohadjer, Social & Scientific Systems
Christopher Mendez, Advanta Government Service/Livanta
Bryan Dorsey, Livanta
Emmanuel Erskine, Ken Consulting, Inc.
Luigi Leblanc, Zane Networks
Sam Washington, Zane Networks
Pamela Willison, Seven & 3, LLC
Fern Nerhood, Rockburn Institute
Narayan Athreya, ICube Systems, Inc.
Jennie Yuda, Bridging Environments for Health, LLC
Linda Leslie, Qlarant
Mark Thielen, NewWave Technologies
Herbert Thompson, KEN Consulting, Inc.
Karen Smith, Advanta Government Services, LLC
Chunlei Ding, Celerens

Via Teleconference:

Leanne Candura, Human Services Research Institute
Linda Daily, Livanta
Michelle Finzel, Maryland Marketing Source
Hosmel Galan,
Emma Roarke, Freedman Healthcare
Joseph Gulotta, IPro
Karen Hirko, IPro
Michael Joseph, Public Consulting Group
Tina Kijewski, Cognitive Medical Systems
Elizabeth Linville, Healthtech Solutions
Cliff Rayman, Honest Health
Kayla Thompson, Premier Inc.
Maria Caschetta, Advanta Government Services, LLC

ALSO PRESENT:

Sarah Pendley, Assistant Attorney General, MHCC

Reported by: Lisa P. Campbell, Notary Public
Captions Reporting, Upper Marlboro, Maryland

P R O C E E D I N G S

MS. ALLEN: Well, good afternoon, and thank you for joining us. We are here to discuss current Procurement MHCC 19-003, entitled "Quality Measures to Support Maryland Healthcare Performance."

For everyone here, we have a court reporter who is recording the proceedings, and if you can, if you have a question or a comment, please state your name first and the company you are representing. This is just for the record. And, we will greatly appreciate that. And, we'll get started introducing ourselves. I am Andrea Allen, the Procurement Officer for the Maryland Health Care Commission.

MS. LEE: Theressa Lee, Director for the Center for Quality Measurement and Reporting.

MS. ROSS: Mari-Louise Ross, JMT Technology, Project Management.

MS. ALLEN: Oh, everyone, I'm sorry. Press your microphone button when you want to speak please or you can just turn it on and if you're not a noisy person you can leave it on.

[Laughter].

MS. ALLEN: It's green. It's on.

MS. ROSS: Mari-Louise Ross, JMT.

MR. PETERSON: Scott Peterson, DK Consulting. We're a known MBE.

MS. SMITH: Karen Smith, Advanta.

MR. DORSEY: Bryan Dorsey, Advanta Government Services.

MS. LOPES: Dorothy Lopes, Management Solutions, LLC.

MR. GULOTTA: Joe Gulotta from IPro.

MS. ALLEN: Oh, we're not doing the web yet. Hold on one second.

MR. GULOTTA: Oh, okay. Sorry about that.

MS. ALLEN: It's okay.

MR. AMIRANI: Jeff Amirani, Alpine Technology Group.

MR. THOMPSON: Herbert Thompson, KEN Consulting.

MS. SZARO: Barbara Szaro, FEI Systems.

MR. RAGAN: Michael Ragan, Cognizant Technology Solutions.

MR. PALANIAPPAN: Chandru Palaniappan, Cognizant Technology Solutions.

MS. SANCHEZ: Dolores Sanchez, Cornerstone Government

here with Signature.

MR. RADAMS: Signature Consulting Group, Yuri Radams.

MR. VOGEL: Jen Vogel and Lynn John [phonetic] from The St. Paul Group.

MR. RAMIAH: Senthil Ramiah from Aileron Consulting, MBE.

MR. GIBSON: Keith Gibson and Andrew Fraijo from ReefPoint Group.

MR. MERCADO: Mike Mercado with Telligen.

MS. ALLEN: And we'll just go around back there if you want to introduce yourselves back there.

(Indiscernible).

MS. ALLEN: Okay. Okay.

MR. AZHAGIRI: Arun Azhagiri, Aquas, Inc.

MR. ATHREYA: Narayan Athreya from ICube Systems, MBE.

MS. NERHOOD: Fern Nerhood from Rockburn Institute.

MS. YUDA: Jennie Yuda, Bridging Environments for Health, LLC, MBE.

MR. THIELEN: Yeah, good afternoon. Mark Thielen. I'm with NewWave Technologies, MBE.

MR. YEA: Mike Yea, GMG ArcData, VSBE.

MR. DOWNING: Greg Downing, Innovation Horizons, SBE.

MR. SALKAUKAS: Jason Salkaukas, The St. Paul Group.

MR. BOTT: Zahid Bott, Medisolv.

MR. FRIEDMAN: Ari Friedman, Medisolv.

MS. MOHADJER: Roya from Social & Scientific Systems.

MS. FULTON: Hi, Sherron Fulton from Momentum, MBE, a woman-owned company.

MS. WILLISON: Pamela Willison, Seven &3, MBE.

MS. PENDLEY: Sarah Pendley, Assistant to the General Counsel to the Commission.

MR. MENDEZ: Christopher Mendez, Advanta.

MS. LESLIE: Good afternoon, Lin Leslie, Qlarant.

MS. ALLEN: And now we can start with the web participants. Any web participants who would like to introduce themselves? Anyone?

MS. FINZEL: Hi, this is Michelle Finzel from Maryland Marketing Source. We're an MBE marketing research firm.

MS. KIJEWSKI: Hi, this is Tina Kijewski from Cognitive Medical Systems.

MR. RAYMAN: Hello, this is Cliff Rayman from Honest

Health.

MS. THOMPSON: Hi, this is Kayla Thompson with Premier.

MR. GULOTTA: Hello, again. This is Joe Gulotta from IPro.

MR. JOSEPH: This is Mike --

MS. ROARKE: -- Hi, this is Emma Roarke from Freedman Healthcare.

MS. LEE: We've got the person right before Freedman?

MS. ALLEN: Can the person right before Freedman reannounce themselves, please?

MR. JOSEPH: Sorry. This is Michael Joseph from Public Consulting Group.

MS. ALLEN: Thank you. Anyone else?

[There was no response].

MS. ALLEN: Okay. Well, then let's get started --

MS. LINVILLE: -- Elizabeth Linville from Health Tech Solutions.

MS. ALLEN: I'm sorry? Can you say it again?

MS. LINVILLE: This is Elizabeth Linville from Health Tech Solutions.

MS. ALLEN: Okay. So, we're going to go ahead and get started. I'm going to turn things over to Theressa. She can give us a quick summary of the RFP.

I am hoping everyone here read the RFP fully, the Scope of Work, and -- okay, and so we'll do a brief summary. We did not receive any questions at all, so I'm hoping this will go pretty quickly.

