**STATE OF MAINE**

**Department of Health and Human Services**

*Office of MaineCare Services*



**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

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| **RFP Coordinator** | *All communication, including questions and proposal submission, regarding this RFP must be made using the email address below.*  **Contact Information:** [brittany.hall@maine.gov](mailto:brittany.hall@maine.gov) |
| **Submitted Questions Due** | *Questions regarding this RFP can be submitted at any time while this RFP is open. All questions must be submitted, by e-mail, to the address identified above. Please include* ***“RFP# 202202012 – Submitted Questions”*** *in the subject line of your email.* |
| **Proposal Submission** | *Proposals must be received by the Division of Procurement Services by:*  **Submission Deadline:** March 18th, 2022 no later than 11:59 p.m., local time *Proposals must be submitted electronically to the following address:*  **Electronic (email) Submission Address:** [Proposals@maine.gov](mailto:Proposals@maine.gov) |
| **Annual**  **Enrollment** | *After the initial RFP proposal submission deadline, proposal evaluations will be held on an annual basis. Annual proposal submission deadlines will be* ***11:59 p.m. on the******1st business day of April*** *while the RFP is active. Proposals are required to be submitted prior to the submission date and time in order to be considered for that enrollment period.*  **Electronic (email) Submission Address:** [Proposals@maine.gov](mailto:Proposals@maine.gov) |

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**PUBLIC NOTICE**

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

The State of Maine is seeking proposals to be considered for inclusion on a Pre-Qualified Vendor List for the development of Rate and Alternative Payment Models.

A copy of the RFP, as well as the Question & Answer Summary and all amendments related to this RFP, can be obtained at the following website: [http://www.maine.gov/dafs/bbm/procurementservices/Vendors/pqvls](http://www.maine.gov/dafs/bbm/procurementservices/vendors/pqvls)

Proposals must be submitted to the State of Maine Division of Procurement Services, via e-mail, to the following email address: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be submitted no later than 11:59 pm, local time, on March 18th, 2022 Proposals will be opened the following business day. Proposals not submitted to the Division of Procurement Services’ aforementioned email address by the aforementioned deadline will not be considered for contract award.

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**RFP DEFINITIONS/ACRONYMS**

The following terms and acronyms shall have the meaning indicated below as referenced in this Pre-Qualified Vendor List RFP:

|  |  |
| --- | --- |
| **Term/Acronym** | **Definition** |
| **Alternative Payment Model (APM)** | Health care payment methods that use financial incentives to promote or leverage greater value (higher quality care and/or lower costs) for patients, purchasers, payers and/or providers. For the purposes of this RFP, MaineCare considers Health Care Payment Learning & Action Network (HCP LAN) APM Categories 3 and higher in the HCP LAN framework as APMs. |
| **Healthcare Service Group(s)** | 1. Long Term Services and Supports (LTSS, including institutional, residential, and day services) 2. Hospital services 3. Primary Care, Physician, and Clinic services 4. Behavioral Health services 5. Other services as needed |
| **Department** | Department of Health and Human Services |
| **Fee-for-Service (FFS)** | Negotiated or payer-specified payment rate for every unit of service a provider delivers without regard to quality, outcomes, or efficiency; instead FFS payments incentivize volume of service. [HCP LAN Framework Category 1 through 2C] |
| [**Health Care Payment Learning & Action Network**](https://hcp-lan.org/) **(HCP LAN) APM Framework** | Establishes a common vocabulary categorizing payment models from Categories 1 through 4. |
| **MaineCare** | Maine’s Medicaid Program |
| [**MaineCare Benefits Manual**](https://www.maine.gov/sos/cec/rules/10/ch101.htm) **(MBM)** | Outlines covered services by Section of Policy and the rates and/or rate methodologies used to pay for those services. |
| **OMS** | The Department’s Office of MaineCare Services |
| **Payment Reform** | Moving payment models along the continuum from cost reimbursement or budget-based rates, to FFS, to APMs. |
| **PQVL** | Pre-Qualified Vendor List |
| **Rate Methodology** | The assumptions and calculations used to develop the reimbursement rate for a MaineCare service. |
| **RFP** | Request for Proposal |
| **State** | State of Maine |
| **Value-Based** | Payment methods that use financial incentives to promote or leverage greater value, higher quality care and/or lower costs. |

**State of Maine - Department of Health and Human Services**

*Office of MaineCare Services*

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

# **PART I INTRODUCTION**

## Purpose and Background

The Department of Health and Human Services (Department) is seeking proposals for a Pre-Qualified Vendor Lists (PQVLs) for the development of Rate and/or Alternative Payment Models (APMs) as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the Vendor(s) will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder(s).

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of MaineCare Services (OMS) provides MaineCare Services to more than three hundred thirty thousand (330,000) Maine residents.

The Pre-Qualified Vendor Lists (PQVLs) developed under this RFP will provide the Department with Vendors capable of developing Rate and/or APMs for services under five (5) Healthcare Service Groups under MaineCare, specifically:

1. Long Term Services and Supports (LTSS, including institutional, residential, and community and work supports services)
2. Hospital services
3. Primary Care, Physician, and Clinic services
4. Behavioral Health services
5. Other services as needed

Within each Healthcare Service Group, the PQVL will be further delineated by Vendors qualified to conduct rate studies for specific, discrete health care services, and Vendors qualified to reform the payment model for a subset of the broader delivery system (e.g. Nursing Facility payment reform within LTSS).

