

State of Maine
Master Score Sheet

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development LTSS (Rate Study for Discrete Health Care Services)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Public Consulting Group LLC	
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	35.00	
Section III: Proposed Services	35.00	34.00	33.00	20.00	
Section IV: Cost Proposal	25.00	25.00	25.00	25.00	
TOTAL	<u>100</u>	<u>93.00</u>	<u>93.00</u>	<u>80.00</u>	

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development LTSS (Delivery System Reform Rates and Recommendations)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Public Consulting Group LLC
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	35.00
Section III: Proposed Services	35.00	31.00	33.00	24.00	20.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	25.00
TOTAL	<u>100</u>	<u>90.00</u>	<u>93.00</u>	<u>67.00</u>	<u>80.00</u>

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Hospital Services (Rate Study for Discrete Health Care Services)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Public Consulting Group LLC
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	35.00
Section III: Proposed Services	35.00	34.00	33.00	33.00	20.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	25.00
TOTAL	<u>100</u>	<u>93.00</u>	<u>93.00</u>	<u>76.00</u>	<u>80.00</u>

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Hospital Services (Delivery System Reform Rates and Recommendations)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Public Consulting Group LLC
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	35.00
Section III: Proposed Services	35.00	31.00	33.00	33.00	20.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	25.00
TOTAL	<u>100</u>	<u>90.00</u>	<u>93.00</u>	<u>76.00</u>	<u>80.00</u>

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	
Section III: Proposed Services	35.00	34.00	33.00	33.00	
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	
TOTAL	<u>100</u>	<u>93.00</u>	<u>93.00</u>	<u>76.00</u>	

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)					
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Mercer Health & Benefits LLC
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	37.00
Section III: Proposed Services	35.00	31.00	33.00	33.00	35.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	25.00
TOTAL	<u>100</u>	<u>90.00</u>	<u>93.00</u>	<u>76.00</u>	<u>97.00</u>

RFP# 202202012						
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Behavioral Health Services (Rate Study for Discrete Health Care Services)						
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Milliman, Inc	Public Consulting Group LLC
Scoring Sections	Points Available					
Section I: Preliminary Information	Pass/Fail	X	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	37.00	35.00
Section III: Proposed Services	35.00	34.00	33.00	24.00	35.00	20.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	21.00	25.00
TOTAL	<u>100</u>	<u>93.00</u>	<u>93.00</u>	<u>67.00</u>	<u>93.00</u>	<u>80.00</u>

RFP# 202202012							
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Behavioral Health Services (Delivery System Reform Rates and Recommendations)							
Bidder Name:		Guidehouse Inc.	Health Management Associates, Inc.	Manatt Health Strategies, LLC	Mercer Health & Benefits LLC	Milliman, Inc	Public Consulting Group LLC
Scoring Sections	Points Available						
Section I: Preliminary Information	Pass/Fail	X	X	X	X	X	X
Section II: Organization Qualifications and Experience	40.00	34.00	35.00	28.00	37.00	37.00	35.00
Section III: Proposed Services	35.00	31.00	33.00	33.00	35.00	35.00	20.00
Section IV: Cost Proposal	25.00	25.00	25.00	15.00	25.00	21.00	25.00
TOTAL	<u>100</u>	<u>90.00</u>	<u>93.00</u>	<u>76.00</u>	<u>97.00</u>	<u>93.00</u>	<u>80.00</u>

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Other Services (Rate Study for Discrete Health Care Services)					
Bidder Name:		Guidehouse Inc.	Manatt Health Strategies, LLC	Public Consulting Group LLC	
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	
Section II: Organization Qualifications and Experience	40.00	34.00	28.00	35.00	
Section III: Proposed Services	35.00	34.00	24.00	20.00	
Section IV: Cost Proposal	25.00	25.00	15.00	25.00	
TOTAL	<u>100</u>	<u>93.00</u>	<u>67.00</u>	<u>80.00</u>	

RFP# 202202012					
Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development Other Services (Delivery System Reform Rates and Recommendations)					
Bidder Name:		Guidehouse Inc.	Manatt Health Strategies, LLC	Public Consulting Group LLC	
Scoring Sections	Points Available				
Section I: Preliminary Information	Pass/Fail	X	X	X	
Section II: Organization Qualifications and Experience	40.00	34.00	28.00	35.00	
Section III: Proposed Services	35.00	31.00	33.00	20.00	
Section IV: Cost Proposal	25.00	25.00	15.00	25.00	
TOTAL	<u>100</u>	<u>90.00</u>	<u>76.00</u>	<u>80.00</u>	

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: tporter@guidehouse.com

Guidehouse, Inc.
Tamyra Porter
1200 19th Street NW, Suite 700
Washington, DC 20036

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development

Dear Ms. Porter:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: [tporter](#)
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:35:58 PM
Attachments: [AL-Guidehouse.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: proposals@healthmanagement.com

Health Management Associates, Inc.
Ann Filiault
120 North Washington Square, Suite 705
Lansing, MI 48933

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-
Qualified Vendor List for MaineCare Rates and Alternative Payment Method
Development

Dear Ms. Filiault:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: proposals@healthmanagement.com
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:36:08 PM
Attachments: [AL-HMA.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: pboozang@manatt.com

Manatt Health Strategies, LLC
Patricia Boozang
117 Huntington Avenue, Suite 2500
Boston, MA 02115

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development

Dear Ms. Boozang:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: pboozang@manatt.com
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:36:08 PM
Attachments: [AL-Manatt.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: scott.banken@mercercor.com

Mercer Health & Benefits LLC
Scott Banken
333 South 7th Street, Suite 1400
Minneapolis, MN 55402

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-
Qualified Vendor List for MaineCare Rates and Alternative Payment Method
Development

Dear Mr. Banken:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.

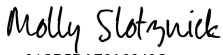
As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: scott.banken@mercerc.com
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:36:12 PM
Attachments: [AL-Mercer.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: Jeremy.Cunningham@milliman.com

Milliman, Inc.
Jeremy Cunningham
10 West Market Street, Suite 1600
Indianapolis, IN 46204

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development

Dear Mr. Cunningham:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: jeremy.cunningham@milliman.com
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:36:12 PM
Attachments: [AL-Milliman.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Office of MaineCare Services
11 State House Station
Augusta, Maine 04333-0011
Tel: (207) 287-3707; Fax: (207) 287-3005
TTY: Dial 711 (Maine Relay)

Apr-13-2022

Via Electronic Mail: jwaldinger@pcgus.com

Public Consulting Group LLC
James Waldinger
148 State Street, 10th Floor
Boston, MA 02109

SUBJECT: Notice of Conditional Contract Award under RFP #202202012, Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development

Dear Mr. Waldinger:

This letter is in regard to the subject Request for Proposals (RFP), issued by the State of Maine Department of Health and Human Services, Office of MaineCare Services for Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Method Development. The Department has evaluated the proposals received using the evaluation criteria identified in the RFP, and the Department is hereby announcing its conditional award(s) to the following bidder(s):

- Guidehouse, Inc.
- Health Management Associates, Inc.
- Mannatt Health Strategies, LLC
- Mercer Health & Benefits LLC
- Milliman, Inc.
- Public Consulting Group LLC

The bidder(s) listed above have met the requirements for placement on the Pre-Qualified Vendor List. Vendors added to this Pre-Qualified List (PQVL) are not guaranteed a contract within the State of Maine but are eligible to submit bids on projects issued through the PQVL Mini-Bid Process, as defined in the RFP. Any Notice of Conditional Contract Award resulting from a Mini-Bid award is subject to execution of a written contract. As a result, this Notice does NOT constitute the formation of a contract between the Department and the apparent successful vendor(s). The vendor shall not acquire any legal or equitable rights relative to contract services until a contract containing terms and conditions acceptable to the Department is executed. The Department further reserves the right to cancel this Notice of Contract Award and dissolve the Pre-Qualified Vendor List at any time.


As stated in the RFP, following announcement of this award decision, all submissions in response to the RFP are considered public records available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA). 1 M.R.S. §§ 401 et seq.; 5 M.R.S. § 1825-B (6).

This award decision is conditioned upon final approval by the State Procurement Review Committee and the successful negotiation of a contract.

Any person aggrieved by this award decision may request an appeal hearing. The request must be made to the Director of the Bureau of General Services, in writing, within 15 days of notification of the contract award as provided in 5 M.R.S. § 1825-E (2) and the Rules of the Department of Administrative and Financial Services, Bureau of General Services, Division of Purchases, Chapter 120, § (2) (2).

Thank you for your interest in doing business with the State of Maine.

Sincerely,

DocuSigned by:

01CB5DAF6A6849C...
Molly Slotznick
Chief Operating Officer
Office of MaineCare Services

From: [Hall, Brittany](#)
To: jwaldinger@pcgus.com
Cc: [Hall, Brittany](#)
Subject: Proposal Evaluation Notification for Dept RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development
Date: Wednesday, April 13, 2022 2:36:17 PM
Attachments: [AL-PCG.doc.pdf](#)

Good Afternoon,

The Department's Evaluation Team has concluded their evaluation of all proposals submitted for RFP #202202012 Pre-Qualified Vendor List for MaineCare Rate and Alternative Payment Model Development.

The attached letter identifies the Bidder(s) that met the requirements for placement on the Pre-Qualified Vendor List through the evaluation process, thank you for your submission.

Warmest Regards,
Brittany

Brittany Hall

Department of Health and Human Services
Division of Contract Management
11 State House Station
109 Capitol Street
Augusta, ME 04330
RFP.DHHS@maine.gov

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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	34.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	34.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Response to this section was provided throughout the entire proposal➤ Bidder met the requirements of this section➤ Provided a high-level plan for working with DHHS lead personnel➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Demonstrated the ability to involve providers in data collection➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks➤ Has access to software for rate comparison and data from other states which they have provided services➤ Demonstrated familiarity with other external benchmarks➤ Propose a data driven approach to stakeholder engagement with other influences➤ Acknowledged potential difference in workplans for different service types
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">➤ Demonstrated knowledge and competency with the full continuum of services groups, related tools, and concepts
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- 450 professionals
- Established in 1985
- Provides services in 50 states
- Offices in 19 states and D.C.
- Department has extensive experience with the Bidder completing approximately 12 rate studies with success
- Demonstrated a well-qualified team
- Experience in New England and rural states
- Not all examples identified as being delivery service reform included such activities

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Met minimum requirements➤ Will have a primary liaison➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data➤ Outlined considerations for assessing feedback from stakeholders/providers➤ Did not address the quality assurance process related to copy editing.➤ Includes discussions of various factors that can influence length of time and process of workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">➤ Demonstrated how to apply rate setting concepts and address issues specific to this service area➤ Demonstrated staff will have expertise in specific service areas
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Provides an array of services across 44 states
- Has multiple contracts with the Department, the team is not directly familiar with their contract history
- Founded in 1986
- Provided relevant project examples
- 2,500 professionals within the organization
- Demonstrate a breadth of experience including complex delivery system reform

2. Litigation

- Provided, but did not include the amounts as required

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
➤ Provided the same response for each service group, the team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	31.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	31.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Response to this section was provided throughout the entire proposal ➤ Bidder met the requirements of this section ➤ Provided a high-level plan for working with DHHS lead personnel ➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Demonstrated the ability to involve providers in data collection ➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks ➤ Has access to software for rate comparison and data from other states which they have provided services ➤ Demonstrated familiarity with other external benchmarks ➤ Propose a data driven approach to stakeholder engagement with other influences ➤ Acknowledged potential difference in workplans for different service types in Attachment 7 and 8 ➤ Has a process for communicating CMS policy changes through their Center for Health Insights ➤ Lacks description related to the analytical approach to determine the impacts of payment reform on provider compensation
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> ➤ Demonstrated knowledge and competency with the full continuum of services groups, related tools, and concepts
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- 450 professionals
- Established in 1985
- Provides services in 50 states
- Offices in 19 states and D.C.
- Department has extensive experience with the Bidder completing approximately 12 rate studies with success
- Demonstrated a well-qualified team
- Experience in New England and rural states
- Not all examples identified as being delivery service reform included such activities

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Met minimum requirements➤ Will have a primary liaison➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data➤ Outlined considerations for assessing feedback from stakeholders/providers➤ Did not address the quality assurance process related to copy editing.➤ Includes discussions of various factors that can influence length of time and process of each workplan➤ Delivery system reform workplan acknowledged more extensive stakeholder engagement➤ Have staff with relevant background experience that publish a daily News Round-up which summarizes state and federal actions related to Medicaid➤ Provides a list of questions to pose to clients during design phase
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">➤ Demonstrated how to apply rate setting concepts and address issues specific to this service area➤ Demonstrated staff will have expertise in specific service areas
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	24.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>67.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	24.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
➤ Provide publications related to policy changes
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
➤ Response lacked detail related to the methods and resources to be used
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement, provided an example contract for subcontracting

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
➤ Delivery system reform workplan does not differ an any meaningful way as the rate study workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
➤ Provided the same response for each service group, the team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – LTSS (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	34.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	34.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Response to this section was provided throughout the entire proposal ➤ Bidder met the requirements of this section ➤ Provided a high-level plan for working with DHHS lead personnel ➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Demonstrated the ability to involve providers in data collection ➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks ➤ Has access to software for rate comparison and data from other states which they have provided services ➤ Demonstrated familiarity with other external benchmarks ➤ Propose a data driven approach to stakeholder engagement with other influences ➤ Acknowledged potential difference in workplans for different service types
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> ➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- 450 professionals
- Established in 1985
- Provides services in 50 states
- Offices in 19 states and D.C.
- Department has extensive experience with the Bidder completing approximately 12 rate studies with success
- Demonstrated a well-qualified team
- Experience in New England and rural states
- Not all examples identified as being delivery service reform included such activities

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Met minimum requirements ➤ Will have a primary liaison ➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data ➤ Outlined considerations for assessing feedback from stakeholders/providers ➤ Did not address the quality assurance process related to copy editing. ➤ Includes discussions of various factors that can influence length of time and process of workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> ➤ Described the customized tools to be used under this service group
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">➤ Established in 1965➤ Provided individual staff expertise➤ Relevant experience including policy understanding➤ Demonstrated ability to transfer policy into practice➤ Use alternative payment model language effectively➤ Several projects do not provide evidence of rate setting and delivery system reform➤ Department has had positive contract experience	
2. Litigation	
<ul style="list-style-type: none">➤ Indicates none	
3. Certificate of Insurance	
<ul style="list-style-type: none">➤ Provided and valid	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
➤ Demonstrates diverse experience with a range of hospital financing and reimbursement issues
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
➤ Provided the same response for each service group, the team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Rate Study for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	31.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	31.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Response to this section was provided throughout the entire proposal ➤ Bidder met the requirements of this section ➤ Provided a high-level plan for working with DHHS lead personnel ➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Demonstrated the ability to involve providers in data collection ➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks ➤ Has access to software for rate comparison and data from other states which they have provided services ➤ Demonstrated familiarity with other external benchmarks ➤ Propose a data driven approach to stakeholder engagement with other influences ➤ Acknowledged potential difference in workplans for different service types in Attachment 7 and 8 ➤ Has a process for communicating CMS policy changes through their Center for Health Insights ➤ Lacks description related to the analytical approach to determine the impacts of payment reform on provider compensation
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> ➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- 450 professionals
- Established in 1985
- Provides services in 50 states
- Offices in 19 states and D.C.
- Department has extensive experience with the Bidder completing approximately 12 rate studies with success
- Demonstrated a well-qualified team
- Experience in New England and rural states
- Not all examples identified as being delivery service reform included such activities