[Laughter].

MS. LEE: They are going to come up today.

MS. ALLEN: Okay.

MS. LEE: Good afternoon, everyone. As I said, my name is Theressa Lee, and I am the Director for the Center for Quality Measurement and Reporting and that's the center from which this procurement comes.

I just want to give a brief background. What I'm saying here is also included in the RFP, so it's nothing new. I just wanted to kind of summarize again.

So, the Commission is mandated by the State legislature to establish and maintain systems to evaluate and publicly report to consumers and stakeholders on quality and performance of a number of providers including commercial

health benefit plans, long-term care providers, including nursing homes, hospice, home health, assistant living, hospitals and outpatient and ambulatory surgery providers.

In 2009, the Commission made significant investments in the performance evaluation systems, and we first established a five-year contract to build a parallel Quality Measure Data Collection System to support our hospital guide. So, that was the first year of this initiative -- the first five years. And that five-year contract, as I said, created this parallel system to collect quality measures and newly established HCAHP, patient experience measures, that were required by CMS. And at the time the Commission was unable to download the data as we can on quarterly basis now, so we established this system so the hospitals submitted that information to us directly. We did some basic processing, and also did reporting data validation because Maryland hospitals were not -- their data was not validated at the time by CMS.

So, we in essence set up this parallel system and we've maintained that for about five years. So after that five-year period, we re-competed the contract and in that contract which started in 2014, we pretty much transformed the

way in which we were processing our data. So we went from just having a hospital guide in separate initiatives for the health plan and the long-term care providers in outpatient, pulled it all together to what we now have, a website that now is sort of our comprehensive, single-source of access to quality and performance information for consumers. And that's the Maryland Health Care Quality Reports website. And you see it displayed here on the screen.

So under the second five-year contract, which ends at the end of this calendar year, we expand it to, as I said redesign the existing website to make it more consumer-friendly, to pull in the other sites into one location, to redesign the hospital guide using software that was developed by AHRQ. It was free software. And some of you may be familiar with MONAHRQ. So, we use that to build the -- to support the site -- parts of the site.

We also converted our Health Plan PDF Report into a web-based guide and you'll see it here under the Health Plan tab, which I'm sure you all had a chance to look at the site. We expanded to data auditing of HAI, Health Care-Associated Infections data, as well as some cardiac data that we have.

And we also during this period, expanded our requirements to align with CMS. And that was to support the HSCRC rate setting system and our new waiver, so that now Maryland collects the same information. Hospitals are required to support the same information that's required of other hospitals across the country.

And we also through this contract have begun to try to shift our focus from just the data collection and the operations associated with data collection to try to do more with the data and do analysis. We have supported Maryland participation in the LeapFrog survey -- well not necessarily the survey -- but the results of LeapFrog. I assume you are familiar with the LeapFrog group's website where they provide hospital grades. So, through this contract we're able to do a number of analyses to support the work.

So, we have transformed the work over the years, and we're looking for this contractor -- the new contract that we will get through this solicitation -- to take us to the next level and that would be to take me the website -- the design of the website and to incorporate the other guides that you see here, for example, the long-term care guide, which is a

separate guide outside of this contract, but it's pulled together and you access the guide through this website. And it has a different look and feel. And we'd like to redesign the site so that it also -- so that each of the guides are more seamless, and once you understand how to navigate through one, you can navigate through the others. And that's in the first year of this contract. We're going to focus on the redesign and the long-term care guide. And we also want to build our outpatient guide. Right now, it's just the results of an ambulatory surgery survey that we do on an annual basis. We want to build that so that we'll start with hospital-based outpatient services for which we have data from the HSCRC and we also like to look at some of the data we get through the ambulatory surgery survey. So, we'll be looking to build on that maybe in the second half of the first year of the contract and into the second year of the contract.

As I said, we want to integrate the guides so that they're seamless and easy to navigate. We also want to make better use of the data sets so that we can begin to -- and you'll see an analysis, a stronger analysis component in this issuance of this five-year -- actually six-year contract,

enhance our Long-Term Care Guide as I've said, and to also facilitate stronger engagement with providers.

I mentioned to you the LeapFrog analysis that was done through this contract so that we now as a State participate in the LeapFrog rating system.

But, we also have a private side to this website and some of you may have seen it already. And it's actually -- one can access it through this area here [indicating]. Right now, it just has basic information for providers. So, we want to strengthen that so that as we look at some of the data that we have, whether it's hospital data, some of the data sets that we collect for the Long-Term Care Guide or through outpatient, to provide information here for providers and stakeholders that may not be as consumer-friendly but still information that will be needed and valuable, so we want to build on this as well.

So, those are the comments that I have. I think the Statement of Work describes pretty well the evolution of the initiative and what we're looking for and that's on those first -- I'm sure you all have looked at the Statement of Work, and then the deliverables which begin on page 16 or 17

provide the same information, but it's broken down in a little more detail. So, instead of going through any of that, I'll just take questions if you're ready at this point for those questions on any of the things -- any of the issues that you may have with the RFP, or with the project, or if you want me to go through the RFP a little bit, I can do that, but I just don't want to set a --

MR. PETERSON: Could you go through the RFP?

MS. LEE: Okay. (Laughs). Why did I ask that, right? [Laughter].

So, did someone have a comment on the phone?

UNIDENTIFIED SPEAKER: Well, we're just having a very tough time hearing you. I'm not sure if it's on our end or on your end.

MS. LEE: Okay. I'll -- is this better?

UNIDENTIFIED SPEAKER: Thank you, so much.

MS. LEE: Okay.

UNIDENTIFIED SPEAKER: Thank you.

MS. LEE: No problem.

Starting on page 2, we talk about the background and purpose.

MS. CASCHETTA: Theressa?

MS. LEE: Yes?

MS. CASCHETTA: Theressa, I'm sorry. This is Maria Caschetta from AGS.

MS. LEE: Yes.

MS. CASCHETTA: And I have a number of questions. Would you like me to ask the questions or do you want to go through the RFP?

MS. LEE: Well, I'm going to briefly go through the RFP, not the entire RFP, but just summarize it a bit and then we'll get to questions, just to provide a little bit more context. I think you all would like that.

Okay, so here on the first page of the Statement of Work, we go through each of the provider types including the health plans which is not a provider type, but we just kind of word it here in that way. So, we talk a little about hospital reporting, which these requirements go back almost 20 years. We've been around quite some time. And I said it wasn't until 2009 that we really -- the Commission really made significant investments in creating an infrastructure to support this reporting initiative in our websites.