Development of Rate and/or APMs are required as part of MaineCare’s work to implement the Department’s plan for MaineCare Rate System Reform, arising from the Department’s [Comprehensive Rate System Evaluation](https://www.maine.gov/dhhs/oms/about-us/projects-initiatives/mainecare-rate-system-evaluation), which was conducted in 2020-21 to develop recommendations to achieve a comprehensive, streamlined, and coherent system to set rates for specific Medicaid services and programs.

This RFP reflects the Department’s commitment to improving health care access and outcomes for MaineCare members, demonstrating cost-effective use of resources, and creating an environment where providers can innovate to deliver high-value care. As part of this commitment, the Department aims to have forty percent (40%) of MaineCare expenditures paid through APMs by the end of calendar year 2022. MaineCare is using the HCP-LAN APM Framework to measure progress towards this goal (specifically payment models that are HCP-LAN Category 2C or higher).

Additionally, a fundamental payment reform goal of the MaineCare Rate System Reform plan is to move away from cost settlement (where rates for the same service can vary from provider to provider based on providers’ underlying costs) and from budget-based rates (where there may be variation from provider to provider in costs and in how they are staffing and delivering the same service) to instead develop standardized, equitable rates in alignment with policy and program requirements and expectations for the service and with incentives to improve value.

## General Provisions

* 1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
  2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Vendor in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
  3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
  4. Vendors will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Vendor (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Vendor’s experience and capabilities.
  5. The proposal must be signed by a person authorized to legally bind the Vendor and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
  6. The RFP and the awarded Vendor’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
  7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.).
  8. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
  9. The State of Maine Division of Procurement Services reserves the right to authorize other Departments to use the contract(s) resulting from this RFP, if it is deemed to be beneficial for the State to do so.
  10. All applicable laws, whether or not herein contained, are included by this reference. It is the Vendor’s responsibility to determine the applicability and requirements of any such laws and to abide by them.

## Eligibility to Submit Bids

All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.

## Pre-Qualified Vendor List Term

The Department is seeking a cost-efficient proposal(s) to provide services, as defined in this RFP, for the anticipated Pre-Qualified Vendor List (PQVL) period defined in the table below. Please note that the dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with this RFP process. Utilization of a PQVL will begin once the RFP process has been finalized.

The term of the anticipated PQVL, resulting from this RFP, is defined as follows:

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Period of Performance | 4/1/2022 | Termination of RFP |

This RFP offers an annual enrollment for new Vendors to be included on the pre-qualified Vendor list. Once selected, Vendors do not need to reapply during the annual enrollment.  Proposals will be accepted from Vendors not currently on the PQVL as long as this RFP is active.  Proposals submitted during the annual enrollment will be evaluated and the Vendors will be notified of the decision within 30 days.

A “pre-qualified list” means that only those Vendors who are placed on the list as a result of this RFP will be considered to perform specific, future assignments. This RFP is not set up to perform any one specific assignment, but at a minimum, to service needs of the Department over the next five (5) years.

The Department intends to create ten (10) lists of pre-qualified Vendors that can provide qualified personnel, materials, and services for performing MaineCare Rate and APM development, specifically:

|  |  |
| --- | --- |
| **10 Lists of Pre-Qualified Vendors** | |
| **Healthcare Service Group** | **Scope** |
| 1. LTSS | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
| 1. Hospital Services | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
| 1. Primary Care, Physician, and Clinic services | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
| 1. Behavioral Health Services | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
| 1. Other services | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |

Vendors may apply for anywhere from one (1) to all ten (10) lists. The Vendor’s proposal must clearly state which Healthcare Service Group(s) and Scope(s) it is applying for (i.e. Healthcare Service Group 1 LTSS, Scope a. Rate Studies for discrete health care services).

## Mini-Bid Process and Awards

Once the pre-qualified list is established, the Department will notify all pre-qualified Vendors when specific services are needed. Each Vendor on the PQVL will be given a description of the particular services needed and asked to respond within a specific timeframe with information on how that Vendor proposes to provide the particular services, along with the project-specific cost proposal for those services. Vendors should respond to each mini-bid with their proposal or provide a “no-bid” as a response. The Department will then select one Vendor based on the project-specific cost proposal submitted during the “mini-bid” process of those pre-qualified Vendors who can meet the specific service requirements.

The Department reserves the right to select Vendors from the pre-qualification list without using the mini-bid process for emergencies (if the need arises). The Department also retains the discretion to issue new RFPs for specific projects. Vendors for those projects will not be selected from the PQVL, but rather through the separate RFP or other procurement process based on the Department’s specific needs/timelines.

# **PART II SCOPE OF SERVICES TO BE PROVIDED**

1. **General Requirements**
2. Perform the scope of work described for each list selected in the Vendors proposal submission.
3. Collaborate with and take direction from Department personnel assigned to any project awarded to the Vendor(s).
4. Employ or contract with a certified actuary, as needed and/or instructed by the Department, to conduct applicable work.

**Scope of Work** **for all five (5) Healthcare Service Groups**

1. Rate studies for discrete health care services under all five (5) Healthcare Service Groups include components identified in Table 1.