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Met minimum requirements➤ Will have a primary liaison➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data➤ Outlined considerations for assessing feedback from stakeholders/providers➤ Did not address the quality assurance process related to copy editing.➤ Includes discussions of various factors that can influence length of time and process of each workplan➤ Delivery system reform workplan acknowledged more extensive stakeholder engagement➤ Have staff with relevant background experience that publish a daily News Round-up which summarizes state and federal actions related to Medicaid➤ Provides a list of questions to pose to clients during design phase
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">➤ Described the customized tools to be used under this service group
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
➤ Provide publications related to policy changes
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 2: Hospital Services
➤ Demonstrates diverse experience with a range of hospital financing and reimbursement issues
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
➤ Delivery system reform workplan does not differ an any meaningful way as the rate study workplan
C. Scope of work specific to each Healthcare Service
Healthcare Service Group 2: Hospital Services
➤ Provided the same response for each service group. The team would have like to see the Bidder provide a response specific to each service group.
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Hospital Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	34.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Has worked with many state DHHS offices
- Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform
- Established 1996
- 12,000 professionals worldwide
- Provided a comprehensive overview of the organization
- The Department has positive experience in another project within the Department

2. Litigation

- Did not provide as required by the RFP

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	34.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Response to this section was provided throughout the entire proposal. Bidder met the requirements of this section.➤ Provided a high-level plan for working with DHHS lead personnel.➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Demonstrated the ability to involve providers in data collection➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks➤ Has access to software for rate comparison and data from other states which they have provided services➤ Demonstrated familiarity with other external benchmarks➤ Propose a data driven approach to stakeholder engagement with other influences➤ Acknowledged potential difference in workplans for different service types
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
<ul style="list-style-type: none">➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ 450 professionals➤ Established in 1985➤ Provides services in 50 states➤ Offices in 19 states and D.C.➤ Department has extensive experience with the Bidder completing approximately 12 rate studies with success➤ Demonstrated a well-qualified team➤ Experience in New England and rural states➤ Not all examples identified as being delivery service reform included such activities
2. Litigation
<ul style="list-style-type: none">➤ Indicates none
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Met minimum requirements ➤ Will have a primary liaison ➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data ➤ Outlined considerations for assessing feedback from stakeholders/providers ➤ Did not address the quality assurance process related to copy editing. ➤ Includes discussions of various factors that can influence length of time and process of workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
<ul style="list-style-type: none"> ➤ Described a tool for FQHC change in scope assessment
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
➤ Demonstrated the ability to work through complex issues of this service area
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Rate Study for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	31.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Has worked with many state DHHS offices
- Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform
- Established 1996
- 12,000 professionals worldwide
- Provided a comprehensive overview of the organization
- The Department has positive experience in another project within the Department

2. Litigation

- Did not provide as required by the RFP

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	31.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Response to this section was provided throughout the entire proposal ➤ Bidder met the requirements of this section ➤ Provided a high-level plan for working with DHHS lead personnel ➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Demonstrated the ability to involve providers in data collection ➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks ➤ Has access to software for rate comparison and data from other states which they have provided services ➤ Demonstrated familiarity with other external benchmarks ➤ Propose a data driven approach to stakeholder engagement with other influences ➤ Acknowledged potential difference in workplans for different service types in Attachment 7 and 8 ➤ Has a process for communicating CMS policy changes through their Center for Health Insights ➤ Lacks description related to the analytical approach to determine the impacts of payment reform on provider compensation
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
<ul style="list-style-type: none"> ➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ 450 professionals➤ Established in 1985➤ Provides services in 50 states➤ Offices in 19 states and D.C.➤ Department has extensive experience with the Bidder completing approximately 12 rate studies with success➤ Demonstrated a well-qualified team➤ Experience in New England and rural states➤ Not all examples identified as being delivery service reform included such activities
2. Litigation
<ul style="list-style-type: none">➤ Indicates none
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Met minimum requirements➤ Will have a primary liaison➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data➤ Outlined considerations for assessing feedback from stakeholders/providers➤ Did not address the quality assurance process related to copy editing.➤ Includes discussions of various factors that can influence length of time and process of workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
<ul style="list-style-type: none">➤ Described a tool for FQHC change in scope assessment
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Established in 1965➤ Provided individual staff expertise➤ Relevant experience including policy understanding➤ Demonstrated ability to transfer policy into practice➤ Use alternative payment model language effectively➤ Several projects do not provide evidence of rate setting and delivery system reform➤ Department has had positive contract experience
2. Litigation
<ul style="list-style-type: none">➤ Indicates none
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project ➤ Outlined considerations for assessing feedback from stakeholders/providers ➤ Utilizes a team of proof-readers ➤ Demonstrated familiarity with other external benchmarks ➤ Provide publications related to policy changes
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
➤ Demonstrated the ability to work through complex issues of this service area
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00
Section III. Proposed Services	35.00	35.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>97.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- List project experience of staff
- Established in 1985
- Appear technical and specialized
- Have a clinical team
- Department's experience with Bidder is overall satisfactory, quick to respond to Department's request for corrections
- Highly relative experience with certified community behavioral health clinic

2. Litigation

- Did not provide litigation as required by the RFP

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	35.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Clearly explained the project management approach and approach to taking direction from the Department ➤ Employs more than 60 actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Overall, provided a very comprehensive and thoughtful approach to different scenarios in explaining how the delivery system reform would be conducted ➤ Has clear mechanism for communicating federal health care policy items to clients and staying current ➤ Has a comprehensive and balanced framework to measuring the impact of payment reform options ➤ Have a thorough process to ensure quality assurance
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinic Services
<ul style="list-style-type: none"> ➤ Presented a thoughtful approach to Primary Care Plus implementation ➤ Demonstrated a thorough understanding of a range of policy issues involved in primary care payment reform
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Primary Care, Physician, and Clinical Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

- | |
|---|
| <ul style="list-style-type: none">➤ Provided straight forward hourly rates which appeal reasonable➤ Include a client support role which will be beneficial to the Department |
|---|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	34.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	34.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Response to this section was provided throughout the entire proposal➤ Bidder met the requirements of this section➤ Provided a high-level plan for working with DHHS lead personnel➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Demonstrated the ability to involve providers in data collection➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks➤ Has access to software for rate comparison and data from other states which they have provided services➤ Demonstrated familiarity with other external benchmarks➤ Propose a data driven approach to stakeholder engagement with other influences➤ Acknowledged potential difference in workplans for different service types
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health Services
<ul style="list-style-type: none">➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- 450 professionals
- Established in 1985
- Provides services in 50 states
- Offices in 19 states and D.C.
- Department has extensive experience with the Bidder completing approximately 12 rate studies with success
- Demonstrated a well-qualified team
- Experience in New England and rural states
- Not all examples identified as being delivery service reform included such activities

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Met minimum requirements➤ Will have a primary liaison➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data➤ Outlined considerations for assessing feedback from stakeholders/providers➤ Did not address the quality assurance process related to copy editing.➤ Includes discussions of various factors that can influence length of time and process of workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">➤ Demonstrated ability to approach behavioral health rates and service delivery from a range of perspectives
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

- | |
|--|
| ➤ Provided straight forward hourly rates which appear reasonable |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	24.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>67.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	24.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
➤ Did not specifically identify discrete rate setting methods and resources to be used
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00
Section III. Proposed Services	35.00	35.00
Section IV. Cost Proposal	25.00	21.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">➤ Provided a mapping of Behavioral Health experience in other states to relevant services within the MaineCare Benefits Manual➤ Employs over 65 senior actuaries with a support staff of over 150 individuals➤ Certified actuary for 20 states Medicaid programs➤ Has inhouse actuarial, financial, operational and policy expertise➤ Provided relevant examples➤ Michigan example provides a wide range of CCBHC activities	
2. Litigation	
<ul style="list-style-type: none">➤ Provided but did not include specific amounts	
3. Certificate of Insurance	
<ul style="list-style-type: none">➤ Provided and valid	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	35.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Demonstrates a detailed approach to rate study and delivery system reform processes➤ Demonstrates staff qualification to perform both rate study and delivery system reform➤ Described approach to giving states a non-proprietary rate methodology to support continued state use and updates➤ Identified using a single point of contact for communication with the Department
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Overall, demonstrates a clear and comprehensive approach to stakeholder engagement, data analysis, assessment of stakeholder input, and other steps in a rate study engagement➤ Described an array of data sources, public and proprietary to support work
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">➤ Clearly demonstrated detailed steps in behavioral health rate study engagements
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	21.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear mostly reasonable

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
C. Scope of work specific to each Healthcare Service
Healthcare Service Group 4: Behavioral Health
➤ Provided the same response for each service group, the team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	31.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Has worked with many state DHHS offices
- Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform
- Established 1996
- 12,000 professionals worldwide
- Provided a comprehensive overview of the organization
- The Department has positive experience in another project within the Department

2. Litigation

- Did not provide as required by the RFP

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	31.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Response to this section was provided throughout the entire proposal➤ Bidder met the requirements of this section➤ Provided a high-level plan for working with DHHS lead personnel➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Demonstrated the ability to involve providers in data collection➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks➤ Has access to software for rate comparison and data from other states which they have provided services➤ Demonstrated familiarity with other external benchmarks➤ Propose a data driven approach to stakeholder engagement with other influences➤ Acknowledged potential difference in workplans for different service types in Attachment 7 and 8➤ Has a process for communicating CMS policy changes through their Center for Health Insights➤ Lacks description related to the analytical approach to determine the impacts of payment reform on provider compensation
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health Services
<ul style="list-style-type: none">➤ Demonstrated knowledge with service group related tools and concepts
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">➤ 450 professionals➤ Established in 1985➤ Provides services in 50 states➤ Offices in 19 states and D.C.➤ Department has extensive experience with the Bidder completing approximately 12 rate studies with success➤ Demonstrated a well-qualified team➤ Experience in New England and rural states➤ Not all examples identified as being delivery service reform included such activities	
2. Litigation	
<ul style="list-style-type: none">➤ Indicates none	
3. Certificate of Insurance	
<ul style="list-style-type: none">➤ Provided and valid	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Met minimum requirements ➤ Will have a primary liaison ➤ Provided detail related to the proposed project management
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Provided a clear and comprehensive process that demonstrates a plan for maximizing participation and ensuring proper data ➤ Outlined considerations for assessing feedback from stakeholders/providers ➤ Did not address the quality assurance process related to copy editing. ➤ Includes discussions of various factors that can influence length of time and process of each workplan ➤ Delivery system reform workplan acknowledged more extensive stakeholder engagement. ➤ Have staff with relevant background experience that publish a daily News Round-up which summarizes state and federal actions related to Medicaid ➤ Provides a list of questions to pose to clients during design phase
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> ➤ Demonstrated ability to approach behavioral health rates and service delivery from a range of perspectives
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Health Management Associates, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

- | |
|--|
| ➤ Provided straight forward hourly rates which appear reasonable |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
<ul style="list-style-type: none">➤ Established in 1965➤ Provided individual staff expertise➤ Relevant experience including policy understanding➤ Demonstrated ability to transfer policy into practice➤ Use alternative payment model language effectively➤ Several projects do not provide evidence of rate setting and delivery system reform➤ Department has had positive contract experience	
2. Litigation	
<ul style="list-style-type: none">➤ Indicates none	
3. Certificate of Insurance	
<ul style="list-style-type: none">➤ Provided and valid	

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
➤ Provide publications related to policy changes
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
➤ Demonstrated the ability to work through complex issues of this service area
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00
Section III. Proposed Services	35.00	35.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>97.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ List project experience of staff➤ Established in 1985➤ Appear technical and specialized➤ Have a clinical team➤ Department's experience with Bidder is overall satisfactory, quick to respond to Department's request for corrections➤ Highly relative experience with certified community behavioral health clinic
2. Litigation
<ul style="list-style-type: none">➤ Did not provide litigation as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	35.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Clearly explained the project management approach and approach to taking direction from the Department ➤ Employs more than 60 actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Overall, provided a very comprehensive and thoughtful approach to different scenarios in explaining how the delivery system reform would be conducted ➤ Has clear mechanism for communicating federal health care policy items to clients and staying current ➤ Has a comprehensive and balanced framework to measuring the impact of payment reform options ➤ Have a thorough process to ensure quality assurance
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> ➤ Clearly demonstrated the ability to support the Department in CCBHC implementation
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Mercer Health & Benefits LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

- | |
|---|
| <ul style="list-style-type: none">➤ Provided straight forward hourly rates which appeal reasonable➤ Include a client support role which will be beneficial to the Department |
|---|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00
Section III. Proposed Services	35.00	35.00
Section IV. Cost Proposal	25.00	21.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	37.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience	
1. Overview of the Organization	
➤	Provided a mapping of Behavioral Health experience in other states to relevant services within the MaineCare Benefits Manual
➤	Employs over 65 senior actuaries with a support staff of over 150 individuals
➤	Certified actuary for 20 states Medicaid programs
➤	Has inhouse actuarial, financial, operational and policy expertise
➤	Provided relevant examples
➤	Michigan example provides a wide range of CCBHC activities
2. Litigation	
➤	Provided but did not include specific amounts
3. Certificate of Insurance	
➤	Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	35.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Demonstrates a detailed approach to rate study and delivery system reform processes ➤ Demonstrates staff qualification to perform both rate study and delivery system reform ➤ Described approach to giving states a non-proprietary rate methodology to support continued state use and updates ➤ Identified using a single point of contact for communication with the Department
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Overall, demonstrates a clear and comprehensive approach to stakeholder engagement, data analysis, assessment of stakeholder input, and other steps in a delivery system reform engagement ➤ Described an array of data sources, public and proprietary to support work ➤ Demonstrated a thorough understanding of Maine specific and non-Maine specific factors to consider throughout the entire behavioral health delivery system reform engagement ➤ Described approach to delivery system reform using the Health Care Payment Learning & Action Network framework highlighted in the RFP.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> ➤ Clearly demonstrated detailed steps in behavioral health delivery system reform engagements
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Milliman, Inc.