The Health Plan Guide basically utilizes the HEDIS data and for the clinical metrics and CAHPS data, member experience -- it's comparable to HCAHPS, the hospital or patient experience data. The health plan performance reporting utilizes those two main data sets for providing information to consumers. I should say that, historically, the Commission sponsored a HEDIS audit as well as a CAHPS survey for Maryland members only, and we sponsored those initiatives for some years, and then for the first year last year, we decided to use the HEDIS results and the CAHPS results from NCQA requirements, even though those members are from the plans entire book of business, not just Marylanders. But, we found that there's not that much difference between the two. So, we were able to free up funds to do some other kinds of activities including expanding on this work so we can do more analysis and exploit the data a bit better than we had in the past.

The Long-term Care Quality website was developed under a separate contract. As you'll notice -- you probably looked at it. It looks very different from the main guide and from the Hospital and Health Plan Guides.

So, again, the idea is that in the first year of this contract, we want to focus on that guide and see if there are ways we can improve the display, the functionality. We have done through this contract, I should say, a quick compare function for the Long-term Care Guide. Let me just go to it very quickly.

So, you'll see here [demonstrating] for nursing homes and home health, we were able to utilize the free software that I mentioned earlier from AHRQ, the Agency for Healthcare Research and Quality and provide very summary information, summarized metrics for these various categories. So, I'll just show you that. Again, assuming you all have looked at it.

So, you can see star ratings. You'll see here information on the individual facilities. You can compare up to five facilities here. So, again this is a very, I think, efficient way of showing information and you can still go to the detailed Long-Term Care Guide to get additional information.

The Ambulatory Surgery Facility, the reporting initiative is very limited. Let me look for that. See that

here. [Demonstrating]. And again, this is really the results of an annual survey that will give you a number of procedures by over 300 ambulatory surgery centers for which we have data, and/or hospital-based outpatient surgery as well.

There are not quality measures provided here. These quality measures and the development of quality measures on the outpatient side, as most of you I would assume know, is fairly new. So now that there are measures available and there is HSCRC clinical and charged data available, we'd like to take advantage of that and provide more information on this section of the website.

So, the next page is Page 4 on the RFP, talks about the existing hardware and software. I won't go through that, but again the point here is that the Long-Term Care Guide and the Outpatient Guide are both done out -- have been historically done outside of this contract, and they're all simply linked on this one website.

Under this contract, everything will come together. The contractor will be responsible for helping us build the site, and also work with us on analyzing data that will come from various sources including long-term care, and outpatient

care.

It's worth noting that on Page 5, we talked a little bit about "State Staff and Roles." We do have a small staff, the Center. We have six actually. We have two persons associated with hospital quality initiatives, two that are associated with long-term care initiatives, and soon to be two associated with outpatient services. So, what we'd like to do is to ensure that if there are certain types of activities, that the staff can perform, including keeping up on changes to metrics, and if it's -- the other piece I should say is -- trying to get out there and promote the site, and engage consumers and stakeholders, those are the kinds of functions that the staff will be doing. And we'll be looking to the contractor to provide us more technical types of services that we just simply can't -- we don't have the background to do.

If you continue to look at the Scope of Work, it basically gives detail for each of the guides. A lot of it is associated with downloading from CMS various metrics that are usually generated on a quarterly basis. So, I don't need to go through all of that.

And for the Long-Term Care Guide, of course, there's

several categories of long-term care providers, the hospice, home health, nursing homes, assisted living facilities, and a variety of data sets for that.

Again, we have a separate contractor that supports the Patient Experience or Family Experience of Care Survey. It's comparable to CAHPS and HCAHPS, but it's a survey that we conduct through a contract with an outside vendor. So, the results of the survey would be posted on the website. And under this contract, we would define how that format should come to the contractor and work through posting that on an annual basis. Again, all of that's described in the RFP.

Physician Data is something that we'd like to also include at some point. It's new. We want to make sure everything we can think of is captured in this RFP, so that we can expand as much as possible, and it will all be accommodated through the current Scope of Work.

Data Validation and Medical Record Review as I mentioned earlier, we've done through this contract, audits of our HAI data, and our cardiac data. There may be other data sets that we believe we'd like to have a better sense of data quality, so we've generated an RFP and a Scope of Work that

gives us some flexibility to do that. So, the expectation is that the contractor would bring qualified staff to be able to provide audits of HAI data and their, as you all may know, that's a very specific and very complex data set. It requires special training for persons that will be performing the audits. Infection prevention is a knowledgeable (indiscernible), so it's all again expressed -- detailed in the RFP. So, you know, what the qualifications of the data reviewers would be, including some of the other clinical data, of course, we would want a team of credited individuals to support those audits.

Website Development and Maintenance is part of the project. I won't go into the detail there. But, I think that gives an overview of the main aspects. Again, data analysis, making better use of our -- the data that we have is real important to us. We've done some interesting projects. We've just begun to do that with what we believe is a fairly limited amount of resources within the current contract because things have just developed so much since we issued the contract five years ago.

So, the deliverables I won't go through because I

think it just presents similar information, but has a little more detail with respect to the timeframe acceptance criteria. So, I think at this point if we could just open it up for questions we can do that. Well, I know -- I think it was -- was it Maria Caschetta?

MS. CASCHETTA: Yeah.

MS. LEE: Yeah.

MS. CASCHETTA: So, thank you. I don't want to hog the microphone here, so I'll ask a couple of questions, but then I'll stop in case somebody else has questions.

MS. LEE: All right. That sounds good.

MS. CASCHETTA: Attachment D of the RFP is the Financial Proposal Instruction and Form. And, here under the Financial tab, which is the Tab 1, the first tab, the Financial Table, Years 2 and 3 have cells to enter the price for the staff, but the price is not included in the subset or it looks like it's a locked cell. So, I'm just going to ask if that could be fixed.

MS. LEE: What's the table number?

MS. CASCHETTA: It's Financial Table 1.

MS. LEE: It's --

MS. CASCHETTA: -- It's before section Table is 2.3.9 "Website Development and Maintenance." The subtitle is labeled "Development of a Physician Performance Guide."

MS. ALLEN: I'm sorry, Maria. You said the cell was locked?

MS. CASCHETTA: Yeah, the subtitle is a locked cell --

MS. ALLEN: Right.

MS. CASCHETTA: -- and if you enter something into the cell for the -- if you enter it before the "Physician Performance Guide," into that cell, it doesn't include -- it's just the formula doesn't include those cells that are in the subtitle.

MS. ALLEN: Okay. I'll look at that.

MS. CASCHETTA: And you can't fix it because it's a locked cell. But, we can fix it ourselves.

MS. ALLEN: Okay. All right. I'll look at that, and I'll try to get that fixed today before the end of the day.

MS. LEE: Now that's not one where we don't expect anything to be done in that first year? But then it shouldn't be locked here.

MS. ALLEN: No, it should be locked there.

MS. LEE: It's locked for the period during which there is development of the Guide. So that would be development costs, which would -- that's why it was locked. You see what --

MS. ALLEN: -- Oh, that's why. You won't start working on it until Contract Year 2.