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| --- | --- |
| **Table 1** | |
|  | Confirmation of service model requirements and assumptions, including assessment of whether service model has changed since any prior rate studies, the cost impact, such as staff qualifications, staff to member ratios, training needs, travel costs, physical plant needs, etc. Where necessary to confirm appropriate requirements, this may include research by the Vendor to inform potential policy decisions by the Department, including research of any service specifications associated with service models recognized as evidence-based services or best/promising practices. |
|  | When the covered service already exists in the State, perform collection and analysis of provider cost data through existing cost reports and/or provider survey. |
|  | When the covered service does not already exist in the State, perform in-State provider cost projections, which might include administering a survey of potential providers to obtain staffing and other cost projections. |
|  | Comparison to rates for comparable services reimbursed by other state Medicaid agencies, Medicare, and by commercial payers, where appropriate and available either publicly or from Vendor’s own book of business, with consideration given to State-specific differences that likely have a substantial impact on provider costs (e.g. State minimum wage differences) or differences due to variation in reimbursement models (e.g. units of service). |
|  | Use of consistent, established benchmarks where possible and appropriate (e.g. Maine-specific wage data from the [United States Bureau of Labor Statistics](https://www.bls.gov/) (BLS)). Benchmark selection shall be informed by analysis of factors including, but not limited to, the labor market for a service, whether Medicaid is largely responsible for driving wage levels (e.g. there are very few other payers for the service), and whether there are changes from the current service model to expectations for desired staff educational levels. |
|  | If requested by the Department, hold an initial meeting with stakeholders to orient them to the rate study process. |
|  | Public presentation of cost driver data and underlying service and rate assumptions to stakeholders and to any expert technical advisory panel for comment as requested by Department. |
|  | Allowance of period for stakeholders to offer written comment on draft rates and rate models. |
|  | Provide response to comments / explanation to providers of whether and how feedback was incorporated or not, with stated rationale. |
|  | Advise the Department on appropriate rate and/or fiscal estimates and assumptions in the event the Department will be submitting a budget proposal prior to rate finalization. (e.g. whether there will likely be updates to draft rates based on regularly updated benchmark data such as BLS wage data, reasonable assumption for how much a draft rate may increase prior to rate finalization.). |
|  | Articulate and document assumptions for draft rates that are subject to policy decisions and would have a substantial impact final rate amounts, and what the range of estimated fiscal impact is associated with those changes. (e.g. what are ranges of reasonable assumptions for wages, staff ratios, etc.). |
|  | Provide the Department the details of rate assumptions and associated formulas in Excel workbook(s) so the Department may update, adjust or add to inputs, as necessary in the future. |

1. Delivery system reform rates and recommendations under all five (5) Healthcare Service Groups include components identified in Table 1 and Table 2.

|  |  |
| --- | --- |
| **Table 2** | |
|  | Engage in broad and comprehensive stakeholder engagement processes, including co-leading stakeholder events with the Department, attending events to listen and apply feedback. |
|  | Work collaboratively with the Department and stakeholders to understand policy goals for specific services. |
|  | Conduct a comprehensive analysis of current service utilization and spending, when necessary for developing an Alternative Payment Method (APM) or to recommend payment reform. |
|  | Research payment approaches used by other payers (other state Medicaid agencies, Medicare, commercial, Veteran’s Administration, etc.) that may support policy goals. |
|  | Present a set of options for the direction of payment reform, including the Vendor’s recommended option, based on efforts and experience in payment reform nationwide for the applicable service. |
|  | Based on Department selection of an APM or rate model, analyze financial implications of adopting the payment reform or APMs, including sensitivity analyses to examine how findings are affected by changes in model assumptions. |
|  | Demonstrate and apply an understanding of Centers for Medicare and Medicaid Services’ regulatory and sub-regulatory requirements related to rate setting APMs, and value-based purchasing. |

1. **Scope of work specific to each Healthcare Service Group (Table 3, Healthcare Service Groups 1 - 5)**

