*Hospital Care Improvement Program (HCIP) Administrator*

*Request for Proposal*

**CRISP will consider bids to complete one or more subsets of the scope of work.**

Request for Proposal Issue Date: March 15, 2017

Proposals Due: April 10, 2017

Chesapeake Regional Information System for our Patients

7160 Columbia Gateway Drive, Suite 230

Columbia, Maryland 21046

# Overview and Objective

## HCIP 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 and engaging with West Virginia for shared HIE infrastructure. Our participants include each of the acute and general care hospitals in Maryland and the District of Columbia as well as numerous other facilities and providers of care.

CRISP is providing state-level infrastructure to support care coordination and care management efforts consistent with 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 Services (CMS). The Maryland Health Services Cost Review Commission (HSCRC) has funded CRISP to lead the State’s Integrated Care Network (ICN) initiative geared toward caring for those patients with the greatest and most complex needs. An important function of CRISP is to work with stakeholders across the public sector and industry to develop approaches for advancing the goals of the All-Payer Model.

In response to stakeholders’ requests for greater provider alignment and transformation tools under the All-Payer Model, the State proposed and CMS approved a Care Redesign Amendment to the All-Payer Model. The Amendment aims to modify the All-Payer Model by supporting:

* Effective care management and population health activities;
* Improvement in care for high and rising need populations;
* Efforts to provide high quality, efficient, well-coordinated episodes of care;
* Hospitals and their care partners in monitoring and controlling Medicare beneficiaries’ Total Cost of Care (TCOC) growth; and
* The next steps toward delivery system transformation.

The Hospital Care Improvement Program (HCIP) is one of the first two Care Redesign programs seeking to align Maryland hospitals’ payment incentives with that of eligible physicians. HCIP is designed to:

* Improve inpatient medical and surgical services delivery;
* Provide effective transitions of care;
* Ensure an effective delivery of care during acute care events even beyond hospital walls;
* Encourage the efficient management of inpatient resources; and
* Reduce avoidable utilization with a byproduct of reduced cost per acute care event.

## Contract Objective

To support Maryland’s efforts to transform the health care delivery system, CRISP is seeking to engage a partner to implement day-to-day operation of the HCIP program as the HCIP Administrator. The HCIP Administrator selected under this Request for Proposal (RFP) will build on the substantial HCIP and Care Redesign development work to date to provide the following services, including but not limited to:

* Coordination with Maryland Hospital Administration (MHA) processes for engaging hospitals for recruitment, as well as engagement and coordination with additional stakeholders to support care partner participation;
* Program operations requirements and hospital and care partner program materials;
* Training, education, and technical assistance for hospitals and care partners;
* Data collection, analysis, and reporting; and
* Program monitoring.

CRISP will consider bids to complete one or more subsets of the scope of work. As an outcome of this solicitation, CRISP will enter into one or more contracts in anticipation of the HCIP launch date of July 1, 2017.

## Vendor Qualifications

Vendors must be in good standing to do business in the State of Maryland. Responses should demonstrate expertise and capabilities to provide the services described in this RFP. Experience with hospital gainsharing program implementation is desired. Existing and effective working relationships with Maryland’s hospital community are desired. Knowledge of Medicare Access and CHIP Reauthorization Act (MACRA) requirements is desired.

# 2. Procurement Process and Submission Instructions

## Contract Type

CRISP anticipates issuing a time and materials contract, with a not to exceed annual limit, for two base years and three additional option years.

## Procurement Timeline

Figure 1: Procurement Timetable represents CRISP’s best-estimated schedule for this procurement. All dates are subject to change.

**Figure 1: Procurement Timetable**

|  |  |  |
| --- | --- | --- |
| **Event** | **Approximate Dates** | **Notes** |
| CRISP Issues RFP | March 15, 2017 | Posted on CRISP website |
| Clarifications and Q&A | Ongoing | Questions may be submitted to Jazmin.Hampton@crisphealth.org |
| Vendor Responses Due to CRISP | April 10, 2017 | Proposals must be emailed by 5p.m. EST |
| Follow-Up with Vendors | April 11-27, 2017 | CRISP will contact vendors as needed |
| Selection of Preferred Vendor | April 28, 2017 | CRISP will contact selected vendor to initiate contracting process |

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 in the process, as it deems necessary.