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	21.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear mostly reasonable

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
➤ Delivery system reform workplan does not differ an any meaningful way as the rate study workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
➤ Provided the same response for each service group. The team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Behavioral Health Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	34.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>93.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Has worked with many state DHHS offices
- Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform
- Established 1996
- 12,000 professionals worldwide
- Provided a comprehensive overview of the organization
- The Department has positive experience in another project within the Department

2. Litigation

- Did not provide as required by the RFP

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	34.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none">➤ Response to this section was provided throughout the entire proposal. Bidder met the requirements of this section.➤ Provided a high-level plan for working with DHHS lead personnel.➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">➤ Demonstrated the ability to involve providers in data collection➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks➤ Has access to software for rate comparison and data from other states which they have provided services➤ Demonstrated familiarity with other external benchmarks➤ Propose a data driven approach to stakeholder engagement with other influences➤ Acknowledged potential difference in workplans for different service types
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">➤ Met minimum requirement
D. Conflicts of Interest
<ul style="list-style-type: none">➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	24.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>67.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	24.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 5: Other Services
➤ Did not specifically identify discrete rate setting methods and resources to be used
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
C. Scope of work specific to each Healthcare Service
Healthcare Service Group 5: Other Services
➤ Did not respond
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Rate Studies for Discrete Health Care Services)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
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**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00
Section III. Proposed Services	35.00	31.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>90.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	34.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Has worked with many state DHHS offices➤ Provided comprehensive examples for the service areas selected, however, not all examples provided dates of the projects and there was no distinguishment between the examples for discrete health care services and delivery system reform➤ Established 1996➤ 12,000 professionals worldwide➤ Provided a comprehensive overview of the organization➤ The Department has positive experience in another project within the Department
2. Litigation
<ul style="list-style-type: none">➤ Did not provide as required by the RFP
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	31.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
<ul style="list-style-type: none"> ➤ Response to this section was provided throughout the entire proposal ➤ Bidder met the requirements of this section ➤ Provided a high-level plan for working with DHHS lead personnel ➤ Employ certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none"> ➤ Demonstrated the ability to involve providers in data collection ➤ Demonstrated different approaches for different provider types, use of advisory groups, and use of various benchmarks and reasonableness checks ➤ Has access to software for rate comparison and data from other states which they have provided services ➤ Demonstrated familiarity with other external benchmarks ➤ Propose a data driven approach to stakeholder engagement with other influences ➤ Acknowledged potential difference in workplans for different service types in Attachment 7 and 8 ➤ Has a process for communicating CMS policy changes through their Center for Health Insights ➤ Lacks description related to the analytical approach to determine the impacts of payment reform on provider compensation
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> ➤ Met minimum requirement
D. Conflicts of Interest
<ul style="list-style-type: none"> ➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> ➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Guidehouse, Inc.

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hourly rates which appear reasonable
--

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00
Section III. Proposed Services	35.00	33.00
Section IV. Cost Proposal	25.00	15.00
<u>Total Points</u>	<u>100</u>	<u>76.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated a least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	28.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Established in 1965
- Provided individual staff expertise
- Relevant experience including policy understanding
- Demonstrated ability to transfer policy into practice
- Use alternative payment model language effectively
- Several projects do not provide evidence of rate setting and delivery system reform
- Department has had positive contract experience

2. Litigation

- Indicates none

3. Certificate of Insurance

- Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	33.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirement
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Provided brief response to this entire section, was not specific to identify the methods and resources that would be used during a project
➤ Outlined considerations for assessing feedback from stakeholders/providers
➤ Utilizes a team of proof-readers
➤ Demonstrated familiarity with other external benchmarks
➤ Provide publications related to policy changes
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 5: Other Services
➤ Demonstrated ability to do delivery system reform for other services.
D. Conflicts of Interest
➤ Met minimum requirement
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirement

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Manatt Health Strategies, LLC

DATE: April 6, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	15.00

Evaluation Team Comments:

- | |
|--|
| <ul style="list-style-type: none">➤ Indicates rates are blended but it is not clear on what the blended rate includes➤ Travel will be bill separately➤ Rates seem to be high for the services to be provided |
|--|

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

SUMMARY PAGE

Department Name: Health and Human Services

Name of RFP Coordinator: Brittany Hall

Names of Evaluators: Mark Fisher, Peter Kraut, Olivia Alford, Grace Williams, and Leticia Huttman

<u>Pass/Fail Criteria</u>	<u>Pass</u>	<u>Fail</u>
Section I. Preliminary Information (Eligibility)	X	
<u>Scoring Sections</u>	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00
Section III. Proposed Services	35.00	20.00
Section IV. Cost Proposal	25.00	25.00
<u>Total Points</u>	<u>100</u>	<u>80.00</u>

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**OVERVIEW OF SECTION I
Preliminary Information**

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

Evaluation Team Comments:

Demonstrated at least five (5) years of rate setting experience within the last ten (10) years.

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION II
Organization Qualifications and Experience**

	<u>Points Available</u>	<u>Points Awarded</u>
Section II. Organization Qualifications and Experience	40.00	35.00

Evaluation Team Comments:

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">➤ Provides an array of services across 44 states➤ Has multiple contracts with the Department, the team is not directly familiar with their contract history➤ Founded in 1986➤ Provided relevant project examples➤ 2,500 professionals within the organization➤ Demonstrate a breadth of experience including complex delivery system reform
2. Litigation
<ul style="list-style-type: none">➤ Provided, but did not include the amounts as required
3. Certificate of Insurance
<ul style="list-style-type: none">➤ Provided and valid

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION III
Proposed Services**

	<u>Points Available</u>	<u>Points Awarded</u>
Section III. Proposed Services	35.00	20.00

Evaluation Team Comments:

Part IV, Section III Proposed Services
1. Services to be Provided
Part II
A. General Requirements
➤ Met minimum requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
➤ Demonstrated ability to use data from rate studies to inform policy and how different data would impacts rate models
➤ Response to access to data was limited in scope
➤ Quality assurance process was thorough
➤ Delivery system reform workplan does not differ an any meaningful way as the rate study workplan
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 5: Other Services
➤ Provided the same response for each service group, the team would have like to see the Bidder provide a response specific to each service group
D. Conflicts of Interest
➤ Met minimum requirements
E. Use of Subject Matter Expert Professionals
➤ Met minimum requirements

**STATE OF MAINE
TEAM CONSENSUS EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development – Other Services (Delivery System Reform Rates and Recommendations)

BIDDER: Public Consulting Group LLC

DATE: April 7, 2022

**EVALUATION OF SECTION IV
Cost Proposal**

	<u>Points Available</u>	<u>Points Awarded</u>
Section IV. Cost Proposal	25.00	25.00

Evaluation Team Comments:

➤ Provided straight forward hour rates which appear reasonable
--

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 4/4/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Meets eligibility

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Q: Claims to be only global consultancy of its kind
- P: Familiarity/history with state Health and Human Services divisions
- Q: Didn't include dates in many project examples
- P: Clear and comprehensive examples for LTSS services that demonstrate experience
- Q: Examples for hospital work is brief and without clear distinction between delivery system reform and discrete examples.
- P: Provided many relevant examples for Primary Care, Physician, and Clinic Services
- N: Didn't show a distinction between discrete studies and delivery system reform examples in text.
- P: Behavioral health discrete services examples are clear.
- Q: Project Examples 15 and 16 do not seem as relevant to this RFP regarding rate setting, though they do show subject matter expertise.

2. Litigation

- N: Bidder did not provide the required information.

3. Certificate of Insurance

- Provided forms

Part IV, Section III Proposed Services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 4/4/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

A. General Requirements
<ul style="list-style-type: none"> • N: Provided a very brief statement for A1 without justification. • Provided a plan for working with DHHS leads. • P: Employs actuaries certified by American Society of Actuaries. • N: Some dates in the 12 month work plan have errors (start dates after the end date).
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Responded in section 2 below as instructed in question and answer document.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • P: Demonstrated expertise and experience with data collection and provider participation. • P: Clearly explained process and alternative approaches that could be used in specific scenarios. • P: Has access to software for rate comparisons. • P: Demonstrated understanding of the nuance of Medicaid reimbursement policies and rates across service areas. • P: Proposes a data-driven approach to stakeholder engagement with awareness to other influences. • P: Describe project management and quality assurance process and expectations. • N: Less comprehensive or clear understanding of delivery system reform provided.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • P: Demonstrated knowledge and experience with full continuum of service group, related tools, and concepts. • P: Broad set of potential activities described to reach policy goals.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • P: Demonstrated knowledge and experience with service group, related tools, and concepts. • P: Described a detailed proposed process for study.
Healthcare Service Group 3: Primary Care, Physicians, and Clinical Services
<ul style="list-style-type: none"> • N: Listed primary care name initiative wrong. • P/N: Explained subject matter experience though not all rate setting related,

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 4/4/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

<ul style="list-style-type: none">• P: Repeated content from the RFP instead of providing a proposed approach, especially for delivery system reform.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• P: Included brief section on certified community behavioral health clinic rate development ideas and past experience.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">• This section was not required though the Bidder spoke to additional experience.
D. Conflicts of Interest
<ul style="list-style-type: none">• No conflicts known.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• P: Employs subject matter experts.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Provided rate sheet by role.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met standard-over 5 yrs.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Included: Met standard
- Est 1996 w 12000 prof DC hq; 50 loc
- Finance, policy, actuary, clinician, PH, other
- Project examples P States-P
- Work plan visuals

2. Litigation

- Included: no detail

3. Certificate of Insurance

- Included: Met standard w/dates

Part IV, Section III Proposed Services

A. General Requirements

- Met standard: P
- All Service groups-demonstrated that could perform complete ratesetting/dsr.
- Provided examples.

B. Scope of Work for all five (5) health service Healthcare Service Groups

1. Rate studies for discrete health care services under all five (5) Healthcare Service Groups

- Met standard: P

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

<ul style="list-style-type: none"> • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr • Provided examples.
Healthcare Service Group 3: Primary Care, Physicians, and Clinical Services
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr • Provided examples.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> • Met standard: P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
D. Conflicts of Interest
<ul style="list-style-type: none"> • None noted-passed
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> • Met standard: P • Has 12,000 professionals. All specialties and experience.
Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none"> • Included-\$150-\$300 rates consistent with industry.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 4/4/2022

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Bidder stated they meet requirements. Examples include 2016 to present, including states such as Montana, Tennessee, Florida, Alabama , Illinois

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Reported working with many state DHHS
2. Litigation
<ul style="list-style-type: none">? details - Party to a variety of legal proceedings.
3. Certificate of Insurance
<ul style="list-style-type: none">Met requirements

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">Range of experienceHas team of actuaries.
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">survey and engagement experienceHas a library of cost surveys from other states workIdentified ways they determine labor costs and data sources often used.Addresses requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 4/4/2022

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">Utilize a model incentivizing providers to meet policy goals
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">Experience with various methodologyCMS advisor
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">Experience in several statesP66 #10 incomplete sentence
Healthcare Service Group 3: Primary Care, Physicians, and Clinical Services
<ul style="list-style-type: none">Experience in some rural statesFee for Value model
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">? do they have as much experience with BH?Identified multiple service questions
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">Bidder states they have experience and capacity
D. Conflicts of Interest
<ul style="list-style-type: none">No known conflicts
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">Agrees to meet requirements
Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Submitted hourly rates of positions, fixed costs?, other costs?

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- LTSS – work includes tiered rates, stakeholder engagement, standardized assessment tools
 - Wyoming = 20+ years.
 - South Dakota's Department of Human Services - rate development was designed to tackle three major challenges facing the State and its community providers:
 - ☐ Addressing the shortcomings of a bundled payment system that does not sufficiently incentivize or monitor appropriate service delivery, or adequately align reimbursement to service delivery.
 - ☐ Establishing benchmarks to measure the "true cost" to providers for providing care to waiver participants in an increasingly competitive labor market characterized by rapid growth in costs.
 - ☐ Recommending innovations to care delivery to improve the quality of services.
 - Kentucky DSR
 - Illinois DSR
- hospital services:
 - none of the four examples mentioned when occur, but given that there are four, it is likely that in aggregate it comes close to five total years if experience
 - first two examples – very specialized, not clear how pertains to our needs

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- second two examples were for DSR but deal only with DRG and/or APC, so I am not sure they meet expectations for DSR
- Primary Care, Physician, and Clinic Services
 - Not sure this example meets requirements: Guidehouse worked with Wisconsin Department of Health Services staff on a cost-based method for clinical laboratory payment reconciliation as part of larger hospital reconciliation methodology. An upper payment limit (UPL) demonstration was also completed annually for clinical services."
 - Discussion of their 20 yrs of work for Wyoming goes far beyond Primary Care, Physician, and Clinic Services, but does meet requirements.
 - Illinois example for DSR does NOT meet DSR criteria (only about new fee schedule)
 - Not clear if Texas example for DSR meets DSR criteria ("Guidehouse helped the state to identify options to help rural health clinics (RHCs) appropriately transition to directed payments as part of a Delivery System Reform Incentive Payment (DSRIP) program. Recognizing that RHCs often serve under-resourced communities, Guidehouse also helped Texas find additional funding for RHCs in need, preserving a vital resource in rural communities")....but then goes on to discuss another TX project that DOES meet DSR: "1115 waiver DSRIP program... to support coordinated care and quality improvements through Regional Healthcare Partnerships (RHPs) to transform care delivery systems"
- Behavioral Health:
 - Many components to Montana and Wyoming examples; meets requirements
 - Tennessee DSR example seems to be more about providing technical assistance to providers than about developing a payment approach to incent delivery system change
 - Alabama DSR example not focused on developing a payment approach to incent delivery system change

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- "Guidehouse has assisted virtually all states' Health and Human Services divisions over the last two decades, including divisions of mental health, public health, and Medicaid agencies.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none"> • Our healthcare consulting services range from program strategy at the highest levels within state government to the most detailed operational aspects of program implementation, program needs assessments, market assessments, data analysis, and compliance activities. • “Guidehouse’s team includes healthcare finance and policy experts, actuaries, clinicians, former provider and public health administrators, and other experts with decades of strategy, consulting, funding and policy, revenue cycle management, digital and retail health, managed care, and outsourcing experience. Our professionals collaborate with hospitals and health systems, government agencies, life sciences companies, and payers, providing strategic insights and performance improvement solutions that help them redesign, revitalize, and transform their operations.”
2. Litigation
<ul style="list-style-type: none"> • “We are a party to a variety of legal proceedings that arise in the normal course of our business. While the results of these legal proceedings cannot be predicted with certainty, we believe that the final outcome of these proceedings will not have a material adverse effect, individually or in the aggregate, on our results of operations or financial condition.”
3. Certificate of Insurance
<ul style="list-style-type: none"> • Meets requirements

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none"> • Simply says “Guidehouse has the depth of experience, staffing, and the ability to perform the entire scope of services requested by the state.”
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Please note, Guidehouse is responding for both rate study for discrete health care services and delivery system reform rates and recommendations for i – viii as found below under item • 2. The State’s response to question 4 as provided to bidders on March 10, 2022 confirmed asingle response to these items would be considered acceptable.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
1. provider participation

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- a. significant experience with provider surveys and engagement
- b. "Guidehouse will work with DHHS to determine whether it is advisable to administer surveys to the entire provider community or to create a representative, stratified sample of providers to complete the cost and wage survey."
- c. "Once providers return completed surveys, Guidehouse will "scrub" the cost and wage data by conducting "outlier" and other reasonableness and completeness checks and follow-up with providers as necessary."
- d. Use of advisory groups
- 2. robust data
 - a. diff't approaches for diff;t provider types
 - b. Use of advisory groups
 - c. Use of various benchmarks and reasonableness checks
- 3. external benchmarks
 - a. has data from other states it has worked in
 - b. "no state waiver is exactly comparable to similar waivers for a similar population in another state. However, it is helpful to compare waiver rates to cognate waiver rates in other states to understand whether current rates represent an outlier and/or can be explained by unique service definitions or economic conditions in the State."
 - c. issue of how current rates may influence costs above or below optimal level
 - d. includes table of benchmarks
 - e. "Where services overlap with services funded by multiple authorities, it is crucial to analyze potential rate variation and disparities. While some rate variation is understandable, even necessary, it is important to compare current and proposed rates with those in other Maine programs, in and out of our rate study scope, to improve alignment where substantial rate differences are not justifiable, or to control for unintended consequences when reimbursing the same provider potentially serving different populations with the same service at different rates."
- 4. assessing stakeholder feedback – let the data speak for itself
- 5. variation between draft and final rates – "We do not have any information on the statistical variation between draft rates and final rates. Draft rates may change before becoming final, but this is almost always due to input from the

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

State or other stakeholders modifying models to shift funds between providers to meet certain goals and objectives.”