|  |  |  |
| --- | --- | --- |
| **Table 3** | | |
| **Healthcare Service Group 1: LTSS** | | |
| Deliverables may cover a range of institutional, residential, and day health care services, and may include, but not be limited to, services from sections of 10-144 Chapter 101, Ch. II and/or III of the [MaineCare Benefits Manual](https://www.maine.gov/sos/cec/rules/10/ch101.htm) (MBM), specifically: | | |
| **Section** | | **Specific Policy by Service** |
| Section 2 | | Adult Family Care Services |
| Section 12 | | Consumer Directed Attendant Services |
| Section 13 | | Targeted Case Management Services for the Intellectually or Developmentally Disabled (IDD) |
| Section 18 | | Home and Community-Based Services for Adults with Brain Injury |
| Section 19 | | Home and Community Benefits for the Elderly and Adults with Disabilities |
| Section 20 | | Home and Community Based Services for Adults with Other Related Conditions |
| Section 21 | | Home and Community Benefits for Members with Intellectual Disabilities or Autism Spectrum Disorder |
| Section 26 | | Day Health Services |
| Section 29 | | Support Services for Adults with Intellectual Disabilities or Autism Spectrum Disorder |
| Section 40 | | Home Health Services |
| Section 50 | | ICF-IDD Services |
| Section 67 | | Nursing Facility Services |
| Section 96 | | Private Duty Nursing and Personal Care Services |
| Section 97 | | Appendix C - Medical and Remedial Service Facilities |
| Section 97 | | Appendix F - Non-Case Mixed Medical and Remedial Facilities |
| Section 102 | | Rehabilitative Services |
| **Healthcare Service Group 2:** **Hospital Services** | | |
| MBM Ch. II and/or II, Section 45 Hospital Services and Section 46 Psychiatric Hospital Services:  Deliverables may include the following, as well as others, in isolation, in certain combinations/subsets, or combined in a single comprehensive effort. | | |
|  | For hospitals currently reimbursed by Diagnosis Related Groups (DRGs), rebase rates to a more recent grouper version and base year and consider use of All Patient Refined Diagnosis Related Group (APR-DRG) grouper, conduct a review of the outlier methodology, and consider prospective approaches (e.g., include in DRG methodology) for capital and medical education payment. | |
|  | Evaluate appropriateness of rates to outpatient hospitals for certain services delivered that are also delivered by Ambulatory Surgical Centers (ASC) for lower rates. | |
|  | For Critical Access Hospitals, Inpatient and Outpatient, consider whether services could be included in a rebased DRG methodology and/or Ambulatory Payment Classification (APC) approach, through peer grouping alternatives or targeted payment, to provide consistency in methodologies and reduce administrative effort. | |
|  | Recommend options for repurposing hospital supplemental payments for other hospital reimbursement, which may include base (claims) rates as well as broader hospital payment reform, including to increase value-based purchasing. | |
|  | For all hospitals, repurpose funding currently used for cost settlement of hospital-based payments to instead be used for other hospital reimbursement, which may include base (claims) rates as well as performance-based payments in an APM. | |
|  | Make recommendations as to how Critical Access Hospitals could be included in quality improvement activities, or other APMs that reward performance. | |
|  | Conduct a rate study of psychiatric unit discharge rates. | |
|  | Conduct a rate study for medically supervised withdrawal services. | |
|  | For Psychiatric Hospitals, Inpatient, when rebasing the DRG methodology, consider options for classifying inpatient psychiatric services in a prospective per diem or per discharge payment arrangement, using base year costs for these providers in the same way that the Acute DRG hospital rates are determined. | |
|  | For Psychiatric Hospitals, Outpatient, transition outpatient reimbursement to align with the APC reimbursement methodology that applies to other hospital outpatient services and is benchmarked to a percent of Medicare. | |
| **Healthcare Service Group 3: Primary Care, Physician, and Clinic Services** | | |
| Rate studies may cover a range of services, and may include, but not be limited to, services from sections of 10-144 Chapter 101, Ch. II and/or III of the MBM, specifically: | | |
| **Chapter/Section** | | **Specific Policy by Service** |
| Section 3 | | Ambulatory Care Clinic Services |
| Section 4 | | Ambulatory Surgical Center Services |
| Section 7 | | Free-standing Dialysis Services |
| Section 9 | | Indian Health Services |
| Section 14 | | Advanced Practice Registered Nursing Services |
| Section 30 | | Family Planning Agency Services |
| Section 31 | | Federally Qualified Health Center Services |
| Section 90 | | Physician Services |
| Section 103 | | Rural Health Clinic Services |
| Additionally, the Department is implementing a new primary care payment model, [Primary Care Plus (PCPlus)](https://www.maine.gov/dhhs/oms/providers/value-based-purchasing/primary-care) that aligns with the Primary Care First model out of the Centers for Medicare and Medicaid Services. This model will replace elements of the Department’s primary care Health Homes Service (MBM, [Ch. II - Section 91](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s091.docx)), Primary Care Case Management (MBM, [Ch. VI - Section 1](https://www.maine.gov/sos/cec/rules/10/144/ch101/c6s001.doc)), and the Primary Care Provider Incentive Payment program (MBM, [Ch. II - Section 90](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.docx)). In the first phase of this new model, participating primary care providers will receive population-based payment in addition to Fee-for-Service (FFS) billing. The amount of the population-based payment will be determined by whether the primary care practice meets base, intermediate, or advanced primary care characteristics, practice risk levels and performance on quality, cost, and utilization metrics.  A Vendor shall be engaged to transition to Phase Two of the model, where the Department seeks to move to non-FFS methods of reimbursement for primary care services, such as flat visit rates and/or partial capitation. The Vendor shall: | | |
|  | Analyze current, including Phase One of PCPlus, primary care reimbursement for various types of primary care providers, including provider-based primary care, independent primary care, Federally Qualified Health Centers, Tribal Health Clinics, and Rural Health Clinics. | |
|  | Provide options for transitioning to a flat visit rate or partial capitation, including the Vendors recommended model. This analysis shall include, but is not limited to, the primary care services to be included in the APM and the expected fiscal impact of the transition on each type of primary care provider and on specific groupings of providers (to be determined with Department and stakeholder impact. Examples include rural primary care, pediatric providers, etc.). | |
| Other Primary Care, Clinician, and Physician Services Payment Reform work includes the development of episodes of care. For this work, the Vendor shall: | | |
| Apply an understanding of episodes of care methodologies to make data-driven recommendations on episode design, such as defining accountable providers, trigger events, and length of the episode, in collaboration with clinical and non-clinical partners. | | |
| **Healthcare Service Group 4: Behavioral Health** | | |
| Rate studies may include, but not be limited to, services from sections of 10-144 Chapter 101, Ch. II and/or III of the MBM, specifically: | | |
| **Chapter/Section** | | **Specific Policy by Service** |
| Section 13 | | Targeted Case Management Services related to Behavioral Health |
| Section 17 | | Community Support Services |
| Section 23 | | Developmental and Behavioral Clinic Services |
| Section 28 | | Rehabilitative and Community Support Services for Children with Cognitive Impairments and Functional Limitations |
| Section 65 | | Behavioral Health Services |
| Section 92 | | Behavioral Health Home Services |
| Section 93 | | Opioid Health Home Services |
| Section 97 | | Appendix B - Substance Use Treatment Facilities |
| Section 97 | | Appendix D - Children’s Residential Care Facilities |
| Section 97 | | Appendix E - Community Residences for Persons with Mental Illness |
| Section 107 | | Psychiatric Residential Treatment Facility Services |
| Other Behavioral Health Payment Reform work shall include the development of a rate methodology consistent with the [Certified Community Behavioral Health Clinic](https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf) (CCBHC) model, including services needed to develop provider reporting templates, processes, and training materials. | | |
| **Healthcare Service Group 5: Other Services** | | |
| Examples include, but are not limited to, community paramedicine and palliative care, neither of which are currently covered in the MBM, and those services within MBM [Ch. II - Section 13](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s013.docx) Targeted Case Management that do not fall into Healthcare Service Groups 1 - 4. | | |

