Primary Care Model Development Vendor

Request for Proposal

RFP Issue Date: September 7, 2016
Proposals Due: September 19, 2016

Chesapeake Regional Information System for our Patients
7160 Columbia Gateway Drive, Suite 230
Columbia, Maryland 21046
1. Overview and Objective

CRISP Overview and Background

Chesapeake Regional Information System for Our Patients, Inc. (CRISP) is an independent not-for-profit membership corporation that operates a health information exchange (HIE) serving the Maryland and District of Columbia region. CRISP, which is a private entity chartered and governed to pursue health IT projects best pursued cooperatively, is the state designated HIE for Maryland. Its participants include each of the 48 acute general care hospitals in Maryland and most hospitals in the District of Columbia as well as numerous other facilities and providers of care.

As the State Designated HIE for Maryland, CRISP is increasingly acting as a provider of state-level infrastructure to support care coordination and care management efforts that are being driven by Maryland’s goals for quality improvement and cost control as defined by the State’s All-Payer Model contract with the Centers for Medicare and Medicaid Innovation. Detailed next steps leading toward implementation of an Integrated Care Network (ICN) infrastructure were outlined in a report issued by the Care Coordination Workgroup, convened to provide advice to the Maryland Department of Health and Mental Hygiene (DHMH) and the Maryland Health Services Cost Review Commission (HSCRC) on accelerating strategies to meet the goals of the modernized hospital payment system.\(^1\)

The HSCRC has funded CRISP to develop the Integrated Care Network geared toward Medicare and Dual Eligible patients. This includes stakeholder engagement and policy development to advance the goals of the All Payer Model and care coordination for these patients.

A fundamental part of CRISP’s ability to succeed in its Care Coordination goals is engaging providers in the goals of the Maryland’s system wide reforms. DHMH is in the process of designing a custom, statewide primary care model with CMMI. This model will support the State’s ongoing work to transform the health care system and improve population health and by focusing on primary care. The custom model in expected to embrace the concepts CMS has put forward in initiatives such as its Comprehensive Primary Care Plus (CPC Plus) Initiative, while building on the unique aspects of Maryland’s All Payer Model. One of the goals is to provide opportunities for Maryland physicians to participate in Advanced Payment Models and qualify for MACRA bonus payments.

As a foundation to overall health care transformation under the All Payer Model, the State of Maryland seeks to continue the transformation of primary care so that it serves the three-part aim of controlling health care costs, improving quality, and improving population health. Building on the successes of the multi-payer pilot (MMPP) and commercial medical home programs in Maryland, it is an opportune time to reformulate the application of the medical home model to better fit the needs of the State. With stakeholder consensus, the State seeks to ensure that the future of primary care not only conforms to the State’s new commitments.

under the All Payer Model, but also provides for a robust population-based model of health. The State intends to work closely with stakeholders including payers and providers in an effort to organize a high functioning primary care system that matches the needs of all residents with a strong focus on complex, high needs populations.

In support of the All Payer Model Progression Plan’s goals to build a person-centered system of care that aligns incentives across providers and achieves better health outcomes, it is imperative for the State to ensure a broad system of primary care that coordinates patients’ needs throughout time. To that end, Maryland is pursuing a state-wide Primary Care Model with the Center for Medicare and Medicaid Innovation (CMMI) that will emphasize preventive care and population health, in support of high needs and complex patients as well as all individuals in the State that may at some point need additional supports, whether that be medically, behaviorally, or socially. Indeed, Maryland has a unique window in time to present a seminal plan for person-centered, primary care to CMMI that could be the accelerant for major transformation of healthcare delivery.

A Primary Care Model in Maryland will be designed as a flexible program that will integrate with the other models under development in the Model Progression Plan. Providers of all stripes will be able to access the tools and financial supports of the Model to provide better care to their patients, helping the state achieve its goals for more affordable care, improved population health and better experience of care, while meeting the performance requirements under the All Payer Model. Guiding principles of a successful program include:

- Multi-payer – Designed for broad-uptake with initial partners including Medicare and Medicaid in regard to individuals dually eligible for Medicare and Medicaid (dual eligibles).
- Patient-designated providers and relationships – All individuals in Maryland should have access to a comprehensive home for care where a team of providers coordinates their care, knows his or her health issues, and can coordinate all of his or her needs.
- Robust provider supports that optimize patient care, performance, and health outcomes.
- Innovative payment mechanisms that shift incentives away from volume and toward value.
- Alignment with emerging accountability models in Model Progression Plan that take responsibility for total cost of care (TCOC) – plug and play with other models under development including Accountable Care Organizations (ACOs), Global Models, and Duals Model.
- Optimizes reimbursement streams from federal programs – maximize the Advanced APM bonus under MACRA as well as takes advantage of chronic care management (CCM) fee that is already built into a Comprehensive Primary Care Plus (CPC+) like program.
- Targeted Care for High Needs and Rising Risk Patients – an infrastructure of care management that optimizes existing resources in the state to coordinate care for complex needs individuals, leveraging federal funds and advanced IT infrastructure.