6. quality assurance – discussion of their peer review process
7. obtaining other payers’ rate models – use their work in other states, as well as public SPA documents
8. 6 mo sample work plan – provided two work plans due to differences between LTSS and Behavioral Health approaches.
9. 12 mo sample work plan – provided two work plans due to differences between LTSS and Behavioral Health approaches.
10. staying abreast of federal changes – has a team that does this
11. framework for considering opportunities for payment reform

Our framework for payment reform begins with creating an environment where providers are incented to achieve policy goals. This starts with assessing the providers' level of sophistication and capacity to operate in such a model. Such an assessment would include their financial health and reserves, cash flow, and related metrics. To succeed in an environment other than strict fee-for-service requires access to patient utilization information on as close to a real-time basis as possible.

Therefore, evaluating the penetration and implementation of electronic health record (EHR) systems within the targeted providers is an important next step. With this information in hand, the design of the reform methodology can move ahead. The key to success with any significant change to payment methodology is the inclusion of key stakeholders in the development process and as much as possible, obtaining “buy-in” from the providers. “Buy-in” can often be obtained by offering assurances that their near-term financial health will not be negatively impacted but over the longer term, they will need to achieve specific policy goals. Providing a glide path to success with support along the way will increase the likelihood of positive results. Alternative payment models are built and brought before stakeholders for their feedback. We also provide fiscal impact models that calculate current reimbursement versus projected reimbursement due to changes in the reimbursement methodology. The projected impact on provider compensation is determined both in whole and on an individual provider breakout. Payment models are modified buildings in stakeholder input and provided for consideration by the State. Once a payment methodology is approved, Guidehouse provides the necessary rate/fee schedules and policy updates. We also work with the fiscal agent to incorporate necessary changes.

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 1: LTSS

- Use of surveys, advisory groups, many types of data, including activity
- For facilities, lots of ways to value to capital costs

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: March 30-31, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">Includes detailed steps
Healthcare Service Group 3: Primary Care, Physicians, and Clinical Services
<ul style="list-style-type: none">Has done FQHC APM and change in scope, ACO workIncludes steps
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">lists of diff't considerations for each section of policy we includedspecifically addresses CCBHC
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">
D. Conflicts of Interest
<ul style="list-style-type: none">none
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">"Guidehouse agrees to this requirement. If additional sub-contracted resources are required, Guidehouse will access their services with prior approval from DHHS."

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 3/24/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Requirements

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P - Guidehouse has assisted virtually all states' Health and Human Services divisions over the last two decades, including divisions of mental health, public health, and Medicaid agencies

2. Litigation

- They are a party to a variety of legal proceedings that arise in the normal course of their business.
- They believe that the outcome of these proceedings will not have a material adverse effect, individually or in the aggregate, on their results of operations or financial condition

3. Certificate of Insurance

- Met Requirements
- General Liability – Policy effective from 5/1/2021 – 5/1/2022
- Professional Liability – Policy Effective from 10/15/2021 – 10/15/2022
- Other relevant liability – Automobile and Umbrella effective 5/1/2021 – 5/1/2022

Part IV, Section III Proposed Services

A. General Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 3/24/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none">• Met requirements:• Have the depth of experience, staffing, and ability to perform the entire scope of services required by State of Maine• Propose monthly project review meetings and weekly project status meetings• Employs full-time team of actuaries to complete assignments as needed
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Guidehouse is responding for both rate study and discrete health care services and delivery system reform rates. The State's response to question 4 as provided to bidders on March 10, 2022 confirmed a single response to these items would be considered acceptable.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Met Requirements. Stated they will work with DHHS for input on the best ways to reach the providers. They offer websites, forums, meetings, surveys, and direct email correspondence. Would also make use of an "Advisory Group" for feedback if turnout was low.• Met Requirements. For hospitals - extend the time period to increase the sample size, if not possible possibly use federal level information to supplement. For other sections, use peer state Medicaid programs, as well as appropriate external benchmarks. Engage with providers to ensure data is in line with what would be expected.• Met Requirements. Has conducted rate studies in multiple other states, has access to Medicare pricing software, and the Truven database. Also utilizes BLS data.• Met Requirements. Present a variety of summaries of data to stakeholders. Also enabling stakeholders to participate in every stage rather just at the end of the rate study.• Met Requirements. No data on variation between draft and final rates. Draft rates are only adjusted after stakeholder feedback.• Met Requirements. QA approach based on documented processes, qualified consultants, proven tools and methodologies, and customer orientation. Includes quality planning, communication, project management and status reporting, proactive escalation, work product reviews and peer review.• Met Requirements. The easiest source for accurate information about other state models comes from those states rates they helped set. These states

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Guidehouse Inc.

DATE: 3/24/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<p>include Alabama, Arizona, Florida, Illinois, Montana, Nebraska, Texas, Wisconsin, and Wyoming. Also has access to commercial payor databases.</p> <ul style="list-style-type: none"> • Met Requirements. Provided two 6 month rate work plans due to differences in LTSS and behavioral health approaches • Met Requirements. Provided three 12 month workplans due to the differences in general health services, LTSS, and Behavioral • Met Requirements. Guidehouse's team includes experts who work exclusively with the federal government including almost daily discussions with CMS. Included an example with WY Medicaid. • Met Requirements. They have developed a range of reform initiatives such as VBP, capitated payments, and accountable care organization development.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Trusted advisor status with CMS. Experience setting rates for nursing facility, ICF, and HCBS for the following states Arizona, Georgia, Florida, Illinois, Minnesota, Kentucky, Montana, New Hampshire, South Dakota, Washington, and Wyoming. Use various data types including but not limited to provider supplied, federal supplied, and utilization.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Guidehouse has helped several state Medicaid agencies shift to new hospital inpatient and outpatient payment methodologies including Alabama, Arizona, Florida, Illinois, Wisconsin, and Wyoming. All of these states chose an inpatient payment methodology based on APR-DRGs. Listed multiple payment methods for consideration. New payment methodology would include heavy stakeholder involvement. Included a 20-step plan.
Healthcare Service Group 3: Primary Care, Physicians, and Clinical Services
<ul style="list-style-type: none"> • Guidehouse's team has assisted Medicaid agencies in Illinois, Massachusetts, Montana, Nebraska, Wisconsin, and Wyoming with these types of services. For Massachusetts that included converting RHC's and FQHC's into an APM rate methodology. Included a 10 step delivery system reform plan.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Did work more recently for Montana's Adult Behavioral and Children's Mental health populations. Services covered include but were not limited to: TCM, Community support services, Behavior Home Health, & Children's RCF.
Healthcare Service Group 5: Other Services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Guidehouse Inc.

DATE: 3/24/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

- | |
|--|
| <ul style="list-style-type: none">• Guidehouse has many years of rate development work experience in nontraditional sections. They regularly take on rate studies for newly offered and unique services employing the same thoughtful approach developed through numerous efforts on traditional provider types. |
|--|

D. Conflicts of Interest

- | |
|--|
| <ul style="list-style-type: none">• Met requirements- no conflicts of interest that they are aware of. |
|--|

E. Use of Subject Matter Expert Professionals
--

- | |
|---|
| <ul style="list-style-type: none">• Met requirements - Guidehouse agrees to this requirement. If additional sub-contracted resources are required, Guidehouse will access their services with prior approval from DHHS. |
|---|

Part IV, Section IV. Cost Proposal Rate Sheet
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- | |
|--|
| <ul style="list-style-type: none">• Met requirements – listed positions and rates per hour |
|--|

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Meets eligibility

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P: Experience with Medicaid programs, including Maine.
- P: Worked with Maine Department of Health and Human Services since 2014.
- I: Team of 11 people.
- P: Provided compelling information about individual experience/qualification of each team member.
- N: Limited examples provided (for hospital and long-term services in support) that speak to delivery system reform or alternative payment models.
- Q: Not all examples in each category speak to delivery system reform despite that being the related scope listed.

2. Litigation

- No applicable litigation

3. Certificate of Insurance

- Provided

Part IV, Section III Proposed Services

A. General Requirements

- P: Experienced team
- P: Clearly described a project management structure and process, including having a primary liaison.
- P: Has actuaries within company.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> Responded in section 2 below as instructed in question and answer document.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> P: Clear and comprehensive process that demonstrates experience in rate setting and tools to support successful projects. Q: Unclear numbering of sections. P: Discusses many ways to access rates from other payers, including the all payer claims database P: Comprehensive approach to understanding and staying abreast of related federal guidance for delivery system reform work. I: Presented a framework for looking at opportunities for payment reform that was mostly focused on billing. P: Workplans for delivery system reform showed more stakeholder engagement (internal and external).
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> P: Relevant experience, including in Maine.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> P: Relevant experience. P: Described tools to support this service area.
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none"> P: Relevant experience spanning services in the category. P: Described a tool for FQHC change is scope assessment to benefit state and their internal capacity.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> P: Relevant experience.
D. Conflicts of Interest
<ul style="list-style-type: none"> No conflicts identified.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> Employs subject matter experts within company.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none"> Provided rates by role.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Standard-5 years experience

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Included: Met Standard;
- Was Burns & Ass 2006 worked for ME DHHS rate studies
- All groups except #5 other;
- Est. 1985; Lancing MI 19 other States
- 450 professionals;
- Training, facilitation; strategy planning; policy; technical, analytical, other;
- Workplan delivery visuals

2. Litigation

- Included: Met Standard-no litigation last 5 years

3. Certificate of Insurance

- Included: Met Standard w/dates

Part IV, Section III Proposed Services

A. General Requirements

- Included: Met Standard-P
- Project examples – P and States-P
- Met standard: P
- All Service groups-demonstrated that could perform complete ratesetting/dsr.
- Provided examples

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
D. Conflicts of Interest
<ul style="list-style-type: none"> • Included: Met Standard-P • None noted
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> • Included: Met Standard-P • Highlighted professional staff • Specialties and experience. • Technical and sound experience

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Included-\$230-\$265 rates consistent with industry

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 4/4/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• Met requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Have provided services in all 50 states• Acquired Burns and Assoc. in 2020 - consultation to 29 states• Have provided services in ME, VT, CT, RI
2. Litigation
<ul style="list-style-type: none">• None in last 5 years resulting in payment of claimant
3. Certificate of Insurance
<ul style="list-style-type: none">• Submitted -(4/15/22)

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">• Have multiple team members that have worked on rate studies for each category• Have acquired actuary teams
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Monitoring survey participation rates• Follow up clarification of provider surveys• Vetting draft rate models through public comment period P

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 4/4/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Experience introducing risk over time model• Customary to produce multiple fiscal impact models
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">• I – tiered rated tied to assessment instrument• SE billed on # hours worked regardless of job coaching hours and job retention
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">• Multiple years of experience
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">• Identified experience in Minn. And Vermont
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Currently working on Maine project – Sec. 13, 17, 28, 65, and 92• Explore opportunities to incorporate VBP coonenets into reimbursement frameworks
D. Conflicts of Interest
<ul style="list-style-type: none">• None
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Met requirements – use internal staff

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Hourly rate range \$230 - \$265

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: March 26-27, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• LTSS: Meets requirements – examples document 8 years of experience• hospital services: Meets requirements – examples document 14 years of experience• Primary Care, Physician, and Clinic Services<ul style="list-style-type: none">○ 10 years experience in Vermont engagement○ Q - Not clear if Delaware engagement meets required criteria• Behavioral Health: N/Q – two examples, but no documentation of whether meets five year minimum

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• P – “client base of HMA-Burns is almost exclusively state Medicaid programs and other state social service departments, including agencies that administer Medicaid-funded behavioral health, substance use, intellectual and developmental disabilities (I/DD), and other home and community-based programs. Since its founding, HMA-Burns has consulted to government agencies in 29 states... Provider rate setting is one of HMA-Burns' key focuses. The team has managed dozens of rate studies and technical assistance projects related to value-based payments in 18 states...HMA-Burns has been working with the Maine Department of Health and Human Services since 2014. During this time, we have completed approximately 12 separate rate studies for Department of Health and Human Services.
2. Litigation
<ul style="list-style-type: none">• Meets requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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BIDDER NAME: Health Management Associates, Inc.

DATE: March 26-27, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

3. Certificate of Insurance

- | |
|--|
| <ul style="list-style-type: none">• Meets requirements |
|--|

Part IV, Section III Proposed Services

A. General Requirements

- | |
|---|
| <ul style="list-style-type: none">• Meets requirements• P – “For each study, we will produce a work plan for review by OMS and any appropriate operating office. The work plan will outline key tasks and subtasks, anticipated sources of data, strategies for provider and stakeholder engagement, and estimated timelines. Once approved, these work plans will guide the project, ensuring a shared understanding of the work to be done and the schedule for doing so.”• P – “Each of HMA-Burns’ rate-setting projects begins with a review of service requirements and initial meetings with key program staff who will be expected to articulate the state’s goals and expectations for the project and to answer any of our questions. These initial meetings, and the state team’s guidance during these meetings, will serve as the foundation for each project, ensuring that the results meet the needs of the state.”• “Burns & Associates was acquired by HMA in September 2020. Since this acquisition, HMA has also acquired four other companies, two of which are actuarial firms (Wakely Consulting and Edrington Health Consulting). The Burns & Associates team has the opportunity to leverage actuarial expertise from either the Wakely or Edrington teams if needed on an engagement with OMS.” |
|---|

B. Scope of Work for all five (5) health service Healthcare Service Groups

1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
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- | |
|---|
| <ul style="list-style-type: none">• As per Answers to Bidders Questions, they respond combined response for B.1: Rate studies for discrete health care services and B.2: Delivery system reform rates and recommendations appears in Section B.2 below. |
|---|

2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
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- | |
|---|
| <ul style="list-style-type: none">• Meets requirements as per thorough and reasonable responses re:<ol style="list-style-type: none">1. provider participation –<ol style="list-style-type: none">a. “meet providers where they are’ in their ability to provide data. That is, a survey instrument can be designed to request information where some data elements are defined as essential and others are optional. |
|---|

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Health Management Associates, Inc.