1. **Conflicts of Interest**

Ensure the personnel selected to perform services under Healthcare Service Groups 1 through 5 have no professional, familial, or financial conflict of interest relating to MaineCare or its enrolled providers.

1. **Use of Subject Matter Expert Professionals**

Employ or subcontract with subject matter experts in the event that no such resources are readily available to the Vendor(s). The Vendor(s) shall submit to the Department a sample of its contract(s) with subject matter experts. Upon request, the Vendor(s) shall submit to the Department a list of the names and credentials of subject matter experts with whom the Vendor has current contracts.

# **PART III KEY RFP EVENTS**

## Questions

* 1. **General Instructions:** It is the responsibility of all Vendors and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
     1. Vendors and other interested parties must use **Appendix H** (Submitted Questions Form) for submission of questions. The form is to be submitted as a WORD document.
     2. The Submitted Questions Form must be submitted, by e-mail, and received by the RFP Coordinator, identified on the cover page of the RFP.
     3. Submitted Questions must include the RFP Number and Title in the subject line of the e-mail. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.

* 1. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the [Division of Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). Vendors should submit questions 15-days prior to the most current proposal submission deadline in order to receive a response 7-days prior to that deadline. All other questions will be addressed after the current deadline. It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.

## Amendments

All amendments released in regard to the RFP will also be posted on the following website: [Division of Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain amendments. Only those amendments posted on this website are considered binding.

## Submitting the Proposal

1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of this RFP. Proposals will be opened the next business day. Proposals received **after** the 11:59 p.m. deadline will be **held until the next open enrollment opening**.
2. **Delivery Instructions:** Email proposal submissions are to be submitted to the State of Maine Division of Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
   * 1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
     2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
     3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Please check with your organization’s Information Technology team to ensure that your security settings will not encrypt your proposal submission.
     4. File size limits are 25MB per e-mail. Vendors may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
     5. Vendors are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202202012 Proposal Submission – [Vendor’s Name]”**
     6. Vendor’s proposals are to be sent as one document. PDF is preferred but other formats, such as MS Word, will be accepted.
     7. Vendor’s proposals must include (in the order below):

- Proposal Cover Page (**Appendix A**)

- Debarment, Performance and Non-Collusion Certification (**Appendix B**)

- Eligibility to Submit a Bid Form (**Appendix C**)

- Qualifications and Experience Form (**Appendix D**)

- Copy of applicable licensure or any specific credentials

- Project Examples Form (**Appendix E**)

- List of References Form (**Appendix F**)

- Litigation

- Certificate of Insurance

- Response to Proposed Services (**Appendix G**)

- Sample Work Plans

- Company Rate Sheet(s)

# **PART IV PROPOSAL SUBMISSION REQUIREMENTS**

This section contains instructions for Vendors to use in preparing their proposals. The Department seeks detailed yet succinct responses that demonstrate the Vendor’s qualifications, experience, and ability to perform the requirements specified throughout the RFP.

The Vendor’s proposal must follow the outline used below, including the numbering, section, and sub-section headings. Failure to use the outline specified in PART IV, or failure to respond to all questions and instructions throughout the RFP, may result in the proposal being disqualified as non-responsive or receiving a reduced score. The Department, and its evaluation team, has sole discretion to determine whether a variance from the RFP specifications will result either in disqualification or reduction in scoring of a proposal. Rephrasing of the content provided in the RFP will, at best, be considered minimally responsive.

Vendors are not to provide additional attachments beyond those specified in the RFP for the purpose of extending their response. Additional materials not requested will not be considered part of the proposal and will not be evaluated. Include any forms provided in the submission package or reproduce those forms as closely as possible. All information must be presented in the same order and format as described in the RFP.

**Proposal Format and Contents**

**Section I Preliminary Information**

* 1. **Proposal Cover Page**

Vendors must complete **Appendix A** (Proposal Cover Page). It is critical that the cover page show the specific information requested, including Vendor address(es) and other details listed. The Proposal Cover Page must be dated and signed by a person authorized to enter into contracts on behalf of the Vendor.

* 1. **Debarment, Performance and Non-Collusion Certification**

Vendors must complete **Appendix B** (Debarment, Performance and Non-Collusion Certification Form). The Debarment, Performance and Non-Collusion Certification Form must be dated and signed by a person authorized to enter into contracts on behalf of the Vendor.