MS. LEE: Right.

MS. ALLEN: That's correct.

MS. LEE: Right.

MS. LEE: But, it wouldn't be development costs. It should only be -- I think we have two years for that, and we wouldn't have it here because then it's maintenance.

MS. ALLEN: But, then they should provide a price. We'll need to discuss that --

MS. LEE: Yeah.

MS. ALLEN: -- and we'll issue an amendment --

MS. LEE: Yeah.

MS. ALLEN: -- and get it straight.

MS. LEE: Clarity, yes.

Maria, do you have another question or did -- was that question answered for you?

[There was no response].

MS. ALLEN: Maria?

[There was no response].

MS. ALLEN: Okay, we'll move on. Anyone else --

MS. CASCHETTA: -- The mute went back on again. I'm sorry.

MS. ALLEN: That's okay.

MS. CASCHETTA: I don't know why that happened.

MS. LEE: Oh.

MS. CASCHETTA: Okay.

MS. LEE: So --

MS. CASCHETTA: -- So, I had a follow-up question to that. If -- once development is finished on the Guide and it goes then to maintenance, where -- and there is additional things that are needed for the Guide, okay, where do those costs get captured or is that covered under a different work order, a different contract?

MS. LEE: "Software Maintenance and Support, "Ongoing Server Maintenance and Support."

MS. CASCHETTA: Okay. So at least it --

MS. LEE: -- I think the --

MS. CASCHETTA: -- would continue over there?

MS. LEE: Yeah.

MS. CASCHETTA: Okay.

MS. LEE: So, the vision is we know there are going to be additional costs when you're developing the site. After that development period, then the idea that it blends in with our normal maintenance and support.

MS. CASCHETTA: Okay. So the cells right now don't go to the subtitles are the ones that are in white under Year 2 and Year 3. Okay, Year 1 doesn't have anything in it. It's yellow.

MS. LEE: Right.

MS. CASCHETTA: But, just -- you may want to look at that.

MS. LEE: Well --

MS. CASCHETTA: Okay.

MS. LEE: Right. But --

MS. ALLEN: Because the idea was that Year 1 you wouldn't be working --

MS. LEE: Right.

MS. ALLEN: -- the Physician Guide. It will start in

Year 2.

MS. LEE: Right.

MS. ALLEN: Right.

MS. LEE: So, Year 1, we want to focus on Long-Term Care and the Ambulatory Surgery --

MS. CASCHETTA: Right.

MS. LEE: -- no physician work. And then perhaps Year 2 would or 3, we want to make sure there is an opportunity to begin to work on those -- or work on that area.

MS. CASCHETTA: Okay.

MS. LEE: And it's one of those -- it's kind of unknown, so we're just trying to accommodate that as a possibility in that second and third year. Does that make sense?

MS. CASCHETTA: So, how do we -- it makes sense, but how do we price it then? Do we price it -- where do we put the costs, in the second year or the third year or both?

MS. LEE: You could put it in both because I think this -- and it will -- and we'll follow up in writing so it's clear to everyone.

MS. CASCHETTA: Okay.

MS. LEE: But, I'm thinking it creates an opportunity -- we could just have one year of allowable costs and that would be development. But, I think here, the thinking was probably to get some flexibility for this new site, new Physician Guide to evolve from over that 24-month period. (Off the record discussion between Ms. Allen and Ms. Lee).

MS. LEE: Yeah.

MS. CASCHETTA: Okay.

MS. LEE: Andrea was just pointing out that on Page 9, where we talk about physician data --

MS. CASCHETTA: Yes.

MS. LEE: -- at the start of contract year 2, "redesign Physician Information section to accommodate new quality" --

MS. CASCHETTA: Correct.

MS. LEE: -- and other metrics.

MS. CASCHETTA: Right. No, I understand that. So, you are going to make it so that those things can thumb down, right?

MS. LEE: Yeah.

MS. CASCHETTA: Okay, great.

MS. LEE: Yeah. And maybe we'll just limit it to one year.

MS. CASCHETTA: Well, you just said that there is a second year to modify to incorporate another set of things that might require the Guide to be modified.

MS. LEE: Right.

MS. CASCHETTA: Right?

MS. LEE: Right. Really we're kind of shooting out there to make sure we can accommodate almost all possibilities --

MS. CASCHETTA: Right.

MS. LEE: -- I think here.

MS. CASCHETTA: Okay.

MS. LEE: But, we do want clarity so everyone is bidding with the same understanding, so we will provide that clarity.

MS. CASCHETTA: Okay, great.

Okay. I have another question while we're on this financial section. There are positions listed and there maybe other positions that are actually needed to execute the work aside from the ones listed, but there is no ability to add

positions. And, I'll just kind of give you an example. There are a whole host of positions that are necessary because of the IT and Security requirements under this contract, and the majority of them are not listed.

MS. LEE: So, are we --

MS. CASCHETTA: Okay?

MS. LEE: -- talking now for example data analysis? We've identified --

MS. CASCHETTA: Yeah.

MS. LEE: -- so under "Indefinite Quantity," it has "Data Validation." Do you have this --

MS. CASCHETTA: -- No, I'm talking about "Systems Security Officer." You have it for "Systems Security Specialist," which you're requiring ongoing vulnerability analysis. There's a Software Testing Documentation Specialist. You're requiring all of the software to be documented and submitted --

MS. LEE: Right.

MS. CASCHETTA: -- and kept up to date at all times. So, you have to go through that whole system development life-cycle process.

MS. LEE: Right.

MS. CASCHETTA: And that's what -- yeah -- Systems Architect. You need a --

MS. LEE: -- Yeah, this doesn't stop you from having those people identified in the general -- in that part of the contract. These specific titles are associated with Data Validation, Medical Record Review and for Data Analysis. Those staff that are supporting the overall contract, the website and those aspects, would still be built into your, yeah, your fixed-price work. But, we were trying to make --

MS. CASCHETTA: Okay.

MS. LEE: -- trying to identify for the Ad Hoc orders, the data analysis and special studies, and for the validation work that we --

MS. CASCHETTA: Okay.

MS. LEE: -- identify individuals that would be associated with that because those are areas where we can try to price out. We don't really know whether it will be 500, a thousand records over time, those kind of things. So, it helps us compare each of the --

MS. CASCHETTA: Right.

MS. LEE: -- the bids. But in terms of the staff that you need to support this contract, we're not limiting that at all in the fixed work.

MS. CASCHETTA: Okay. Okay. Got it. That's helpful.

MS. LEE: Okay.

MS. CASCHETTA: If no one else has a question, I have another question.

MS. LEE: Does anyone have a question in the --

MS. FINZEL: I do.

MS. LEE: I think you're on again, Ms. Caschetta.

MS. ALLEN: I think I heard someone else.