DATE: March 26-27, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- Although it is always optimal to obtain all data elements from every provider, our preference would be to draw from a larger sample on a minimum set of data rather than to have some providers not participate at all.”
- b. get provider input on survey design and language.
 - c. “During the survey administration period, HMA-Burns monitors participation rates. If it is observed that some cohort of providers is underrepresented (such as those delivering a specific service or in a specific region of the state), HMA-Burns will work with the state project team to consider possible targeted outreach strategies.”
2. robust data –
- a. “As provider surveys are submitted, HMA-Burns conducts desk reviews and reaches out to providers for clarification as needed. “
 - b. “statistical tests to exclude outlier values....HMA-Burns generally publishes results both with and without outlier values”
 - c. “sharing the results of the survey analysis with the provider advisory group”
3. external benchmarks – “regardless of provider survey participation levels, HMA-Burns supplements provider cost data with information from other published data sources...Additionally, analysis of claims data can inform some elements of provider rates.”
4. assessing stakeholder feedback. Considerations:
- a. “The extent to which the comment addresses an actual deficiency in the proposal.”
 - b. “The number of stakeholders addressing an issue.”
 - c. “The justification and data supporting the comment.”
5. variation between draft and final rates – discusses factors that lead to diff’c between proposed and final. “In short, changes made between draft and final rates are a feature of the process, not a failure.” In Maine studies, most have been < 10%.
6. quality assurance – “HMA-Burns employs several strategies to maximize the validity of data from primary sources such as provider cost surveys, including collaboration with a provider advisory group on instrument design, desk reviews of submitted surveys, and statistical testing for outlier values. “
7. obtaining other payers’ rate models – for medicare, monitors federal publication; for other, researches other states benefit design before doing comparison

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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DATE: March 26-27, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

8. 6 mo sample work plan – discusses factors that influence length of time or process
9. 12 mo sample work plan – discusses factors that influence length of time or process
10. staying abreast of federal changes – has staff with relevant background specifically devoted to that function
11. framework for considering opportunities for payment reform – provides list of questions to pose to client during design phase, e.g., “Are there distinct and identifiable unique providers in the class that would enable a value-based payment option easier to administer?...To the extent that data beyond what is reported on claims is required to implement the value-based payment strategy, how readily available is baseline data? What is the level of effort to collect the baseline data or the data to report ongoing?” and “It is customary for the HMA-Burns team to produce multiple fiscal impact models that will illustrate the fiscal impact of each scenario contemplated by the state. “

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 1: LTSS

- P – “Mr. Pawlowski has led comprehensive rate studies for state I/DD authorities in 12 states”
- I - experience with tiered rates, value-based rates, min wage changes

Healthcare Service Group 2: Hospital Services

- Podrazik experience in many states
- Saxe “well-versed in strategies for applying and computing supplemental payments as well as the design of reimbursement for graduate medical education”

Healthcare Service Group 3: Primary Care, Physician, and Clinical Services

- I – most experience seems to be in VT only
- I – includes FQHC rebasing and change in scope experience

Healthcare Service Group 4: Behavioral Health

- The HMA-Burns team’s portfolio includes five active projects examining rates in Maine, Vermont, Delaware, Oregon, and Washington.
- Does not address CCBHC

D. Conflicts of Interest

- None

E. Use of Subject Matter Expert Professionals

- “HMA-Burns does not intend to subcontract with subject matter experts for this scope of work.”

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: March 26-27, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Part IV, Section IV. Cost Proposal Rate Sheet
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**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 3/30/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met expectations.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- HMA was founded in 1985 and they focus on improving the administration and delivery of public health, health care, and social services programs
- Burns was founded in 2006 and has worked with the State of Maine for multiple years.
- HMA acquired Burns in 2020. and we have continued to have a good relationship with them

2. Litigation

- HMA has not had any litigation in the past five years in which HMA has paid the claimant either as part of a settlement or by decree.

3. Certificate of Insurance

- Met requirements
- General Liability – Policy effective from 4/15/2021 – 4/15/2022
- Professional Liability – Policy Effective from 4/15/2021 – 4/15/2022
- Other relevant liability – Automobile and Umbrella effective 4/15/2021 – 4/15/2022

Part IV, Section III Proposed Services

A. General Requirements

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Health Management Associates, Inc.

DATE: 3/30/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<ol style="list-style-type: none"> 1. Met requirements – HMA has 11 proposed team members and each of them have experience in LTSS, inpatient hospital, outpatient hospital, primary care, clinics, ambulatory surgical centers, and behavioral health services. 2. Met requirements – HMA will have set meetings, open communication, and keep information accessible to OMS. 3. Met requirements – HMA acquired 2 actuarial firms and consistently work with actuaries.
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ol style="list-style-type: none"> 1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups <ul style="list-style-type: none"> • HMA-Burns' combined response for B.1: Rate studies for discrete health care services and B.2: Delivery system reform rates and recommendations appears in Section B.2 below.
<ol style="list-style-type: none"> 2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups <ul style="list-style-type: none"> • Met requirements – use the term “meet providers where they are” to get maximum participation • Met requirements – follows up with providers about survey data, applies statistical tests to the data gathered, and shares the results of the surveys with the provider advisory group. • Met requirements – external benchmark sources include BLS data, US DHS Medical expenditure panel survey, published estimates of workers' compensation rates by job classification, IRS standard mileage reimbursement rate, commercial real estate reports. • Met requirements – Vets draft rate models through a public comment period. Posts the information to their rate study website, then takes comments and responds to those comments. • Met Requirements – view changes from the draft rate as a feature, not a failure. In the last rate studies they conducted for the State of Maine, changes were less than 10%. • Met Requirements – multiple levels of review for each piece of the baseline data used. • Met Requirements – HMA has multiple approaches to obtain information about other payor's services and rate models including but not limited to medicare and other states that they have worked for. • Met Requirements – supplied attachments 6A (acute) and 6B (community based) which both reflect sample work plans.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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BIDDER NAME: Health Management Associates, Inc.

DATE: 3/30/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

- Met Requirements – supplied attachments 7 and 8 show the same project over 6 months versus 18 months.
- Met Requirements – Uses multiple channels to keep updated including having a Information services division that publishes a daily news roundup every weekday at 5 pm, experienced staff, attend sessions of MedPAC and MACPAC.
- Met Requirements – They have examples of questions to ask their clients to help them consider payment reform.

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 1: LTSS

- Met Requirements – extensive experience, enough to develop a standard approach to these types of services.

Healthcare Service Group 2: Hospital Services

- Met Requirements – extensive experience in hospital rate studies as well as moving to new payment methodologies.

Healthcare Service Group 3: Primary Care, Physician, and Clinical Services

- Met Requirements – experience in Minnesota and Vermont in 2010 and 2011, these are assessed yearly for changes.

Healthcare Service Group 4: Behavioral Health

- Met Requirements – extensive experience, and currently have 5 active projects in Maine, Vermont, Delaware, Oregon, and Washington.

D. Conflicts of Interest

- Met Requirements – none of the staff in the HMA-Burns team has a professional, familial, or financial conflict of interest related to MaineCare or its enrolled providers.

E. Use of Subject Matter Expert Professionals

- Met Requirements – no need to contract subject matter professionals as they can draw on the experience of HMA colleagues

Part IV, Section IV. Cost Proposal Rate Sheet

- Met requirements – included the hourly rates proposed by employee.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Meets eligibility

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P: Described relevant experience including a focus on policy understanding.
- P: Has past experience with the Office of MaineCare Services and demonstrates awareness to relevant work and goals of the Department.
- P: Provided individual staff expertise/background to support relevant experience of organization.
- Q: Provided relevant examples for Long Term Services and Support though not rate setting focused.
- P: Strong examples supporting hospital services and other service areas, most focused on delivery system reform.
- P: Used alternative payment model language effectively.

2. Litigation

- Did not have litigation.

3. Certificate of Insurance

- Provided.

Part IV, Section III Proposed Services

A. General Requirements

- P: Workplans included significant stakeholder engagement (internal and externally)
- Work contract with certified actuaries externally, if required.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> Responded in section 2 below as instructed in question and answer document.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> N: Did not provide specifics about ensuring provider participation in surveys. P: Would provide both client and public facing materials. Q: Many responses are brief though provide minimum required information. P: Demonstrates deep experience with stakeholder engagement throughout. P: Has a team of proofreaders. P: Described the specific quality assurance review process for quantitative products. P: Provided comprehensive information on Bidders policy-related competencies and processes.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> P: Provided relevant examples. Q: Examples did not focus on rate setting work.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> P: Provided relevant experience
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none"> P: Provided relevant experience
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> P: Provided relevant experience. Q: Experience speaks less to rate setting and more to policy design.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> P: Provided relevant examples to this category and Maine. Q: Experience speaks less to rate setting and more to policy design.
D. Conflicts of Interest
<ul style="list-style-type: none"> Response provided about parent company.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> Provided sample contract.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none"> Provided rates and also discussed flat fees. Included annual adjustments.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Standard-over 5 years experience

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Included: Met Standard
- Groups-all Service groups;
- Est. 1965 legal & consulting;
- 160 consultants & attorneys;
- Finance, reimb. And APMs
- Work with actuaries? Q
- Services Q?
- Included workplan visuals

2. Litigation

- Included: Met Standard-no detail

3. Certificate of Insurance

- Included: Met Standard w dates

Part IV, Section III Proposed Services

A. General Requirements

- Included: Met Standard-P
- Project examples and States P
- All Service groups-demonstrated that could perform complete ratesetting/dsr.
- Provided examples.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
D. Conflicts of Interest
<ul style="list-style-type: none"> • None noted-passed
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> • Included: Had subject matter experts noted policy strong less technical/actuary

**STATE OF MAINE
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DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Included – Rates \$350/\$315 to \$970/\$873 greater than industry

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Meets requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Team of more than 160 consultants, large scale complex initiatives, has worked in Maine
2. Litigation
<ul style="list-style-type: none">none
3. Certificate of Insurance
<ul style="list-style-type: none">Meets requirements 05/01/22

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">Partners with certified actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">Discussion of addressing small sample sizeBalance policy goals and principles with stakeholder feedback,EBPs, etc."thought leader and policy influencer related to CMS guidance and federal regulation"
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Manatt Health Strategies, LLC

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

<ul style="list-style-type: none">Highlighted 1115 experience and Maine AC experience
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">Has worked with states, foundations, workforce unions and provider groups
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">NC tying hospital payments to utilization
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">Have developed new models in CA, WA an NC that support person-centered care and improved population health
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">Currently working with CO to design and implement community-based mobil crisis servicesMontana HEART 1115 waiver
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">Example of Alabama paramedicine service delivery work., SMR re: palliative care
D. Conflicts of Interest
<ul style="list-style-type: none">Said would meet
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">Agreed to meet

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Use blended hourly rate

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: April 1, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• LTSS – no indication of whether have 5 years experience in past 10 years<ul style="list-style-type: none">○ #1 – does not appear to meet requirements bc nothing about either rates or delivery system reform○ #2 – meets requirements• Hospital<ul style="list-style-type: none">○ #1 – meets requirements, including re 5 years○ #2 – meets requirements• Primary Care, Physician, and Clinic Services - no indication of whether have 5 years experience in past 10 years<ul style="list-style-type: none">○ #1 does not appear to meet requirements bc nothing about rates, however California project mentioned in references does mention rate methodology and fee schedule development○ #2 – meets requirements• Behavioral Health - no indication of whether have 5 years experience in past 10 years<ul style="list-style-type: none">○ #1 does not appear to meet requirements bc nothing about rates; however, Colorado project mentioned in BH reference #2 does mention rates○ #2 – meets requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• “Our multidisciplinary team includes former state and federal Medicaid officials, with

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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DATE: April 1, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- decades of experience working to support high-performing Medicaid and Children's Health
- Insurance Program (CHIP) programs and other state-level coverage initiatives.
- The Manatt Health team provides a broad range of government, provider, payer and other health care clients with advice on Medicaid topics related to financing, reimbursement and
- alternative payment models (APMs) across a wide array of service areas, including long-term
- services and supports (LTSS), hospital services, primary care and behavioral health. We
- routinely work hand in hand with actuaries to help state clients develop sound rate-setting
- methodologies, reform Medicaid supplemental payments to support quality and value, and
- design sustainable non-federal financing approaches."
- "Currently, Manatt is also advising DHHS on issues related to Medicaid financing, State Plan
- Amendments (SPAs), and oversight by the Centers for Medicare & Medicaid Services (CMS).
- This work has focused on optimizing the use of Maine's current State Service Provider Tax
- as a Medicaid funding mechanism, assessing the impact of Maine's backlog of pending
- SPAs, and supporting ongoing communications and negotiations with CMS.
- Manatt has a deep bench of subject matter experts to draw from when proposing teams for
- specific mini-bids."

2. Litigation

- None

3. Certificate of Insurance

- Meets requirements

Part IV, Section III Proposed Services

A. General Requirements

- Meets requirements

B. Scope of Work for all five (5) health service Healthcare Service Groups

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: April 1, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Manatt is applying for both rate-setting and delivery system reform rates and recommendations in all service areas except LTSS. The combined response is located in B.2.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<p>1. provider participation – meets requirements To ensure robust provider participation in surveys, data submission and meetings, we would work with the state to:</p> <ul style="list-style-type: none">• Identify key provider stakeholders• Develop an appropriate provider engagement plan and timeline, which could include design and implementation of surveys, data requests, interviews, technical advisory groups, education sessions and/or community meetings• Implement the stakeholder engagement plan according to the agreed-upon timeline, recognizing that changes may be needed as the project evolves <p>The provider engagement plan would be designed to ensure accuracy and completeness of data without putting undue burden on providers.</p> <p>2. robust data – meets requirements In the event of a small sample size, Manatt would compare assumptions and model outputs with the available research literature and other comparable state Medicaid programs, taking into account any differences in demographic makeup, policy and economic environment, program/service designs, and system operations. We would also conduct a variety of analyses to identify the sensitivity of model outputs to key assumptions. We would then work with the state to revise model assumptions based on external research and sensitivity analyses.</p> <p>3. external benchmarks – meets requirements To vet the reasonableness of rates, Manatt, working with an actuarial firm as necessary, would identify appropriate external benchmarks, including Medicaid rates for comparable services in other states, Medicare rates, provider costs and, where available and appropriate, commercial reimbursement levels. Manatt has access to Medicaid and Medicare reimbursement rate information through publicly available sources (including SPAs, state rate-setting information and Medicare fee schedules) and extensive payment and financing work across states. After comparing the proposed rates to external benchmarks, we would then work with the state to determine whether the proposed rates are reasonable given the state's policy goals.</p>

**STATE OF MAINE
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For example, if the state seeks to increase provider participation and improve beneficiary access to certain services, higher reimbursement rates may be appropriate.