* 1. **Eligibility Requirements**

Vendors must provide documentation to demonstrate meeting eligibility requirements stated in PART I, C. of the RFP. This documentation includes:

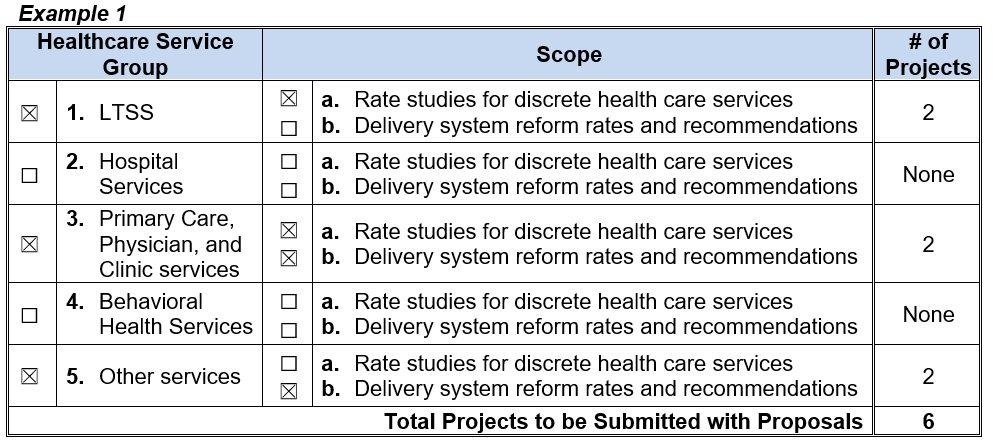
1. **Appendix C** (Eligibility to Submit a Bid Form)

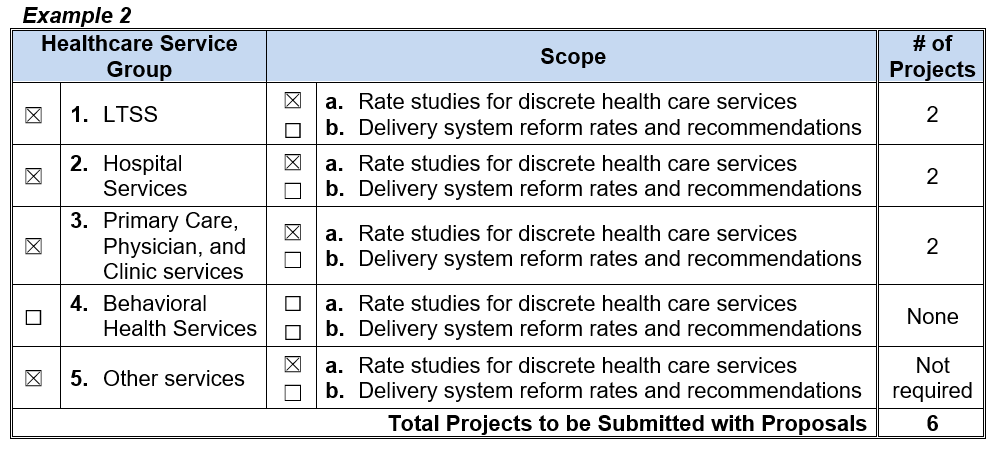
**Section II Organization Qualifications and Experience**

* 1. **Overview of the Organization**

Vendors must complete **Appendix D** (Qualifications and Experience Form) describing their qualifications and skills specifically relevant to the Healthcare Service Group(s) they are applying for, including those of any subcontractors, detailing the types of studies that have been performed relevant to the services outline in this RFP.

1. Vendors must complete **Appendix E** (Project Examples Form) to identify and describe two (2) examples of projects, relevant for each Healthcare Service Group they are applying for (see **Example 1**), which demonstrate their experience and expertise in performing the services and highlight the Vendor’s stated qualifications and skills. Vendor applying for three (3) or more Healthcare Service Groups, from Group 1 – 4, are not required to provide any project examples for “Other services” (see **Example 2**).
   * 1. Vendors applying to perform “**b.** Delivery system reform rate work and recommendations”, at least one (1) of the two (2) examples must be related to delivery system reform work.
     2. Each project example must briefly describe the process/workplan/timing involved.





1. Vendors must complete **Appendix F** (List of References Form) to identify at least three (3) professional references for each Healthcare Service Group of work the Vendor is applying to perform.
   1. **Litigation**

Vendors must attach a list of all current litigation in which the Vendor is named and a list of all closed cases that have closed within the past five (5) years in which the Vendor paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on the submitted attachment.

* 1. **Certificate of Insurance**

Vendors must provide a valid certificate of insurance on a standard ACORD form (or the equivalent) evidencing the Vendor’s general liability, professional liability and any other relevant liability insurance policies that might be associated with the proposed services.

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Project Examples Form |
| Three (3) | List of References Form |
| Four (4) | Litigation |
| Five (5) | Certificate of Insurance |

Attachments 1 – 5, must be included in numerical order, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 5 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services**

Vendors must complete **Appendix G** - Response to Proposed Services form by providing a detailed response to the requirements outlined in this RFP. Vendor’s applying for:

* Rate studies for discrete health care services must submit Attachment 6.
* Delivery system reform rates and recommendations must submit Attachments 7 and 8.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Six (6) | Rate studies for discrete health care services – Sample Workplan of the steps and timing involved in a six (6) month rate setting project |
| Seven (7) | Delivery system reform rates and recommendations – Sample Workplan of the steps and timing involved in a six (6) month rate setting project |
| Eight (8) | Delivery system reform rates and recommendations – Sample Workplan of the steps and timing involved in a fictitious twelve (12) to eighteen (18) month delivery system reform rates and recommendations project or one performed in the past |

Attachments 6 – 8, must be included in numerical order, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 6 – 8 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal**

**General Instructions**

Vendors must submit a current rate sheet. Rate sheets must provide a listing of all the typical fixed and hourly rates for all services and the positions expected to be involved in the services provided as well as all other expected expenses.