Engagement Objective

To support State efforts, CRISP is seeking to engage a vendor to work closely with DHMH and stakeholders to design a Primary Care Model specific to Maryland’s unique needs. The vendor will be responsible for developing a concept paper describing the proposed Primary Care Model that can be submitted to CMS for review by the end of 2016. The scope of work for this project includes significant interaction with DHMH leaders and stakeholders to serve a primary role in the consensus process. The engagement will begin upon execution of a contract and is expected to continue through January 31, 2017.
Vendor Qualifications

Due to the proposed project’s short time frame, CRISP requires a vendor capable of meeting the goals and deliverables of the project, with little start up assistance. Key qualifications for a vendor include:

- Knowledge of and experience with Maryland’s All Payer model;
- Existing and effective working relationships with Maryland’s stakeholder community;
- Knowledge of CMS’s policy initiatives, including CPC Plus; and
- Experience developing payment models.

The contractor should be able to translate complicated delivery and financial concepts into narrative and diagrams that are presentable to stakeholders and CMMI.

Scope of Work

The proposed scope of work is to support the development of a concept paper proposing a Maryland Primary Care Model based on stakeholder feedback and consensus. Major project tasks and key deliverables are described in Figure 1.

<table>
<thead>
<tr>
<th>Task</th>
<th>Timeframe</th>
<th>Proposed Major Deliverables</th>
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</thead>
<tbody>
<tr>
<td>Development of Conceptual</td>
<td>Within 14 Days of Contract</td>
<td>The product should include a brief description of the theory of care redesign for Primary Care Providers; roles of different stakeholders, providers and regulators; payment and risk structure for participants; description of how model will meet MACRA requirements; and timeline for Primary Care Model progression and integration with All Payer Model Progression Plan.</td>
</tr>
<tr>
<td>Framework</td>
<td>Execution</td>
<td></td>
</tr>
<tr>
<td>Stakeholder Engagement</td>
<td>Ongoing</td>
<td>The vendor will manage and support a robust process for engaging stakeholders and CMMI. Deliverables will include meeting agenda, minutes, and ultimately iterations of the Concept Paper. Communicate foundation of Primary Care Model as current strategy to achieve longer term Population Health plan.</td>
</tr>
<tr>
<td>Communications Plan</td>
<td>Ongoing</td>
<td>The vendor will develop a plan for communicating the concepts being proposed. The communications plan and materials should support the ongoing stakeholder engagement process to ensure meaningful feedback as well as laying the foundation for communicating new Primary Care initiatives to the Maryland provider community.</td>
</tr>
</tbody>
</table>
Develop Detailed Concept Paper  | October 1, 2016 – December 31, 2016 | The concept paper should provide an overview of the Model; description of how the model is financed and the payment model works as well as the financial impact on participants; discussion of how the Model will impact other Maryland models or initiatives, including Global Budget Reimbursement, Dual Eligible Initiatives and existing ACO, PCMH or other integrated initiatives.

Post Concept Paper Support  | December 31, 2016 - January 31, 2017 | Vendor will be expected to support transition to implementation activities and finalization of Model with CMMI.

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2. RFP Process and Submission Instructions

Contract Type
CRISIP anticipates issuing a time and materials contact with labor category rates with a not to exceed bid amount.

RFP Timeline
Figure 2, the Procurement Timetable, represents CRISP’s best-estimated schedule for this procurement. All dates, including the contract start date are subject to change.

<table>
<thead>
<tr>
<th>Event</th>
<th>Approximate Dates</th>
<th>Notes</th>
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<tbody>
<tr>
<td>CRISP Issues RFP</td>
<td>September 7, 2016</td>
<td>Any proposal updates will be issues on the CRISP website</td>
</tr>
<tr>
<td>Clarifications and Q&amp;A</td>
<td>Ongoing</td>
<td>Ongoing, posted on CRISP website Questions may be submitted to <a href="mailto:Jazmin.Hampton@crisphealth.org">Jazmin.Hampton@crisphealth.org</a></td>
</tr>
<tr>
<td>Vendor RFP Responses Due to CRISP</td>
<td>September 19, 2016</td>
<td>Proposals must be emailed by 5 pm</td>
</tr>
<tr>
<td>Follow-Up with Vendors</td>
<td>September 20-23, 2016</td>
<td>CRISP will contact vendors as needed</td>
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</tbody>
</table>
CRISP will work in good faith to provide adequate and equal opportunity for all participating vendors. However, CRISP reserves the right to adjust or modify the Procurement Timetable at any point, as deemed necessary, in the process.