4. assessing stakeholder feedback – meets requirements

Manatt would work with the state to assess whether specific provider feedback should be incorporated into rate-setting design based on:

- The state's policy goals and core principles
- Breadth of stakeholder feedback (i.e., whether feedback is largely consistent across providers or limited to a narrow group)
- Whether feedback is aligned with evidence-based practices and/or external benchmarking
- Potential consequences of not incorporating the feedback
- Impact of the proposed feedback on addressing health disparities
- state resource constraints

5. variation between draft and final rates – meets requirements

Manatt's intensive quality assurance (QA) process described below aims to minimize variation between interim and final rates. Any differences are typically driven by changes in the client's policies or assumptions. To the extent there are changes, Manatt always works with clients to clearly communicate the rationale underlying the adjustments to internal and external stakeholders.

6. quality assurance – meets requirements

Manatt implements a robust QA process—built on intensive internal and external validity checks—to mitigate risks and errors in both qualitative and quantitative products. For qualitative deliverables, Manatt employs a highly iterative process across the Manatt team and with the client to create an accurate, compelling product. Our firm also uses a team of professional proofreaders on staff to review publicly posted materials. For quantitative products, we verify the completeness and accuracy of the data we receive to confirm its limitations and, where appropriate, exclude anomalous data (outliers). We also align both the data we receive and the results of our analyses with similar data/results from comparable projects, to further strengthen confidence in and power our findings. Lastly, we apply a stringent project management approach to our work to build in opportunities for QA.

For example, Manatt develops a written QA process, as needed, for financial modeling in collaboration with the client, which involves multiple internal layers of review and at least one level of sign-off from the client.

7. obtaining other payers' rate models – meets requirements

Manatt has expertise in analyzing publicly available health care payment data, including state Medicaid payment information contained in SPAs, 1115 waivers and

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

other public documents; data released by state departments of insurance; information from regional or state-specific all-payer claims databases (e.g., Maine Health Data Organization) and hospital reporting available under federal transparency requirements. Our team also brings extensive experience advising state Medicaid agencies and foundations, health plans, providers and health systems, and the federal government on Medicaid rate-setting and payment reform issues. As a result—in addition to accessing publicly available data—we have a substantial amount of statespecific information regarding the Medicaid payment landscape at our disposal and a broad network of contacts across public and private payers upon which to draw as needed.

8. 6 mo sample work plan – FQHC example – meets requirements

9. 12 mo sample work plan – AC example – meets requirements

10. staying abreast of federal changes – meets requirements

has deep relationships with CMS—

both as a client and as a partner in state Medicaid authority negotiations—and considerable

experience in developing, drafting and negotiating SPAs, Section 1115 waivers and amendments, Marketplace blueprints, and other federal authorities. Manatt has experience negotiating federal authorities and navigating federal regulatory parameters in both managed care and fee-for-service settings... In addition, Manatt conducts extensive regulatory and subregulatory analyses on Medicaid payment and delivery system reform issues through Manatt on Health. For example, Manatt produced an analysis of a State Medicaid Director Letter implementing supplemental payment reporting and disproportionate share hospital provision of the 2021 Consolidated Appropriations Act.

11. framework for considering opportunities for payment reform

While the specific approach is customized to each engagement, activities typically include:

- Identifying state policy goals and program objectives
- Completing a current state assessment and landscape scan to identify national models, innovative policies and best practices
- Developing an options analysis for iteration with the state, taking into account health, equity, fiscal and operational implications of each option; where appropriate, the options analysis would also include a financial model estimating the impact of proposed options on provider revenue and the state budget
- Implementing a stakeholder engagement process to solicit feedback from key stakeholders on the proposed policies and/or programs
- Developing final recommendations based on client and stakeholder feedback

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: April 1, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">• Cites experience on other states.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">• Manatt brings an unparalleled understanding of Medicaid hospital reimbursement and nonfederal share financing methodologies, with particular expertise in supplemental payment reform; VBP models; and provider taxes, intergovernmental transfers and certified public expenditures. Manatt possesses a distinctive combination of capabilities to help states reach their hospital payment reform goals, including sophisticated policy analysis, financial modeling, regulatory analysis/CMS engagement, health equity analysis, and stakeholder engagement planning and execution. Manatt has supported a wide variety of state Medicaid agencies, hospital associations and safety net providers in implementing significant hospital payment and non-federal share financing reform. We have consistently demonstrated an ability to bridge differing perspectives, develop thoughtful and effective recommendations, and, ultimately, drive results for our clients. For example, since 2016, Manatt has worked with NC DHHS to carve more than \$2 billion of hospital supplemental payments into base rates, successfully tying hospital payments to utilization and laying the foundation for the development of VBP models. Manatt has also redesigned the state's hospital assessment to support the new model. Throughout this process,• Manatt co-led intensive stakeholder engagement efforts to secure state legislative approval and buy-in from providers and advocates.
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">• Maine AC example. NC "transitioning the FQHC Medicaid reimbursement methodology from a cost-based approach to a utilization-based approach that will simplify program operations and lay the foundation for VBP."
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Manatt is currently working with the state of Colorado Department of Health Care Policy and Financing under a CMS planning grant to design and implement a new Medicaid benefit for community-based mobile crisis services.• Manatt also assisted the Montana DPHHS leadership in the drafting and submission of the HEART 1115 waiver, a behavioral health-focused 1115 demonstration, requesting expenditure authority to cover short-term stays at IMDs for individuals diagnosed with SUD, serious mental illness or serious emotional disturbance

**STATE OF MAINE
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EVALUATOR DEPARTMENT: DHHS OMS

Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">Manatt worked with the Alabama Hospital Association (AlaHA) to advise on changes in paramedicine service delivery.our firm serves as a subject matter expert on issues related to palliative care through work led by our palliative care physician on staff, Dr. Amy Salerno. Currently, for example, Manatt is advising a provider-led insurer on the development of an integrated palliative care-informed care management program for persons living with advancing or serious illnesses. Manatt is advising on program design, eligibility criteria, funding sources and program evaluation methodologies
D. Conflicts of Interest
<ul style="list-style-type: none">none
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">Meets requirements

Part IV, Section IV. Cost Proposal Rate Sheet

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: 3/31/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• Met requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Manatt was established in 1965• More than 390 legal and consulting professionals• Manatt Health Strategies, LLC is a consulting subsidiary of Manatt
2. Litigation
<ul style="list-style-type: none">• Met requirements, no litigation has occurred
3. Certificate of Insurance
<ul style="list-style-type: none">• Met expectations – all required insurance effective through 5/1/2022

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">• Met Requirement – Manatt Health has the capacity and expertise to support both smaller, targeted rate-setting projects and multi-year comprehensive payment and delivery system reform efforts• Met requirement – worked with OMS on the Accountable Communities program.• Met requirement – regularly partners with actuaries
B. Scope of Work for all five (5) health service Healthcare Service Groups
<ul style="list-style-type: none">1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Manatt Health Strategies, LLC

DATE: 3/31/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none"> Manatt is applying for both rate-setting and delivery system reform rates and recommendations in all service areas except LTSS. The combined response is located in B.2.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> Met requirements – would meet with the state to identify key stakeholders, develop a provider engagement plan and timeline implement stakeholder plan Met requirements – work with the state Medicaid management information system, managed care encounter data, and provider surveys to ensure robust data. Met requirements – would work with an actuarial firm as necessary, identify appropriate external benchmarks, Has access to Medicaid and medicare reimbursement rate information through publicly available sources. Met requirements – has experience navigating diverse and conflicting stakeholder perspectives. Would work with the state regarding suggestions and changes. Changes from their end due to QA are unlikely, the changes most likely come from a change in policy or feedback received. Met requirements – intensive internal and external validity checks including a team of professional proofreaders on staff and a written QA process, among other tactics Met requirements – expertise in analyzing publicly available data, as well as substantial amount of state specific information regarding the Medicaid payment landscape. Met requirements – attachment 7 is a sample 6 month rate-setting project workplan Met requirements – Attachment 8 is a sample 12-month delivery service rate reform project workplan Met requirements – Manatt has deep relationships with CMS both as a client and a partner. Met requirements – experience building innovative payment models
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> Met requirements – Manatt recently published a series of reports on behalf of The SCAN Foundation that focused on rebalancing strategies, LTSS integration, regulatory flexibilities, and post-pandemic system reforms
Healthcare Service Group 2: Hospital Services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Manatt Health Strategies, LLC

DATE: 3/31/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none">• Met requirements – has a combination of capabilities to help states reach their hospital payment reform goals, including sophisticated policy analysis, financial modeling, regulatory analysis/CMS engagement, health equity analysis, and stakeholder engagement planning and execution.
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">• Met requirements – They design primary care payment reform initiatives in the context of the state's broader payment reform goals and reimbursement methodologies.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Met requirements – extensive experience with behavioral health work for state Medicaid programs.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">• Met requirements – has broad experience in rate development and delivery system reform across service and provider groups.
D. Conflicts of Interest
<ul style="list-style-type: none">• Met requirements – they will take caution to not assign to MaineCare engagements any personnel who have professional, familial or financial conflict of interest relating to MaineCare or its enrolled providers.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Met requirements – attached the standard for they use when engaging with subcontractors

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Met requirements – submitted an active rate sheet broken down by employee type

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Meets eligibility

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P: Provides qualification of relevant staff to support service areas in Bid.
- P: Highlighted experience with certified community behavioral health clinics.
- P: Is engaged in work with MaineCare.
- P: Provided relevant examples to support service areas.
- P: Examples provided were comprehensive, included many facets of relevant work, and included sample work plans.
- P: Highly relevant experience with certified community behavioral health clinic implementation/design in Minnesota and Kansas.

2. Litigation

- Q: Litigation was not listed but a link was provided to some information.

3. Certificate of Insurance

- Provided this information.

Part IV, Section III Proposed Services

A. General Requirements

- P: Explains project management approach
- P: Employs more than 60 actuaries.
- P: Included comprehensive workplans.
- I: One workplan was for hospital services which the Bidder did not apply for.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Mercer Health & Benefits LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

B. Scope of Work for all five (5) health service Healthcare Service Groups
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• P: Comprehensively describes project management and communication approach.• P: Provided an example of how to gather useful data to support projects where data is limited and examples of more standard approaches to data comparisons.• P: Bidder noted that they have never had a certification rejected by CMS or been sued by a managed care vendor for improper rate development.• P: Clearly described quality assurance process.• P: Described access to Medicare and commercial rates for comparisons.• P: Has clear mechanism to stay abreast of policy environment.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">• P: Bidder presented thoughtful approach and experience related to Primary Care Plus implementation.• P: Bidder demonstrated knowledge around issues related to this service category.• P: Bidder is supporting Maine in Primary Care Plus attribution currently.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• P: Bidder provided many relevant examples related to certified community behavioral health clinic work.
D. Conflicts of Interest
<ul style="list-style-type: none">• N: Did not describe or review conflict of interest for the Bid but stated they would ensure no conflicts of interest for each mini-RFP.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• N: Did not provide a sample contract for instances when a subject matter expert is contracted to support a project.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Provided rates by role.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Standard-over 5 years

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Included: Met Standard
- 2 Groups: PC Physicians & Clinical Services/ BHS delivery systems-reform only
- Est. 1985 actuarial & consulting;
- Workforce physicians, RNs, MBA, actuary, CPA;
- Appears very technical and specialized;
- Workplan by dates

2. Litigation

- Included: Met Standard no detail

3. Certificate of Insurance

- Included: Met Standard w/dates

Part IV, Section III Proposed Services

A. General Requirements

- Included: Met Standard-P
- Included examples-P and States P
- Subject matter experts, experienced, technical and prof, etc.
- Demonstrated that could perform complete ratesetting/dsr.
- Provided examples.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

B. Scope of Work for all five (5) health service Healthcare Service Groups
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Included: Met Standard-P• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">• Included: Met Standard-P• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Included: Met Standard-P• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
D. Conflicts of Interest
<ul style="list-style-type: none">• Included: Met Standard-P• None noted
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Included: Met Standard-P• Subject matter experts, experienced, technical and prof, etc.
Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Included-\$90-\$375 rates consistent with industry.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Meets requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Actuary team, policy and operations team, clinical and BH services teamProvider training and TA to state implementing bundled payment structure aligned with CCBHCCT example of PCMH included social determinants of health
2. Litigation
<ul style="list-style-type: none">Included public list link none expected to adversely impact ability to perform services
3. Certificate of Insurance
<ul style="list-style-type: none">Meets requirements

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">Employ 60 credentialed actuariesMeets requirements
B. Scope of Work for all five (5) health service Healthcare Service Groups
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">Detailed sample communication plan?analysis to final rates

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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BIDDER NAME: Mercer Health & Benefits LLC

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 3: Primary Care, Physician, and Clinical Services
<ul style="list-style-type: none">Nearly 4 years of experience working with MaineCare claim and eligibility data
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">Worked on CCBHC demonstration projects for various states
D. Conflicts of Interest
<ul style="list-style-type: none">Will ensure staff have no conflicts of interest
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">Agrees to meet requirements

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Hourly rates submitted – range of \$90 - \$375

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: April 2-3, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Primary Care etc – meets requirements
- #1 Idaho multi-payer SIM since 2013
This project highlights Mercer's skills and abilities in delivery system reform, project management, stakeholder engagement and consensus building, identification and reporting of key metrics to measure progress and success, cost projection and return on investment analysis, and strategic thinking for ongoing sustainability.
- #2 Delaware multi-payer SIM. Most relevant component:
Aligning Medicaid and state employee total cost of care (TCOC), risk-based contracting to implement value-based delivery models
- BH – meets requirements. Scope of each goes far beyond rate & payment methodology.
- #1 MN CCBHC since 2016. Cost report = basis for PPS (daily bundled rate). demonstration. Mercer also created a process to calculate and report wrap-around payments to ensure CCBHCs were paid the full bundled-rate for each eligible visit, whether the payer was the state or a MCO. This process assisted the program integrity and well as helped to evaluate the sustainability of the PPS rate.

Mercer evaluated the financial performance of participating CCBHCs to ensure the model was sustainable. After the demonstration in 2018 and, in light of several demonstration extensions, Mercer helped the state develop a state plan amendment to allow expansion of the CCBHC model to community behavioral health providers outside of the demonstration. Mercer continues to train the organizations on cost reporting and payment reconciliation and we continue to provide wrap-around payment support for both demonstration and non-demonstration CCBHCs. Mercer is a trusted-advisor to DHS by providing support with payment accuracy, policy strategy, and stakeholder engagement.

**STATE OF MAINE
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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- #2 KS CCBHC started 2021
 - Developing the administration and management process for cost-based, clinic-specific, daily rate PPS in place for the CCBHCs using the CMS cost report
 - Ensuring all CCBHCs met the expectations across all six standards — Staffing, Availability and Accessibility of Services, Care Coordination, Scope of Services, Quality and Other Reporting and Organizational Authority, Governance and Accreditation
 - Training state staff on cost report audit and desk review tools and techniques, including analysis and monitoring of Anticipated Costs and Visits

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Meets requirements

Both the depth and breadth of our experience and expertise are unmatched in the market. Our behavioral health expertise starts with our Clinical and Behavioral Health Services team, which includes a licensed Psychiatrist, Dr. Laura Nelson and licensed Psychologists, including Dr. Peter Liggett. Our Policy and Operations team includes several former CMS employees, including Debbie Anderson and Dianne Heffron, who are experts at all aspects of the 1115 waiver and state plan amendment processes. Our Actuarial/Financial team includes Scott Banken, Certified Public Accountant (CPA), who has created the cost report and instructions for the ongoing CMS demonstration projects of CCBHCs. Todd Kogut, a Six Sigma Black Belt and another member of the Mercer Actuarial/Financial team, has supported several states in implementing and monitoring CCBHC programs. Todd and Scott frequently provide training and technical assistance to states implementing the bundled payment structure aligned with the CCBHC demonstration and are nationally recognized for their subject matter expertise.