# **PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals shall be accomplished as follows:

## Evaluation Process - General Information

* + - 1. An evaluation team, comprised of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
      2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Vendor whose proposal provides the best value to the State of Maine.
      3. The Department reserves the right to communicate and/or schedule interviews/presentations with Vendors, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations. Changes to proposals, including updating or adding information, will not be permitted during any interview/presentation process and, therefore, Vendors must submit proposals that present their rates and other requested information as clearly and completely as possible.

## Scoring Weights and Process

* 1. **Scoring Weights:** The score will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria

**Section I. Preliminary Information (No Points – Eligibility Requirements)**

Includes all elements addressed above in Part IV, Section I.

**Section II. Organization Qualifications and Experience (40 points)**

Includes all elements addressed above in Part IV, Section II.

**Section III. Proposed Services (35points)**

Includes all elements addressed above in Part IV, Section III.

**Section IV. Cost Proposal (25 points)**

Includes all elements addressed above in Part IV, Section IV.

**Scoring Process:** For proposals that demonstrate meeting the eligibility requirements in Section I, the evaluation team will use a consensus approach to evaluate and score Sections II, III, and IV above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections.

Bidder proposals will be scored separately based on the identified Healthcare Service Group(s) and Scope(s) within Part I, D. (10 Lists of Pre-Qualified Vendors) and **Appendix A** (Proposal Cover Page) of the RFP in which a proposal is submitted.

Proposals will be required to score a minimum of sixty (60) total points in order to be placed on any of the ten (10) lists. Any proposal not meeting the stated minimum scoring requirement will not be considered for the PQVL. However, Vendors may resubmit a proposal during the annual enrollment period.

* 1. **Negotiations:** The Department reserves the right to negotiate with the successful Vendor to finalize a contract at the same rate or cost of service as presented in the selected proposal. Such negotiations may not significantly vary the content, nature or requirements of the proposal or the Department’s Request for Proposals to an extent that may affect the price of goods or services requested. The Department reserves the right to terminate contract negotiations with a selected Vendor who submits a proposed contract significantly different from the proposal they submitted in response to the advertised RFP. In the event that an acceptable contract cannot be negotiated with the highest ranked Vendor, the Department may withdraw its award and negotiate with the next-highest ranked Vendor, and so on, until an acceptable contract has been finalized. Alternatively, the Department may cancel the RFP, at its sole discretion.

## Selection and Award

1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
2. Notification of contractor selection or non-selection will be made in writing by the Department.
3. Issuance of this RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to this request, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Vendor.
4. The Department reserves the right to reject any and all proposals or to make multiple awards.
5. Selection to be included on the PQVL is not a guarantee of work.
6. Updated documentation pertaining to Certification of Insurance, Certification/Licensure, and Rates will be required to be submitted to the RFP Coordinator by all Vendors on the PQVL on an annual basis.

## Appeal of Contract Awards

Any person aggrieved by the award decision that results from the RFP may appeal the decision to the Director of the Bureau of General Services in the manner prescribed in [5 M.R.S.A. § 1825-E](http://www.mainelegislature.org/legis/statutes/5/title5sec1825-E.html) and [18-554 Code of Maine Rules Chapter 120](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-120).  The appeal must be in writing and filed with the Director of the Bureau of General Services, 9 State House Station, Augusta, Maine, 04333-0009 within 15 calendar days of receipt of notification of conditional contract award.

Since this RFP results in a PQVL, the appeal procedures mentioned above are available upon the original determination of that Vendor list. The appeal procedures will not be available during subsequent competitive procedures involving only the PQVL participants if cost is the sole determining factor.

## Removal from Pre-Qualified Vendors List

The Department may remove a pre-qualified Vendor from the PQVL at any time, upon giving 30 days’ written notice to the pre-qualified Vendor, if the Department determines that during the pre-qualification term the pre-qualified Vendor:

* 1. Fails or refuses to perform its contractual obligations;
  2. Performance is unsatisfactory including, but not limited to, the quality and timeliness of services provided;
  3. No longer can perform the services specified in this RFP; or
  4. Is continually “unresponsive” to providing any feedback to the Department’s mini-bid solicitations.

# **PART VI LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Debarment, Performance, and Non-Collusion Certification

**Appendix C** – Eligibility to Submit a Bid Form

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Project Examples Form

**Appendix F** – List of References Form

**Appendix G** – Response to Proposed Services Form

**Appendix H** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

**PROPOSAL COVER PAGE**

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |  |  |
| --- | --- | --- | --- |
| **10 Lists of Pre-Qualified Vendors**  **Check each box to identify which list(s) the Vendor is applying for.**  *Bidder proposals will be scored separately based on the identified Healthcare Service Group(s) and Scope(s) below. Bidders only need to provide one (1) proposal package (as a group) for each selection.* | | | |
| **Healthcare Service Group** | | **Scope** | |
|  | 1. LTSS |  | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
|  | 1. Hospital Services |  | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
|  | 1. Primary Care, Physician, and Clinic services |  | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
|  | 1. Behavioral Health Services |  | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |
|  | 1. Other services |  | 1. Rate studies for discrete health care services 2. Delivery system reform rates and recommendations |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vendor’s Organization Name:** | |  | | | |
| **Chief Executive - Name/Title:** | |  | | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |
| ***(Provide information requested below if different from above)*** | | | | | |
| **Lead Point of Contact for Proposal - Name/Title:** | | |  | | |
| **Tel:** |  | | | **E-mail:** |  |
| **Headquarters Street Address:** | |  | | | |
| **Headquarters City/State/Zip:** | |  | | | |