MS. FINZEL: Hello, can you hear me?

MS. LEE: Oh, there you go.

MS. ALLEN: Yes. State your name and the firm you're representing, please.

MS. FINZEL: Hi, my name is Michelle with Maryland Marketing Source.

MS. ALLEN: Okay.

MS. FINZEL: Can you hear me?

MS. ALLEN: Yes, we can hear you.

MS. FINZEL: Okay, great. Thank you. I'm just

following up on "State Staff and Roles" under Section 2.2.7. Number 2 on the bottom of Page 5 mentions "Consumer Focus Groups." Are these groups that are going to be a part of this contract or is it a separate contractor who can -- that you are conducting through another contract?

MS. LEE: We have a separate contract with a contractor that will perform the focus groups, but we would like the contractor who -- we would like under this contract for the awardee to participate in those focus groups so that you can hear directly what consumers are saying about what they'd like to see, how they would like data displayed, the functionality, those kinds of things, so. And, we've done that under the current contract where we've held focus groups sessions and invited the contractor to sit in and hear what consumers are saying, and it's been very productive.

MS. FINZEL: Okay, great. And to be clear because there is no direct data collection that are being done with this RFP, correct?

MS. LEE: With the consumer focus group piece?

MS. FINZEL: Well, just in general for this entire RFP.

MS. LEE: Right. Most of the RFP entails downloading existing measures either from CMS or getting the results from other contractors, which would be more associated with the Long-Term Care Guide, and the health plan work we do. The HAI data is collected by staff through the NHSN, the CDC NHSN Surveillance System, and that data would be compiled and generated in a format that this contractor, the awardee, would then ensure that it's displayed on the website appropriately.

MS. FINZEL: Okay. I understand. Thank you, very much.

MS. LEE: Any other questions? Okay.

MS. THOMPSON: Hi, this is Kayla Thompson with Premier. I just have a question on the hospital side with the IQR and OQR data that also is just downloaded off of the website, so there's no patient-level data that we may need to collect and --

MS. LEE: Correct. Correct. We do have -- those metrics are downloaded from CMS on a quarterly basis, but it's not just downloading and the data set is complete. Often time there are issues with missing data, and the contractor will develop a template to make sure that data can be retrieved

from the hospital if necessary. So, it may sound pretty straightforward, and it is generally, but there are also activities that may occur to ensure that the data are complete and that we get that from all providers.

I should also mention too for our price transparency section, we actually get on a quarterly basis, data files from HSCRC using clinical demographics and charge information to generate the average -- the number of cases, the average charge per case, and the average length of stay to calculate those metrics for display on the website. So, that's an area where you actually will get the data on a quarterly basis, and manipulate that.

There are also metrics -- the AHRQ Patient Safety Indicators and Inpatient Quality Indicators, which you'll find on the website. So for that portion of the website, the contractor utilizes the AHRQ software and the HSCRC data to ensure that those metrics are calculated correctly for display, and that should be included in the RFP.

MS. CASCHETTA: This is Maria. I just wanted to provide some, I think, clarification that there is patient-level data that gets received and gets processed from HSCRC,

and there could be from other sources. From what I'm reading in the solicitation, there could be if you're doing quality control work, and also when you're selecting the sample to do the medical record review as well as the HAI review. Any clinical record review, all the patient-level data will have to be obtained from larger -- you know, like from broader periods of time in order to do the sampling. And that's my understanding from reading this and all the security requirements that are in here that the data has to be protected at a level of at least moderate and the (indiscernible) requirement is in here and so is the SOC 2, Type 2 audit requirement.

MS. LEE: That is correct.

MS. CASCHETTA: Okay.

MS. LEE: And that's an important point because you'll see "Download data, Download data," quite a bit. But there is, again, with respect to the Impatient Discharge Data that we get on a quarterly basis from HSCRC, the contractor is required to do analysis to generate those metrics, and then with the auditing of HAI data, we have in the past used -- you know the data comes from CDC -- we use the inpatient file from

HSCRC to identify comparable cases to see if there are missing cases in either of those data sets. So, that's a good point.

Oh, I'm sorry. You had a question?

MR. YEA: No problem. Michael Yea GMG. A question about downloads. Can you generally speak about the data format size and the general work process that's involved? It sounds like manual data downloading considering any automated data exchange.

MS. LEE: The question is related to getting a description of that download process, and how we actually move that data, I guess --

MR. YEA: Yeah --

MS. LEE: -- through the process.

MR. YEA: -- and the size of your data files generally speaking, megabytes, gigabytes?

MS. LEE: Yeah. I would refer you to the CMS website where we do download for hospital metrics and a lot of the long-term care metrics. Well, you can also look at the NCQA for health plans, the NCQA website, which describes some of that technical information as well even though we have another vendor that downloads that particular data set and then works

with this contractor to make sure that it is formatted. But, that kind of technical information we can provide links to the website that provides more --

MR. YEA: I think they are there.

MS. LEE: -- detail.

MR. YEA: What about survey responses that your contractor provides and anything that MHCC provides. Do you know what those data files are?

MS. LEE: Again, if you look on the Long-Term Care website, you'll see a description of the, for example, the Family In-Patient Survey.

MR. YEA: Okay.

MS. LEE: So, let me go there, the Long-Term Care website.

So, you'll see here [demonstrating] there's a -- you have an opportunity to just click on the "Experience of Care Survey." There will be some general statewide stats and some descriptive information, and I believe at the end there is a survey. The survey is included here. But, in terms of the size -- we'll look at the size of the file -- it's really not a huge file. There are 300 plus nursing homes, and I forget

the number of questions. But, it's really not a huge file.

MR. YEA: Okay. Thank you.

MR. AMIRANI: Jeff Amirani, Alpine Technology. Just ad hoc question following up here. Do you guys do any surveys about the consumers of the information on your website, who's using it, and the target audience that you are intending?

MS. LEE: We use Google Analytics, basically, and that's it. We haven't done much other than our consumer focus group that we do to help us develop the site and critique the site. But, we really don't have any internally generated surveys to do that.

MR. AMIRANI: All right. Thank you.

MS. LEE: Yes.

MR. AMIRANI: And, I apologize. I didn't speak into the microphone. Do I need to repeat the question?

MS. ALLEN: Does anyone need the question repeated?

MS. CASCHETTA: Yes, we can't hear the party who's asking a question.

MR. AMIRANI: I'm sorry. The mic is only right in front of me here, so I didn't speak into it.

[Laughter].

MR. AMIRANI: I was asking whether or not the agency does any research to understand who consumes the information on these -- on their websites here or have other guidance in terms of their intended audiences.

MS. LEE: And, just in case we didn't say this earlier, your questions and the responses will be placed in writing and you'll get a copy of that. So, if we miss something here you'll still get that.