- Then lists project experience of other staff.

2. Litigation

- Meets requirements

3. Certificate of Insurance

- Meets requirements

Part IV, Section III Proposed Services

A. General Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Our documented approach can be found in detail in Part B of this section. Each mini-RFP will be evaluated and Mercer will create a specific project plan that will satisfy the needs of the State. At a high-level, our methodology includes several key services applicable to all of our projects apparent in the scope of services. Therefore, to complete these requirements, Mercer offers the following:

- Project management
- Actuarial modeling, projections, and cost-based rate setting, including comparisons to internal and external benchmark data, and thorough documentation of assumptions
- Stakeholder engagement and communication
- Strategic advisory services and consulting
- Policy consultation, research, and regulatory review to ensure compliance with federal and State law

Mercer agrees to employ or contract with a certified actuary as needed. Mercer anticipates the use of employed actuaries for this work, but should the specialized expertise or work volume require, Mercer will engage in the use of subcontractors to ensure the delivery of timely and accurate work products to the Department.

B. Scope of Work for all five (5) health service Healthcare Service Groups

2. Delivery system reform rates and recommendations under all five (5) Healthcare Service Groups

1. provider participation -thorough responses for both surveys and meetings
2. robust data

Mercer leverages actuarial science and statistical analyses to ensure assumptions are data driven and well documented. Listed below is one example of how the cross-discipline team reached consensus on a project where data was not initially available. Some common methods we use include weighing by response probabilities, to adjust for populations where populations with varied attributes respond inconsistently, and bootstrapping, which is a method of resampling.

3. external benchmarks – data fr other state’s they’ve worked in, BLS, market data re square footage

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR DEPARTMENT: DHHS OMS

4. assessing stakeholder feedback -

We are confident we can be a valued partner to the Department when it comes to discerning the true issues faced by Providers taking on risk. For example, our team of CPAs have helped several states, include Minnesota (example 3) and Kansas (example 4) when analyzing the first-year anticipated costs sections of the CCBHC cost report. Having helped six states through the process, our experience is helping states negotiate reasonable costs based on market data, local salary and wage expense, facility costs, and general administration. Our expertise in government cost principles like the Uniform Guidance in 2 CFR 200 and Generally Accepted Accounting Principles has helped states ensure the self-reported data provided by the CCBHCs does not violate laws or statutes but will still produce a cost-based rate that allows the organization to sustain itself.

Our proposed procedure for discernment of stakeholder suggestions is to listen first, review with professional skepticism, document a response, and revise the model as appropriate.

5. variation between draft and final rates -

Our clients do not routinely ask for an analysis of draft to final rates. With constantly changing regulatory guidance and prospective program changes that occur between draft and final rates, we have not found the degree of variation between draft and final rates to be a meaningful metric in how we evaluate actuarial assumptions.

6. quality assurance – provide detailed explanation of their peer review process

7. obtaining other payers' rate models -

Mercer is a leader in developing, studying, and leading innovation in healthcare nationwide. Our expertise in project management, facilitating and communicating change and innovation in healthcare, and expertise in VBP are evident in our engagements nationwide. When we perform market analysis, we start by asking permission of our state Medicaid clients if we may use their rate, claims, and encounter data before we use it for any other project. Most often, our clients allow minor use, especially if the data is considered public. In the event the client declines or if our data use agreement with the client does not allow us to use their data, we look for external, public sources of data. Mercer has contacts with several Medicare Administrators, such as Noridian, who will allow us to collect Medicare data if CMS approves of the use. As a multinational corporation, Mercer also maintains a proprietary trend database for commercial products that can be leveraged for rate comparisons.

8. 6 mo sample work plan – NA

9. 12 mo sample work plan – meets requirements

10. staying abreast of federal changes – has a team (POpS) with this responsibility

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11. framework for considering opportunities for payment reform --

The development of VBP programs reinforces the importance of Mercer's cross-sector approach — clinical, financial, policy, and oversight and monitoring must all be considered when measuring the impact of direct and indirect incentives. Mercer can provide support in each of the areas critical to the development of VBP models and understand the impact programs have in the short-term and long-term for incentivizing quality.

Financial — Mercer assists in developing the APM associated with a value-based strategy. This includes defining services included in the model, analyzing historical utilization and payment data, benchmarking, marginal savings rates, shared savings, shared risk, risk adjustment for attributed populations, as well as designing reporting templates to gather cost and quality data once the model is implemented.

Policy — Mercer assists in the identification of deployment models. This work includes an analysis of the provider marketplace to determine provider readiness for risk, including prevalence and use of electronic health records; analysis of state resources including real-time data exchange; clinical and claims data; state quality strategy and health statistics; federal authorities, including pay-for-performance and the use of state plan-integrated care models; and managed care options if appropriate. Mercer also provides support with stakeholder engagement, including developing agendas, meeting materials, and facilitation.

Clinical — Mercer assists in the identification of best practices, evidence-based strategies, and quality reporting standards. This work includes the identification of national measure stewards who develop clinical measures that can be selected for inclusion into VBP models. Mercer has partnered with the National Committee for Quality Assurance to leverage their experience nationally in conjunction with Mercer's experience working with state data systems.

Oversight and Monitoring — Mercer assists in the development of reporting protocols and processes to analyze data provider data, develops payment timelines, and identifies resources necessary to perform data analytics and determine payments associated with incentives, shared savings, or TCOC models.

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 3: Primary Care, Physician, and Clinical Services

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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Specifically to address the Phase Two needs of the Department, we offer the following methodology to assist in subsequent phases of the PCPlus rollout.

Step 1: Data collection. We will review cost and utilization data, patient panel size, key utilization metrics such as emergency room usage, inpatient admissions and readmissions, and any available cost data for each provider type. Market studies to see how other states or payer programs are calculated and the effective rates used by various payer types is done during this phase. Note that Mercer has nearly four years of experience working with MaineCare's claims and eligibility data to support the MaineCare Accountable Communities (AC) Program roster attribution and TCOC calculations. In addition to receiving monthly medical, pharmacy, and dental claims feeds and quarterly eligibility files, Mercer also receives various supplemental data files, including provider lists, risk score files, Muskie crosswalks, recipient aid code files, member panel files, and behavioral health home and opioid health home payment files.

Step 2: Data analysis. We will work with the Department to determine the level of cost, need, and possible services that will be covered by the fixed payment portion of PCPlus as flat-rate visits or partial capitation. Identifying over-utilized or unnecessary services to include in the rate may help improve the efficiency of the organization and eliminate waste from the system.

Step 3: Stakeholder input. We will share payment model possibilities with the Department and collect stakeholder feedback on the payment structure and necessary cost data.

Step 4: Rate projection and benchmark comparison. We will use actuarially sound methods to calculate fixed rate payments and compare to other programs regionally and nationwide for reasonableness.

Step 5: Payment model selection. Based on the available information, stakeholder feedback, and, if desired, Mercer's recommendations, the Department can select which models it plans to advance.

Step 6: Fiscal impact analysis for the Department and for the providers to project the results of moving forward with phase two.

In addition to performing data analysis and reporting for MaineCare's AC Program, Mercer is also currently involved in the development and implementation of the attribution methodology for the State's new PCPlus program for phase one. Mercer will begin performing quarterly attribution for the PCPlus Program upon implementation this summer. Mercer will work with the Department closely throughout the project so that we meet your expectations at each step.

Healthcare Service Group 4: Behavioral Health

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- Identify the federal authority needed and assist the Department with seeking federal authorization for implementation. This includes, but is not limited to:
- Drafting necessary authority(ies) for approval by CMS for CCBHC coverage (that is, state plan amendment — coverage and reimbursement).
- Assisting the Department with responses and interaction with CMS.
- Assisting with public notices and any responses to public input.
- Identify and draft policies and procedures outlining the Department's expectations for CCBHCs in areas such as licensure, staffing, integration, data, and evaluation.
- Identify and assist with the drafting and amending State regulations if necessary, based on the final design of the program.
- Develop rates using the PPS and QBP methodology, including:
- Determining whether to implement PPS-1 (Daily) or PPS-2 (Monthly) payments.
- Identifying the scope of services included in the PPS rate.
- Developing cost reporting parameters necessary for developing clinic-specific rates.
- Developing quality measures and bonus payment strategies.
- Developing and delivering CCBHC training to State leadership, the Department, and other State offices, providers, and potential designated collaborating organizations (DCOs). Training will include an overview of the CCBHC model, the requirements and expectations to be a certified clinic, the readiness review approach, and the process for review (desk and on-site visits), cost reporting and bundled-payment strategies.
- Develop policy, procedures, and rules related to engagement and use of DCOs.
- Create a stakeholder engagement plan, including but not limited to:
- Providing education and technical assistance for providers.
- Outreaching to advocacy groups and other key stakeholders.
- Provide ongoing technical assistance and consultation on certification readiness, program effectiveness, system needs and capacity analysis, and ongoing quality improvements in enrolled CCBHCs.

D. Conflicts of Interest

- Meets requirements

E. Use of Subject Matter Expert Professionals

- Meets requirements

Part IV, Section IV. Cost Proposal Rate Sheet

-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Mercer Health & Benefits LLC

DATE: 4/1/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• Met Requirement

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Met Requirement – founded in 1985, employees include (but are not limited to) 65 credentialed healthcare actuaries, 30 former CMS staff members and state Medicaid program directors/administrators
2. Litigation
<ul style="list-style-type: none">• Met Requirement – sent a link of the cases, none of which should adversely impact their ability to preform the work.
3. Certificate of Insurance
<ul style="list-style-type: none">• Met Requirement – required insurance coverage is in effect until 9/30/2022

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">• Met Requirements – Mercer agrees to meet all general requirements of this RFP. Their documented approach is in part B of this section, their approach is collaborative, technical accuracy, and mutual respect. They do employ more than 60 credentialed actuaries.
B. Scope of Work for all five (5) health service Healthcare Service Groups
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Met Requirement – They understand communication and stakeholder engagement directly correlates to participation in their survey process

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

- Met Requirement – leverage actuarial science and statistical analysis to ensure assumptions are data driven and well documented.
- Met Requirement – often relies on external data for comparison focuses on a bottom-up approach.
- Met Requirement – Their procedure for stakeholder comments is to listen, review with professional skepticism, document a response, and revise the model as appropriate.
- Met Requirement – doesn't consider the change of draft to final rates as a meaningful metric.
- Met Requirement – QA includes peer review
- Met Requirement – They ask for access and use public data
- Met Requirement – attachment 7
- Met Requirement – attachment 8
- Met Requirement – due to their policy and operations sector being made up of consultants being former CMS employees, they have unparalleled first hand knowledge of changes
- Met Requirement – Mercer has VBP experience in both managed care and FFS environments and experience with VBP implementation

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 3: Primary Care, Physician, and Clinical Services

- Met Requirement – mercer recognizes the core tenant of VBP for primary care lies in the intentional connection between healthcare outcomes and payment. All of their work is informed by their dedication to remaining current in VBP.

Healthcare Service Group 4: Behavioral Health

- Met Requirement – wants to assist the dept with developing a rate methodology consistent with CCBHC

D. Conflicts of Interest

- Met Requirement – will ensure no staff has conflicts of interest for each RFP

E. Use of Subject Matter Expert Professionals

- Met Requirement – from time to time they do use contractors but they will provide names and credentials of their vendors upon request for each mini-RFP.

Part IV, Section IV. Cost Proposal Rate Sheet

- Met Requirement – hourly rates for each employee type listed

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Q: Did not check two boxes for relevant examples

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- P: Provided a mapping of behavioral health experience in other states to relevant services within the MaineCare Benefits Manual.
- P: Provided two examples relevant to behavioral health included one certified community behavioral health clinic example.

2. Litigation

- N: Did not provide all the required information for current or closed litigation.

3. Certificate of Insurance

- Provided this information.

Part IV, Section III Proposed Services

A. General Requirements

- P: Described breadth of behavioral health experience with specific services listed.
- P: Described different approaches for setting payment rates and demonstrated subject matter expertise in this area.
- I/P: Described broad delivery system reform experience beyond behavioral health.
- P: Provided background of certain relevant staff.
- I/P: Proposed a specific core team for this proposal.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

<ul style="list-style-type: none">• P: Described approach to giving states a non-proprietary rate methodology to support continued state use and updates.• P: Identified a single point of contact for work.• P: Bidder noted that they are the highest credentialed Medicaid practice in the country as far as numbers of actuaries and level of their education.
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Responded in section 2 below as instructed in question and answer document.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Q/P: While a quality assurance process was described it was unclear how a peer review would sufficiently account for copy editing.• P: Described an array of data sources, public and proprietary to support work.• P: Workplans (in-text) included clear and relevant tasks.• P: The 12-18 month workplan (in text) included awareness of MaineCare current Accountable Communities and Primary Care Plus initiatives and focused on the relevant example of certified community behavioral health clinics.• P: Described approach to delivery system reform using the Health Care Payment Learning & Action Network framework highlighted in the RFP.• P: Described proposal for certified community behavioral health clinic project.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• P: Provided relevant examples to support work in this area.• P: Provided examples of tools and work products.
D. Conflicts of Interest
<ul style="list-style-type: none">• Did not have any conflicts of interest.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Bidder indicated they would not be contracting with subject matter experts because they are employed.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Provided rates by role.