## 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, the Care Redesign Committee, 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 partners. This includes the right to not award a contract pursuant to this RFP process.

CRISP 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 RFP or cancel this request, with or without the substitution of another 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; and
* 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 all conditions of this procurement process described here and elsewhere in the RFP.

A bidder receiving a positive response to their 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 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, the Care Redesign Committee, and the persons designated to review the proposals 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.

CRISP will retain sole and exclusive ownership of all rights, title and interest in our work papers, proprietary information, processes, methodologies, know-how and software, including such information as existed prior to the delivery of the vendor’s services and, to the extent such information is of general application, anything that the vendor may discover, create or develop during the provision of Services (“CRISP Property”). Except as may be otherwise set forth in any definitive agreement entered into between CRISP and the vendor, (i) any Deliverables prepared by the vendor will be considered "work made for hire" under the United States Copyright Act of 1976 as amended, and for purposes of all other applicable laws and (ii) the vendor will assign all right, title, and interest in the Deliverables to CRISP pursuant to a written assignment of such rights in and to any Deliverables. To the extent the Deliverables delivered to CRISP contains any Vendor Property, the vendor grants CRISP a worldwide, non-exclusive, non-assignable, royalty-free license in perpetuity to use Vendor Property as part of the Deliverables.

## Submission Instructions

Responses to this RFP should be submitted by **April 10, 2017 at 5 p.m. (EST)** to **Jazmin Hampton at Jazmin.Hampton@crisphealth.org**. Proposals will be accepted via email in .pdf or .doc(x) formats. Bidders 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 firm in implementing hospital gainsharing programs, including a methodology that can meet the requirements outlined in the Implementation Protocol;
* Demonstrated understanding of Maryland’s Care Redesign Amendment to the All-Payer Model, and the HCIP;
* Strength of proposed team to satisfy RFP needs and timelines;
* Reference review; and
* Review of pricing information in the financial proposal.

# 3. Statement of Work

The statement of work to be completed under this RFP is described below. CRISP will consider bids to complete one or more subsets of the scope of work.

1. Hospital recruitment and care partner participation.

* Annually collect and review hospitals’ Implementation Protocols for compliance with program requirements. Communicate requested revisions to hospitals and coordinate responses.
* Establish and implement process to collect hospitals’ annual Participation Agreements with completed Data Attestation forms.
* Facilitate care partner vetting:
  + Review, perform data quality edits, and validate care partner vetting list, on a quarterly basis.
  + Prepare care partner vetting intake submission to CMS, on a quarterly basis.
  + Distribute CMS-vetted care partner lists to hospitals, on a quarterly basis.
* Draft and disseminate physician handbook/care partner agreement template to hospitals.
* Enroll and track vetted participating physicians who complete care partner agreements, on a quarterly basis.
* On behalf of hospitals, submit required documents to CMS through the CMS portal. Conduct quality control of hospital documentation, communicate need for corrections to hospitals, and conduct follow-up with hospitals missing required documentation.

1. Program operations requirements and hospital and care partner program materials.

* Maintain and update annual HCIP calendar, in coordination with the overarching care redesign calendar.
* Develop, revise, update, and disseminate standardized hospital and care partner program materials, considering stakeholder feedback and program results.
* Develop guidelines for documenting patient notification of HCIP through data sharing policy.

1. Training, education, and technical assistance for hospitals and care partners.

* Manage central HCIP email address to receive, answer, and track questions, and to disseminate HCIP information to hospitals and stakeholders.
* Provide HCIP-specific website content for inclusion in overarching care redesign website.
* Meet with hospitals to explain HCIP and to provide technical assistance on hospital care redesign interventions.
  + Review/advise on hospital-specific implementation plans, timelines, and educational materials.
  + Review/advise on hospital-specific conditions of care redesign initiative payments for care partners.
  + Review/advise on hospital-specific quality parameters.
* Meet with physician groups to explain HCIP to hospital physicians.
* Convene a series of webinars and/or regional in-person meetings regarding program operations. Facilitate hospital sharing of experiences.
* Provide as needed training and assistance to hospitals to launch the program initially, and to provide information on any future year changes.
* Provide high-level HCIP content for care redesign communications that describe the Care Redesign programs generally.