MS. ALLEN: Does anyone have anymore questions?

MS. WILLISON: Pam Willison from Seven & 3. Can the subs fulfill two categories for the MBE categories?

MS. ALLEN: No. You mean the sub-goals?

MS. WILLISON: Yes.

MS. ALLEN: No, you can only fulfill one. Either as a prime, you can fill 100 percent of a sub-goal, as a prime you can fulfill 50 percent of the overall goal. But because there are sub-goals on there, let's just say you can fulfill one sub-goal. Okay?

MS. WILLISON: And the health care experience can it come from either the prime or the sub?

MS. ALLEN: Yes, it can come from the prime or sub.

Yes.

MS. WILLISON: And the third question. Are there any specific requirements for the Project Manager?

MS. ALLEN: They should be listed in the RFP under -- let's see. It is listed under "Section 3.10 Experience and Personnel." That is Page 37.

MS. LEE: We have another question.

MR. BOTT: So, you described the --

MS. ALLEN: -- I'm sorry. Your name and the firm you're representing?

MR. BOTT: Oh, I'm sorry. Zahid Bott from Medisolv. You described the audit for the HAI measures, but you also referenced some cardiac audits. Can you expand on that a little bit?

MS. LEE: So, the question was we talked a little bit about the audits for HAI data, but its mentioned that there's cardiac data in the RFP. And, Dr. Bott was asking for some explanation of the cardiac data.

So, there are two cardiac data sets that we have access to. One is the NCDR PCI registries, percutaneous -- whatever that is -- intervention -- anyway, the PCI registry.

And, we also have access to the cardiac surgery data. So, we haven't been able to really use it for generating some information for public reporting, but it is used in our Certificate of Need program and for State health planning purposes.

So, we have worked with a group of cardiac surgeons who are interested in looking at that data set, which this contractor really has -- isn't responsible for managing, but this contract has performed an audit on that data set. But, the interest was looking at what are the costs associated with those cases.

So, the contractor under this contract did an analysis to try to match each record with the chart information from the HSCRC file. And, that match was really high. It was like close to 100 percent, but it may have been somewhere between 96 -- 98 percent match. So, that's one activity. So, we're always looking for ways in which we can work with the industry to help facilitate quality improvement.

But, again, that was a data file that is collected by another center within the MHCC. But under this contract, we actually had the contractor do an audit of its quality, and

then under this special initiative, match or link the records from the HSCRC charge data to the cardiac surgery data -- clinical data.

MR. BOTT: So, that activity will stay the same?

MS. LEE: Well, it may. And, that's why we have that section for analysis because we want to support those kind of activities, some of which we haven't even envisioned yet. We hadn't planned for that. And we just were able to do it because the contractor's experience and we had the two data sets available to us. But, we just want to have the resources so we can support that.

MR. BOTT: But, the other contractor will continue to provide the cardiac data from the registry?

MS. LEE: Yes. It is a separate contract.

MR. BOTT: Thank you.

MS. LEE: But, our Executive Director just entered the room, Ben Steffen. I'd like to introduce Mr. Steffen.

MR. STEFFEN: Thank you. Thank you all for coming. I think I'll proceed on a few minutes at the end, but go ahead Theressa.

MS. LEE: Are there any other questions?

MS. CASCHETTA: Yes. This is Maria, again.

MS. LEE: Okay.

MS. CASCHETTA: On Section 2.3.8 of the RFP, the Data Validation and Record Review --

MS. LEE: -- What page?

MS. CASCHETTA: -- the --

MS. LEE: What page, Maria?

MS. CASCHETTA: On page 10 --

MS. LEE: Okay.

MS. CASCHETTA: -- Paragraph "C."

MS. LEE: Okay.

MS. CASCHETTA: Okay. The requirement in here is for AHIMA certified professionals for certain types of reviews. I just wanted to know if you would consider modifying the language so that other qualified clinical personnel could also perform the review, so depending on what the type of topic is. So, sometimes with the cardiac review, it might be a nurse -- the cardiac nurses, but if it's something that deals with coding, a coding validation, then it would be a decoder [phonetic].

MS. LEE: Right. We can definitely do that. I mean,

that is a valid point. So, with the cardiac data, it may not be AHIMA certified, but we had nurses who are cardiac, I guess, cardiac knowledgeable I would say. I don't know if that cardiac knowledgeable is --

MS. SMITH: Subject matter.

MS. LEE: Thank you. Subject Matter Experts.

MS. CASCHETTA: Yeah, Subject Matter Experts.

MS. LEE: Yes.

MS. CASCHETTA: Another question in that same area, but it's on Page 10 and on Page 13, it's on 2.3.8 and on 2.3.10 under the "Ad-Hoc Requirements," and then tying it back to the financial proposal. It says the quantity in 2.3.8.A is 500 records --

MS. LEE: Yes.

MS. CASCHETTA: -- of which approximately 200 will be HAI.

MS. LEE: Right.

MS. CASCHETTA: And, that implies this other 300 will be clinical. And, then, in 2.3.10.C.4, it specifies on an annual basis it won't exceed 100 clinicals, 100 HAI.

So, when you look at the Financial Tab 2 of the

financial tab, there is a total of 700 there. Okay. So it looks like that combined the Ad-Hoc along with the requirements of the basic requirements in that one section, but the other Ad-Hoc labor is an example where you want price -- the labor categories along with their rate times hours for -- so that the actual records are not reflected under "Ad-Hoc," they're reflected under the "Data Validation," tab. Is that correct -- "Data Validation and Record Review?"

MS. LEE: I didn't follow you throughout, but again, what we're trying to do here is to have a set number of records from which we may deviate. So, if we have -- let's see. We've identified the number of records for clinical versus HAI because we know that there may be differences in -- well, there will be differences in qualifications and perhaps costs associated with hiring people to do clinical records versus the HAI records. But, the actual number of records after the bids are submitted, based upon what we required here, we can then determine if we need to modify that.

MS. CASCHETTA: Okay.

MS. LEE: But, I'm more interested in a number of -- you gave a number of examples where the actual -- the volumes

-- the number of cases were different. You said, 100 and 100.

MS. CASCHETTA: Yes.

MS LEE: What page?

MS. ALLEN: That's all under the Ad-Hoc.

MS. CASCHETTA: And you see in 2.3.8.A., okay, of the contract, which is on Page 10.

MS. LEE: Okay.

MS. CASCHETTA: Okay. It gives a quantity there. So, 500 medical records, okay, 200 of which will be HAI. Okay. That number doesn't align to what is in the second tab of the financial proposal section.

MS. LEE: Okay.

MS. CASCHETTA: To get to the total number, you have to add the charts from 2.3.10.C.4, which is on Page 13. That specifies the number of ad hoc records on an annual basis, "shall not exceed 100 clinicals and 100 HAIs."