**APPENDIX A (continued)**

* This proposal and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
* No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Vendor’s proposal.
* No attempt has been made, or will be made, by the Vendor to induce any other person or firm to submit or not to submit a proposal.
* The above-named organization is the legal entity entering into the resulting contract with the Department if they are awarded the contract.
* The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

*To the best of my knowledge, all information provided in the enclosed proposal, both programmatic and financial, is complete and accurate at the time of submission.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

**DEBARMENT, PERFORMANCE and NON-COLLUSION CERTIFICATION**

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |
| --- | --- |
| **Vendor’s Organization Name:** |  |

*By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this proposal:*

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

|  |  |
| --- | --- |
| **Name (Print):** | **Title:** |
| **Authorized Signature:** | **Date:** |

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

## ELIGIBILITY TO SUBMIT A BID FORM

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |  |
| --- | --- | --- |
| **Vendor’s Organization Name:** |  | |
| **Eligibility Certification** | | |
| All interested parties who have at least five (5) years of rate setting experience are invited to submit bids. | | |
| 1. Does the Vendor meet the requirements of Part I.C. Eligibility to Submit Bids? | | Yes or  No |
| 1. Identify which project(s) in **Appendix E** (Project Example Form) meet the eligibility requirements outlined in Part I.C. | | Project Example 1  Project Example 2  Project Example 3  Project Example 4  Project Example 5  Project Example 6  Project Example 7  Project Example 8 |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

## QUALIFICATIONS & EXPERIENCE FORM

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |
| --- | --- |
| **Vendor’s Organization Name:** |  |

|  |
| --- |
| **Present a brief statement of qualifications, including any applicable licensure and/or certification. Describe the history of the Vendor’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

## PROJECT EXAMPLES FORM

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |
| --- | --- |
| **Vendor’s Organization Name:** |  |

|  |
| --- |
| **Instructions:**   1. For each of the project examples, provide the organization name, a contact person, telephone number, and e-mail address of the contract person. 2. Identify which Healthcare Service Group and Scope the example project(s) is related to. If project examples are relevant to more than one Healthcare Service Group and/or Scope, *Bidders must clearly identify which Healthcare Service Groups and Scopes the project examples relate to*. 3. Project examples must reflect the Vendor’s experience and expertise needed in performing the functions described in Part II and Appendix G of the RFP. 4. Contract history with the State of Maine, whether positive or negative, may be considered in rating proposals even if not provided by the Vendor. |

|  |  |  |
| --- | --- | --- |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 1 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 2 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |

**APPENDIX E (continued)**

|  |  |  |
| --- | --- | --- |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 3 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 4 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 5 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 6 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |

**APPENDIX E (continued)**

|  |  |  |
| --- | --- | --- |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 7 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |
| **Business Reference Name:** | |  |
| **Reference Contact Person:** | |  |
| **Telephone:** | |  |
| **E-Mail:** | |  |
| **Project Example 8 Description** | | |
| **Healthcare Service Group** |  | |
| **Related Scope** |  | |
|  | | |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

## LIST OF REFERENCES FORM

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |
| --- | --- |
| **Vendor’s Organization Name:** |  |

|  |
| --- |
| **Instructions:**   1. Provide at least three (3) professional references for each Healthcare Service Group of work the Vendor is applying to perform. 2. References must include the organization name, contact person, address, phone number, email address, and description of the services provided. 3. References may be the same as an example project identified in Appendix E. |

**Duplicate this form for each HealthCare Service Group which the Vendor is applying for in order to meet *the requirements outlined in Part IV, Section II, 1.b. of the RFP.***

|  |  |  |
| --- | --- | --- |
| **Healthcare Service Group:** |  | |
| **Organization Reference Name:** |  | |
| **Contact Person:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **E-Mail:** |  | |
| **Is this organization/contract person identified in Appendix E (Project Examples Form)?**  *\*\*If yes, Vendors do not need to complete the Description of Services Provided in this section.* | | Yes or  No |
| Project Example # |
|  |
| **Description of Services Provided** | | |
|  | | |

**APPENDIX F (continued)**

|  |  |  |
| --- | --- | --- |
| **Organization Reference Name:** |  | |
| **Contact Person:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **E-Mail:** |  | |
| **Is this organization/contract person identified in Appendix E (Project Examples Form)?**  *\*\*If yes, Vendors do not need to complete the Description of Services Provided in this section.* | | Yes or  No |
| Project Example # |
|  |
| **Description of Services Provided** | | |
|  | | |
| **Organization Reference Name:** |  | |
| **Contact Person:** |  | |
| **Address:** |  | |
| **Telephone:** |  | |
| **E-Mail:** |  | |
| **Is this organization/contract person identified in Appendix E (Project Examples Form)?**  *\*\*If yes, Vendors do not need to complete the Description of Services Provided in this section.* | | Yes or  No |
| Project Example # |
|  |
| **Description of Services Provided** | | |
|  | | |

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## RESPONSE TO PROPOSED SERVICES FORM

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

**The response to proposed services form may be obtained in a Word (.docx) format by double clicking on the document icon below.**



**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

**SUBMITTED QUESTIONS FORM**

**RFP# 202202012**

**Pre-Qualified Vendor List for**

**MaineCare Rate and Alternative Payment Model Development**

|  |  |
| --- | --- |
| **Organization Name:** |  |

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
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*\* If a question is not related to any section of the RFP, state “N/A” under “RFP Section & Page Number”.*

*\*\* Add additional rows, if necessary.*