**Terms and Conditions and Confidentiality**

All responses become the property of CRISP and will not be returned to responders. Responses may be disclosed to CRISP and CRISP advisors as deemed appropriate by CRISP. All pricing information will be treated confidentially.

CRISP expressly reserves the right to make any decision regarding future direction or future technology partners. This includes the right to not award a contact pursuant to this RFI/RFP process. CRISP also reserves the right to:

- Accept or reject any and all proposals or parts of proposals received in response to this RFP
- Amend or modify the RFI/RFP or cancel this request, with or without the substitution of another RFI/RFP
- Waive or modify any information, irregularity, or inconsistency in proposals received
- Request additional information from any or all respondents
- Follow up on any references provided
- Negotiate any terms of contract or costs for any proposal
- Request modification to proposals from any or all contractors during review and negotiation
- Negotiate any aspect of the proposal with any individual or firm and negotiate with multiple individuals or firms at the same time

Submission of a proposal in response to this RFP constitutes acceptance of the all conditions of this procurement process described here and elsewhere in the RFP.

A bidder receiving a positive response to their RFP proposal should be prepared to immediately begin negotiation of final terms based on the RFP and other mutually agreed terms and conditions, provided that terms described by bidder in their response may be rejected in whole or in part and/or other otherwise negotiated by CRISP in the contracting process. In addition, a positive response from CRISP does not assure that a contract will be entered into; CRISP may discontinue negotiations with a bidder at any time, in its sole discretion. Until and unless a formal contract is executed by CRISP and responder, CRISP shall have no liability or other legal obligation to a responder whatsoever, relating to or arising from this RFP, the RFP process, or any decisions regarding pursuit of a formal solicitation.

CRISP will hold responses as confidential.

In no event will CRISP be responsible for damages or other remedies, at law or in equity, arising directly or indirectly from any decisions or any actions taken or not taken in response to or as a result of this RFP or
response by a vendor. All responder’s costs of response preparation and any negotiation will be borne by the responder.

Submission Instructions

Responses to this RFP should be submitted by September 19, 2016 at 5 pm (EST) to Jazmin Hampton at Jazmin.Hampton@crisphealth.org. Proposals will be accepted via email in .pdf or .doc(x) formats. Vendors should submit the proposal as one file with all content included, or as two files—one with the proposal content and a second with the appendices.

Proposal Evaluation

Proposals will be evaluated based on:

- Experience and qualifications of the team proposed by the vendor;
- Demonstrated understanding of Maryland’s All Payer and current policy initiatives in development;
- Strength of proposed work plan and ability to satisfy the deliverables and meet the timeframe;
- Reference review; and
- Review of estimated price in the financial proposal.

3. Technical Proposal Content

The technical proposal provides CRISP with an understanding of your company, proposed team, and your work plan. The Technical Proposal must be no more than 10 pages. Resumes for the proposed team may be included in appendices and do not count towards page limit.

A. Summary

Provide a summary of the proposal including company overview, proposed team and work plan. (1 – 2 pages)

B. Company Overview

In this section, provide a company overview including the proposed team and a description of similar projects client references. This section should describe the experience and qualifications of the individual team members to be assigned to this project. Resumes may be attached as an appendix and do not count towards the page limit. The vendor should provide two customers for reference (use table format in Figure 5). References should be for customers with requirements similar to those described in this RFP.

<table>
<thead>
<tr>
<th>Client Company Name &amp; Industry</th>
<th>Client Contact Name</th>
<th>Client Phone and/or e-mail</th>
<th>Implementation Date</th>
<th>Approximate Cost of Engagement</th>
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Figure 5: Client References

Chesapeake Regional Information System for our Patients

www.crisphealth.org
C. Proposed Work Plan

In this section, the vendor must respond describe their proposed work plan and key steps for completing the tasks and meeting the deliverables described in Figure 1. The work plan should include timeframes for tasks and deliverables. The response should demonstrate an understanding of Maryland’s All Payer model and ongoing policy initiatives and stakeholder process. The work plan should demonstrate the vendors ability to meet the timeframes described in the RFP.

4. Financial Proposal Content

The financial proposal should estimate labor and expenses for the project.

- **Labor**: Vendors should provide the hourly rates by labor category and estimate hours allocated to the project (Figure 6). The vendor will be able to reallocate resources among labor categories but may not exceed the Labor Project Total.
- **Expenses**: Vendors should estimate the total expenses for the project. Please note, vendors will only be reimbursed for travel expenses documented by receipts.

**Figure 6. Consulting Rates and Anticipated Hours by Labor Category**

<table>
<thead>
<tr>
<th>Labor Category</th>
<th>Name(s), If Individual Named in the Response</th>
<th>Hourly Rate</th>
<th>Estimated Hours on Project</th>
<th>Total</th>
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<tbody>
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<tr>
<td>Labor Project Total</td>
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</table>

**Expenses**

The vendor should also provide an estimate of expenses associated with the project including estimated trips and travel expenses.