MS. LEE: Okay.

MS. CASCHETTA: See?

MS. LEE: We'll provide written clarity there because --

MS. CASCHETTA: Yeah.

MS. LEE: -- several -- but thank you. We'll do that.

MS. CASCHETTA: All right.

MS. ALLEN: Does anyone have any other questions?

[There was no response].

MS. LEE: Does anyone on the line have any other questions?

MS. CASCHETTA: I have some more, but I think some of these would be best put in writing.

MS. LEE: Okay.

MS. ALLEN: Okay, yeah. Maria, please e-mail those to me.

MS. CASCHETTA: I sure will.

MS. ALLEN: Okay. All right. So I'll go over the RFP process or Ben did you want to say something?

MR. STEFFEN: I'll say something at the end.

MS. ALLEN: Okay. All right. So, we'll just go over the RFP and the Solicitation process.

This contract will be awarded in accordance with the Competitive Sealed Proposal method under COMAR 21.05.03. The contract that results from this RFP shall be a combination of firm fixed price, fixed unit prices, i.e. labor hours,

indefinite quantity for consulting services per task order, which we consider ad hoc work. It will be data analysis and special studies.

This contract does contain a Living Wage requirement. If your proposal should come in over a hundred thousand dollars, which we sure it will, so please make sure that you fill out Attachment F. And, if you need more information on that, you can find it in Section 4.2.8.

Proposal Format. Please read Section 5 and follow it "to the T," please. Make sure that your proposal is submitted in two volumes. Volume I is your technical. Volume II will be your financial. Please do not include any price information in your technical proposal. If you see any numbers with a money sign in front of it, please delete it. Okay? No price information should be included in your technical proposal.

You want to submit two versions. You want your regular proposal, and then you want your PIA. So, if you should happen to be the winning offeror, your proposal will be shared with others who request it. So, your PIA version is important as well. But, if you read through Section 5, it

will clearly state how the proposal should be submitted. Make sure that they are separated because again, this is Competitive Sealed proposals. We will open technical proposals first, then financials will be opened once you're deemed qualified to provide the services.

So, they've changed the RFP. I guess you've noticed they have compiled it or put it together with DoIT RFP template, and so now all the attachments are links. If you come to a link that is needed to be submitted with your proposal and it is not the right document, please call me. Call me or email me immediately, and I will get that document to you as soon as I can.

So, I printed out the table for the attachments that are required to submit with your proposal. I highlighted them because they moved it. Again, it's in its own little section in the RFP, Section 7. But, again, I printed them out. If you did not get one and you feel like you need to have that, let me know before you leave and I'll get that to you.

So, just off-hand, I know you will need your Bid Proposal Affidavit, which is Attachment C; again, the Living Wage; if you have a parent company, a signed Offeror

Statement; your MBE paperwork; your veteran-owned paper attachments -- Veteran is "E," MBE is "D" -- and your Conflict of Interest Affidavit that I know off-hand. But, again, refer back to the Table.

So, MBEs, please -- the paperwork has changed again. So, once you go to the link and you download it, please make sure that you fill out that paperwork precisely, there are no typos in the numbers because, again, still with our Modernization Committee, them trying to modernize procurement in Maryland, we still don't have anyway to remedy MBE paperwork. So, if you submit your proposal, it's beautiful, it's well read, you know, you can provide the services, and your MBE paperwork is -- you know, it says, 2.0, but it's actually supposed to be 1.5, we have to send your proposal back. We will not be able to award you the contract. It's just as simple and ugly as that. You know, so please make sure that that paperwork is filled out right. You can call me if your gut is telling you something does not feel right. Call me, please. I'm begging you. And, that's basically it. Yeah.

So, again, if you're a prime and you're an MBE, you

can fulfill up to 50 percent of the entire MBE goal, and you can fill up to 100 percent of the sub-goal. So, since there are sub-goals, there is no way you can fulfill 50 percent all around goal. Okay, so that means you can fulfill 100 percent of one of the sub-goals. Let's see. Anything else?

MS. LEE: Questions?

MS. ALLEN: Oh, yes. So, attached to the Agenda is your Key Summary Sheet. It has all your important dates. It has the MBE requirements and the Veteran's requirements. The important date is questions are allowed up until January 16th. That's to give us enough time to draft it, get it out to everyone who's here today or is planning on submitting a proposal. What else?

MS. LEE: The earlier the questions are submitted the better.

MS. ALLEN: Yes, absolutely. And, I always post everything asked here. I will put it in a question and answer format, but we will also have the recorded record. That will also be posted with the RFP and everything. I will send it directly to everyone who is here. I always try to keep everyone who attended the Pre-Proposal, I try to let you know

in advance. I will submit everything to you directly, so you don't have to go to the website like everyone else. So, make sure that I have your business card and I have your email address because I put together a list, and you will receive everything first before anyone else. Okay?

This proposal we'll have the -- about two weeks maybe. With the holiday I'm not sure. Yes, so give us about two weeks to get everything together, the questions and answers and if you have any questions after leaving here, please submit them, you know, right away if you can, and that way I can get everything out to you guys as soon as possible.

Proposals are due on the -- January 30th. So, hopefully that is enough time. If anyone feels like maybe it's not, let me know in advance. If you get to January 16th, and you, "Oh, we may need an extension," I don't think I'll be able to do that because it's not fair to others who were already prepared. So, within the next week or two if you feel like the holidays are just getting in the way, and we may need an extension --

MR. STEFFEN: They won't.

MS. ALLEN: -- let us know. They won't?

[Laughter].

MR. STEFFEN: They won't get an extension.

[Laughter].

MS. ALLEN: Well, I offered it just in case. You never know. Things happen.

So that's about it for us. Does anyone have questions? Sir?

MR. THIELEN: I have a follow-up question on the MBE --

MS. ALLEN: Sure.

MR. THIELEN: -- just for absolute clarification. So, you've got a goal, I guess, of 25 percent --

MS. ALLEN: Yes.

MR. THIELEN: -- for MBE.

MR. STEFFEN: Could you identify yourself?

MR. THIELEN: Yeah. Mark Thielen with NewWave Technologies. So, you've got a goal of 25 percent for an MBE. You've got it broken down into three socioeconomic categories. If for example in our case, we're an African American MBE, are you saying that as an African American MBE we could take care of the entire 25 percent requirement or are we still expected

to hit each one of those socioeconomic --

MS. ALLEN: You're still expected to do --

MR. THIELEN: Okay.

MS. ALLEN: -- yes. Anyone else? Yes?

MR. STEFFEN: Identify yourself.

MR. ATHREYA: This is Narayan Athreya from ICube Systems. He asked if you can satisfy the 25 percent goal as a prime. I don't think we can satisfy that 25 percent goal. We can only do as an MBE prime, 12.5 percent, correct, which is 50 percent of the 25 percent goal?