1. Data collection, analysis, and reporting.

* Using a methodology that meets the requirements of the program (see Implementation Protocol), provide hospitals with the total available incentive calculation methodology, performance incentive calculations, and verify incentive payments earned by care partners.
* Receive care redesign and quality data from hospitals on a quarterly basis. Prepare quarterly data for resource utilization calculation based on approved methodology. Analyze quarterly data based on approved resource utilization calculation, run data quality checks, and send to hospitals for review. Correct data as needed. Run analyses for reports and incentive payments.
* Generate physician and hospital-level reports on a semi-annual basis, and review reports with hospitals.
* Collect and review payment adjustments/corrections on an annual basis.
* Review hospitals’ conditions of care redesign incentive payments for eligible physicians on a quarterly basis.
* Review hospital specific quality parameters on a quarterly basis.
* Prepare readmission and mortality reports on a quarterly basis.
* Prepare incentive payment summary reports on an annual basis.
* Prepare savings reports on an annual basis.
* Work in collaboration with the Maryland Hospital Association (MHA) and other stakeholders to support hospital compliance of all data collection and reporting requirements.
* The reports delivered under this RFP shall be owned by CRISP and the participating hospital.

1. Program monitoring

* Receive and review reports on a routine basis (e.g., quarterly) to ensure the hospital program is implemented and consistent with the Implementation Protocol.
* In the event CMS or the State requires a hospital to implement a performance improvement plan, coordinate communication regarding the plan with the hospital.
* Develop and implement a process to collect feedback about the program, to make recommendations on needed program improvements in advance of a new performance year.
* Develop and manage a dispute process to collect, track, and analyze hospital disputes regarding program results and incentive amounts. The dispute process will include a system for referring unresolved disputes to the HSCRC for review and final determination.

1. Stakeholder coordination

* Coordinate with MHA processes for engaging hospitals.
* Engage and coordinate with additional stakeholders as needed, including the provider community, other vendors supporting Care Redesign, the State of Maryland, and CMS.

## 4. Technical Proposal Content

The technical proposal provides CRISP with an understanding of your company, its capabilities, and your proposed team. The technical proposal must be no more than 15 pages. Resumes may be included in appendices and do not count towards page limit.

## Approach to the Statement of Work

In this section, the bidder should demonstrate understanding of HCIP and describe the proposed approach to fulfill the RFP requirements for HCIP administration. Specifically, the bidder should present a plan to complete the activities described in the Statement of Work, including a methodology that meets the specifications outlined in the Implementation Protocol.

## Company Overview, Staffing, and Management

In this section, the bidder should provide a company overview to describe organizational experience with the skills and substantive areas needed to complete the activities described in the Statement of Work. This section should also detail any relevant certifications, including MBE certifications. This section should describe the experience and qualifications of the individual team members and their roles and availability under this RFP. The bidder should describe how project staff and organizational resources will be used to complete tasks, and describe the management methods to be employed in completing work. Resumes should be attached as an appendix and do not count towards the page limit.

The bidder should provide two customers as references (use table format in Figure 2). References should be for customers with requirements similar to those envisioned by the categories of services described above.

**Figure 2: Client References**

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| --- | --- | --- | --- | --- |
| ***Client Company Name & Industry*** | ***Client Contact Name*** | ***Client Phone and/or e-mail*** | ***Implementation Date*** | ***Approximate Cost of Engagement*** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

5. Financial Proposal Content

The financial proposal should estimate labor and expenses for the project. Vendors should provide the hourly rates by labor category and anticipated hours for the initial two-year contract and the three option years (Figure 3). Vendors will be required to use the rates bid as a ceiling.

**Figure 3. Consulting Rates and Anticipated Hours by Labor Category**

Base Years One and Two:

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| --- | --- | --- | --- |
| **Labor Category** | **Name(s), If Individual Named in the Response** | **Hourly Rate** | **Anticipated Hours** |
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Option Year One:

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| --- | --- | --- | --- |
| **Labor Category** | **Name(s), If Individual Named in the Response** | **Hourly Rate** | **Anticipated Hours** |
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Option Year Two:

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| --- | --- | --- | --- |
| **Labor Category** | **Name(s), If Individual Named in the Response** | **Hourly Rate** | **Anticipated Hours** |
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Option Year Three:

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| --- | --- | --- | --- |
| **Labor Category** | **Name(s), If Individual Named in the Response** | **Hourly Rate** | **Anticipated Hours** |
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