MS. ALLEN: If you're fulfilling one of the sub-goals, you can fill 100 percent of one of the sub-goals. If it was just a general 25 percent goal, you will be able to fulfill 50 percent of that. Yes?

MR. GIBSON: Keith Gibson from ReefPoint Group. We're an SBE, VSBE health care data and analytics firm. So, for this VSBE subcontracting goal, that one percent stands alone from everything else?

MS. ALLEN: Yes, it stands --

MR. GIBSON: Okay.

MS. ALLEN: -- alone. Yes.

MR. GIBSON: Great. SBE, VSBE.

[Laughter].

MR. GIBSON: Thank you.

MS. ALLEN: You're welcome.

Yes, we have another question online?

MS. CASCHETTA: Yeah, this is Maria, again, from AGS. On Section 3.5.1 under the "Disaster Recovery and Data," it appears that the contract under Item B. is requiring a hoc site for disaster recovery.

MS. LEE: What page are you on, Maria?

MS. CASCHETTA: I'm sorry, 3.5.1, page 28 of 122.

MS. LEE: Twenty-eight. Okay.

MS. CASCHETTA: Okay. The way that reads is the hoc site, which means you have to have provisions in place to assume the work. It's not just a data hoc. Its not just a (indiscernible) for data, it's also you have to be able to be operational at that site, which is at least 100 miles from the primary operations site. So, if you all please look at that and see if you intend to require that under this contract?

MS. LEE: We'll take a look at it.

MS. ALLEN: Okay. Do we have any other questions?

MR. STEFFEN: There's one in the back.

MR. AZHAGIRI: My name is Arun, Aquas Inc. Can you share with us who the present incumbent contractors are?

MS. ALLEN: The present incumbent is Advanta Government Services.

MR. MENDEZ: Christopher Mendez from Advanta. Theressa, I noticed when reviewing the RFP that the Deliverable Summary Table, which are on Pages 7 through 12, and the Section 2.3 "Responsibilities," Pages 7 through 13 -- I'm sorry, the Deliverables Table is 17 through 23 -- that the task ID's got all jumbled. They don't match. So, what may be one task ID in 2.3 --

MR. STEFFEN: -- Sir, can you come up to a microphone?

MR. MENDEZ: Sure.

MR. STEFFEN: Because if you're talking in the back, people on the phone just can't hear you.

MR. MENDEZ: So, what I was referring to is that the Deliverable Summary Table --

MS. LEE: Okay.

MR. MENDEZ: -- lists all the deliverables --

MS. LEE: Right.

MR. MENDEZ: -- by tasks and the task ID. And, then Section 2.3 is the narrative discussion about the tasks.

MS. LEE: Right.

MR. MENDEZ: And they don't match.

MS. LEE: They're off?

MR. MENDEZ: Yes.

MS. LEE: Okay.

MR. MENDEZ: Right.

MS. LEE: We'll take a look at that.

MR. MENDEZ: So, in some cases they're omitted in one or the other. In other cases they're added in one and not in the other --

MS. LEE: Okay.

MR. MENDEZ: -- and that adjusted the number scheme. So --

MS. LEE: Okay.

MR. MENDEZ: -- I can save you a little time -- because I did a cross-walk table and send it to you.

MS. LEE: Please do.

MS. ALLEN: We appreciate that, yes.

MR. MENDEZ: And, then you can at least see --

MS. LEE: Yeah.

MR. MENDEZ: Okay?

MS. LEE: We appreciate that.

MR. MENDEZ: All right. You're welcome.

MS. ALLEN: Anyone else have any questions? Yes, ma'am?

UNIDENTIFIED SPEAKER: The sign-in sheet did not make it all the way around.

MS. ALLEN: Okay. Well as soon as it's over, we'll make sure everyone who has not signed the sign-in sheet or has not provided a business card please give that to me before you leave out the door please. Okay? Any other questions?

Okay. I guess we'll turn it over to Mr. Steffen.

MR. STEFFEN: So, thank you very much for joining us today. I want to emphasize I don't appear at pre-bid conferences often, only at the ones that are large. This is one of two that I usually attend. And, I wanted to give you some context for the work that we're doing in Quality and Cost Reporting. It is a strategic priority of the Commission to make quality and cost information available in an accessible manner to Maryland consumers and providers, as if you read

anything on the Commission, you may have seen our Chair, Dr. Robert Moffit talk about price and quality transparency. We are doing beyond actually reporting. We are using the information to encourage health care practitioners and providers to focus on differences in both quality and costs. And beginning in 2019, we'll really refresh those priorities and seek to claim that Maryland Health Care Commission wants to become the recognized source for quality and cost information for Maryland consumers. We have our quality site. We also have a price transparency initiative. We'll be looking for both of those contractors to think about innovative and creative ways to display this information, read through the RFP requirements and think carefully. Creative solutions consistent with the requirements in the RFP are always welcome to what I've always been doing in the past. If that's your idea, probably think a little harder and think of creative ways to come forward with a proposal.

My hope is that we can complete the RFP process, and everyone who is interested can submit a RFP by the 30th of January. Our goal is to have the new contract in place. And as you know, this is a sizeable contract. It will go before

the Board of Public Works. Contracts of this magnitude always generate some interest on the part of one or more members of the Board. So, we want to leave time for us to answer questions to make certain that the Governor, Controller and the Treasurer all are comfortable, knowledgeable, and committed to the initiative as will be the Commission. So, thank you very much. But, keep in mind this is a very important initiative. We want to continue to expand efforts to make quality information not only just published, but accessible and useable for Maryland consumers.

MS. ALLEN: Okay. And this meeting is hereby adjourned. Thank you so much for joining us.

Again, if you didn't get a chance to give me a business card and sign the sign-in sheet, please do so. Thank you.

(At 2:13 P.M. the meeting concluded.)

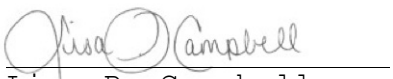
CERTIFICATE OF REPORTER

I, Lisa P. Campbell, hereby, certify that the Maryland Health Care Commission Pre-Proposal Meeting for RFP Number MHCC 19-003, held at 4160 Patterson Avenue, Baltimore, MD on December 19, 2018 was taken by means of stenographic and electronic sound recording.

I further certify that, to the best of my knowledge, that the foregoing pages represent a complete and accurate transcript of the Pre-Proposal Conference for RFP Number MHCC 19-003, Quality Measures to Support Maryland Healthcare Performance.

I further certify that I am neither an employee of MHCC or relative to any party, herein, and that I have no personal interest in the outcome of this Solicitation and subsequent award.

In witness whereof, I have affixed my signature this 7th day of January, 2019.

By: 

Lisa P. Campbell
Notary in and for the
State of Maryland

My Commission Expires: March 22, 2021