**STATE OF MAINE
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BIDDER NAME: Milliman, Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Standard over 5years

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Included: Met Standard
- 29 years of fee for service rate setting work;
- Loc – Seattle WA.;
- Actuary and finance experts;
- Policy, operations, actuarial;
- 65 actuaries; 150 support individuals;
- Workplan visuals

2. Litigation

- Included: Met Standard
- Listed no \$ amount

3. Certificate of Insurance

- Included: Met Standard with dates

Part IV, Section III Proposed Services

A. General Requirements

- Included: Met Standard-P
- Work product examples very specialized mostly actuary work for BHS
- Demonstrated that could perform complete ratesetting/dsr.
- Provided examples.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Included: Limited only BHS• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Included: Met Standard-P• Demonstrated that could perform complete ratesetting/dsr.• Provided examples.
D. Conflicts of Interest
<ul style="list-style-type: none">• Included: Met Standard-P• None noted
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Included: Met Standard-P• Strong technical including actuarial services and financial.
Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Included: -\$275-\$525 rates consistent with industry.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• Met requirements 1996 to present

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• In- house actuarial, financial, operational and policy expertise• 29 years experience
2. Litigation
<ul style="list-style-type: none">• Listed – unsure if relevant or impactful to this RFP
3. Certificate of Insurance
<ul style="list-style-type: none">• Met requirements

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">• Over last 5 years, enhanced focus on BH• Have developed tiered rates for residential services• Experience with a variety of value-based purchasing programs• Utilize provider interviews• Actuary for 20 states
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Multiple avenues for stakeholder engagement identified• Identifies some additional data sources

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Detailed 12-18 month workplan draft• Would use the HCP-LAN framework
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Exp. With EBP service reimbursement rte development
D. Conflicts of Interest
<ul style="list-style-type: none">• none
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Bidder would not sub-contract for SMEs

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Rate sheet indicates range of \$225-\$525

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: April 3, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Includes table showing combined years of experience across statesRate study Washington Example Milliman is currently developing comparison rates intended to provide transparent benchmark estimates of provider payment rates for Medicaid-funded behavioral health services. These comparison rates comprise all significant behavioral health services with annual service expenditures over \$1M, including mental health and substance use disorder outpatient services and substance use disorder residential care and withdrawal management. The Milliman team is using an independent rate model approach informed by analyses of independent data sources (e.g., Bureau of Labor Statistics wage data), State staff, and stakeholder subject matter expertise. Milliman is facilitating three stakeholder workgroups in addition to subgroups specific to intensive team-based services for adults and youth. Rate assumptions include the identification of wage levels by type of behavioral health professional, employee-related benefits and taxes, supervisor span of control, turnover, training, paid time off, administrative costs, transportation, residential facility staffing, and facility overhead costs, among others.DSR Michigan Example. Includes list of services performed since 2016 including:

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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DATE: April 3, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- Developing a BH comparison fee schedule using independent rate model frameworks; State anticipates updating fee schedule annually.
- Standardizing existing cost allocation process to better understand service and administrative costs across the state, including a standard cost allocation model and instructions (ongoing).
- Refining and expanding the behavioral health code sets (ongoing).
- Developing a contracted provider service expense template and instructions to identify providers' unit costs and their underlying key (ongoing).
- Developing, administering, and analyzing results from a provider survey collecting salaries and benefit information to support the assumptions underlying the independent rate model frameworks (ongoing).
- Facilitated stakeholder workgroups
 - Three independent rate model workgroups
 - Standard cost allocation workgroup
 - Residential care workgroup to explore options for tiered rate payments
 - Inpatient hospital workgroup to develop tiered rates
- Developed and updated frequently asked questions (FAQ) documents (ongoing) and additional provider communications
- Completed telephone interviews and site visits with Community Mental Health Service Program and Prepaid Inpatient Health Plan organizations to evaluate operational workflows, processes, and detailed service coding practices. This included group and individual interviews, development of standardized interview scripts and questions, and consolidation of findings to inform the development of the cost model.
- Validating OMB's Medicaid CCBHC Cost Report submitted by Michigan's 13 participating CCBHCs
- Developing an operational plan to incorporate the CCBHC demonstration into Michigan's Medicaid behavioral health managed care capitation rates, including:
 - Facilitating stakeholder discussions throughout the design and implementation phases of this project
 - Identifying the portion of CCBHC costs reflected in historical experience and developing supplemental capitation rates to be paid to the existing PIHPs reflecting the increases in CCBHC payments based on submitted PPS-1 rates relative to historical costs
 - Developing a CCBHC-PIHP reconciliation template to ensure that the full PPS-1 rates are distributed to the CCBHCs
 - Incorporating CCBHC services into existing cost reporting template that Milliman previously established, including the standard cost allocation template and encounter quality initiative templates
 - Creating a CCBHC Dashboard to support transparency in the data submitted into the state's data warehouse, including encounter claim utilization and expenditures, CCBHC daily visits, PPS-1 expenditures owed to the CCBHC, supplemental CCBHC capitation revenue, and anticipated reconciliation payments between MDHHS and the PIHPs.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

One of the specific ways the Milliman project team is uniquely qualified to work together with the Department on this opportunity is our **combination of in-house actuarial, financial, operational, and policy expertise and a deep understanding of Medicaid behavioral health programs**. Milliman is a national leader in providing consulting services to state Medicaid agencies, and we are honored to serve as the certifying actuary for 20 states' Medicaid programs and many health plans operating in the Medicaid managed care market. Through this work, we are regularly involved in the development of Medicaid provider reimbursement rates. We understand how behavioral health providers are different from other major providers (e.g., hospitals) and Medicaid's role as the primary payer supporting the success of children, adults, and families.

2. Litigation

There have been no claims made related to Milliman's performance of Medicaid-related services in the past 5 years. The Indianapolis-Based Health Practice of Milliman, in particular, has not been involved in any litigation related to the services contemplated in its proposal.

Milliman can provide the following details concerning claims related to Milliman's performance of services with its clients.

- 1) A list any current litigation against the Vendor and a brief description of any action;
 - a. *Milliman Response:*
 - i. *There are three separate outstanding legal actions brought by individuals against Milliman alleging violations of the Fair Credit Reporting Act pursuant to prescription history reports Milliman provides to life insurance companies in connection with such life insurance companies' underwriting processes.*
 - ii. *There are three outstanding legal actions related to services that Milliman performed for healthcare cooperatives that went insolvent under the ACA, including a claim by the Louisiana Commissioner of Insurance as Rehabilitator of Louisiana Health Cooperative, a claim by CoOpportunity Health (by the Liquidator and Special Deputy Liquidator of CoOpportunity Health), and a claim by Nevada Health Co-Op (by the Commissioner of Insurance in her Official Capacity as Statutory Receiver for Delinquent Domestic Insurer).*
 - iii. *Mattson v. Milliman: claim brought in the Western District of Washington related to Milliman's administration of its 401K Plan.*
- 2) A brief description of any settled or closed legal actions or claims against the Offeror over the past five (5) years;
 - a. *Milliman Response:*
 - i. *The Deputy Liquidator of Kentucky Healthcare Cooperative brought a claim against Milliman in 2017 that was settled in 2019.*

3. Certificate of Insurance

Meets requirements

Part IV, Section III Proposed Services

A. General Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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DATE: April 3, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

- Over the last five years, our team has had an enhanced focus on behavioral health payment systems. Milliman has worked closely with state agencies to develop independent rate models in many states for a wide array of behavioral health services, including in Indiana, Ohio, Michigan, Rhode Island, South Carolina, and Washington. We have also supported Michigan in the implementation of their Section 223 Certified Community Behavioral Health Clinic (CCBHC) state demonstration and are actively supporting states in considering behavioral health delivery system reform, with a focus on building upon key components (e.g., quality) of CCBHCs. These rate studies have included the development and evaluation of independent rate models and stakeholder engagement for all types of services, including psychiatry/ prescriber services, assessments and evaluations, peer services, applied behavioral analysis (ABA), counseling, crisis intervention, partial hospitalization, intensive outpatient, medication assisted treatment (MAT), intensive inhome supports such as multi-systemic therapy (MST), children's residential care (CRC) facilities, adult residential services, psychiatric residential treatment facilities (PRTFs), community living supports, supported employment, case management including intensive care coordination, wraparound, assertive community treatment (ACT), behavioral health homes, and other state defined team-based services. We have also developed tiered rates for residential services, such as SUD residential services based on ASAM Levels of Care, and inpatient psychiatric hospitals.
- Milliman is uniquely positioned to provide the Department with the expertise needed to develop a repeatable rate setting methodology, to develop payment rates for all Medicaid behavioral health services. Milliman is also able to facilitate the design of a comprehensive value-based payment and delivery model for Maine's behavioral health system and develop the tools to facilitate implementation and ongoing operations. We offer the Department deep subject matter expertise, as demonstrated in our prior work samples, in behavioral health financing and delivery system reform and understand the challenges payors face in developing comprehensive payment solutions.

Delivery System Reform

- The Milliman Team has experience with the full range of value-based purchasing programs including financial incentives for pay-for performance/quality plans, upside or two-sided risk sharing arrangements, episodic payment programs such as bundled payments, and capitation. Our actuarial and financial consultants assist

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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- states with designing the financial mechanisms that underlie these programs, and our operations, policy, and clinical consultants assist with identifying the objectives, metrics, and standards, and implementing the processes for data collection and measurement. We also have experience assisting all stakeholders with implementation as they transition from traditional fee-for-service reimbursement to VBP. Provider profiling is an important activity when considering changes to the way providers are paid, whether through capitation and fee for service rates, or alternative payment methods (APM). We have worked with a range of stakeholders as they develop, negotiate, implement, and monitor APMs. This includes support for Medicaid agencies and private payers that are engaging providers with capitation, shared savings, and episodic payment models.
- Additionally, we have worked for ACOs and health systems to evaluate the models proposed to them by payers and determine whether the individual providers in their network are able to achieve success under these financial arrangements. This includes recurring analysis of performance by primary care and specialty physicians, which incorporates risk and credibility adjustments to arrive at meaningful and actionable results. We believe that our work with both payers and providers gives us a broad perspective, allowing us to consider the impacts to all parties and build trust during the development of APMs.
- Includes table of stakeholder engagement strategy.
- Includes brief bios of lead staff (with resumes later in document).

B. Scope of Work for all five (5) health service Healthcare Service Groups

1. Rate studies for discrete health care services under all five (5) Healthcare Service Groups

- Milliman's combined response in this section is located in B.2. We have also combined Attachment 6 and 7 as one attachment as the request is identical

2. Delivery system reform rates and recommendations under all five (5) Healthcare Service Groups

1. provider participation

STATE OF MAINE INDIVIDUAL EVALUATION NOTES

RFP #: 202202012

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EVALUATOR DEPARTMENT: DHHS OMS

Identify upfront the range of providers will need to be engaged (e.g., large and small agencies, sole proprietors, different geographic areas, etc.)	Invest time in identifying participants for stakeholder workgroups that will have ideal mix of subject matter expertise and ability to reflect the perspective of a broader range of providers or other stakeholders.
Clearly communicate the role and responsibilities of stakeholder workgroup members.	Map out goals for each stakeholder meeting throughout the project that match the information needs required for each stage of the project.
Leverage existing communication processes to communicate overall project goals, progress, data collection activities (including surveys) and opportunities for feedback. These processes may include existing provider listserves, monthly or quarterly provider newsletters or bulletins, and State websites.	Provide a clear path for feedback for providers and other stakeholders that may not be workgroup members. For example, use a feedback link or email that may be used to submit feedback at any point in the process.
Review draft survey tools with a provider workgroup to obtain feedback on how to best tailor the survey to support provider understanding and effective completion. In some cases, a short pilot survey process can be helpful.	Provide survey training and Frequently Asked Questions (FAQs). Trainings may be live and recorded and may be supplemented by open office hours.
Send regular reminders to survey participants related to how to submit questions and when the survey is due.	Engage provider associations and other advocacy organizations in encouraging providers to comply with data requests including provider cost and wage surveys.
2. robust data – augment survey data with BLS 3. external benchmarks –	

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EVALUATOR DEPARTMENT: DHHS OMS

The Milliman Team uses a two-prong approach when vetting the reasonability of rates through external benchmarks and comparisons. First, we vet the reasonability of each underlying assumption being included within the rate model. We have performed extensive research of publicly available assumptions used in other rate studies as well as maintaining a database of our active rate models in various states. Given we have performed many behavioral health rate studies, we can quickly compare the underlying assumptions used.

Secondarily, we can compare the final rates for a given service to other benchmark data. In some cases, services are fairly standardized and can easily be compared to other state Medicaid fee schedules and Medicare's fee schedule. However, for some behavioral health services, the state definitions and/or service requirements may not align across states, making it more difficult to compare. In these cases, we may be able to glean information from the rates of similar services, or we may have to rely on the vetting the reasonability through the underlying assumptions.

4. assessing stakeholder feedback –

Milliman typically summarizes stakeholder feedback throughout the rate development process and uses standing status meetings with State staff to review feedback and discuss options for addressing the feedback. Milliman will place feedback received in the context of existing benchmarks for rate development assumptions (e.g., trended BLS wage amounts) and the goals of the rate development process. For example, rate development initiatives are often constrained by available state funding and feedback regarding rate increase must be considered within that context. Milliman will also provide input in regard to whether or not the feedback applies to a broader range of providers or is specific to a particular provider type or service.

5. variation between draft and final rates –

Milliman's experience is that there are generally two broad reasons for rate changes between draft and final rates, including state leadership business decisions and adjustments for variable model components that are expected to increase over time.

Business decisions can be made at any time that impact specific rate components. For example, state legislators may direct state agencies to increase wages to reflect additional funding, or state agency changes to service delivery requirements (e.g., minimum staffing ratios). The magnitude of these types of changes varies considerably depending on the change and are not described well with statistical estimates. Milliman intends to execute a detailed and robust stakeholder process that minimizes the need for changes that could materially impact rates between draft and final versions. With robust stakeholder engagement, key business decisions can be identified and made prior to draft rates and budget submissions.

6. quality assurance

Furthermore, as part of Milliman's quality program, we utilize a peer review process to ensure client communication and deliverables are reviewed by an objective, qualified individual. The peer review process further reduces the likelihood for error in any work products. Peer reviewers have minimal to no involvement in the day-to-day work on projects they review which provides review through an objective lens. Additionally, peer reviewers must be experts on the subject matter being reviewed. Because the peer reviewer is also a subject matter expert, they have the unique ability to assist in validating the reasonability of assumptions used for key data and confirm work product is copy edited for consistency and accuracy. Milliman professionals strive for a work product of the highest quality and free of errors. While errors may still occur, the processes outlined above greatly minimize their occurrence.

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INDIVIDUAL EVALUATION NOTES**

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7. obtaining other payers' rate models –

Our analysis is based on a refined data collection process that utilizes existing Milliman tools and research, including a number of public and proprietary data sources that provide insight into other payer's services and rate models. For example, Milliman has assembled a multi-year, multi-line of business, longitudinal claims and enrollment data structure for use in its internal research and client engagements. Several national and regional health plans contribute their annual enrollment and claims detail. This includes commercial group, individual, Medicaid, Medicare Advantage, and Medicare Supplement members' claims and enrollment across all states. For our engagement with the state of Maine, we could use our internal data to identify claims level detail across a multitude of payers.

However, we understand that service coverage and rate models may include nuances and considerations that go beyond the quantitative data that may be available through claims level analysis. While such data may identify critical information about specific CPT codes, utilization trends, and rates, additional research and analysis is critical to ensuring a complete understanding of the underlying reimbursement policies and procedures impacting the data. Therefore, we will also utilize publicly available coverage information about services and rates, including but not limited to reviews of the applicable Medicaid state plan, administrative rules, provider notices, billing manuals, and other similar primary sources for coverage policies and rates that provide crucial detail about other payers' services and rate models.

8. 6 mo sample work plan – meets requirements

9. 12 mo sample work plan – meets requirements

10. staying abreast of federal changes

- We will designate responsibility to our project subject matter experts to track new developments at CMS related to applicable rate guidance and regulatory changes, including those related to waiver applications. We will also be responsible for tracking other federal or state regulatory changes that might impact this engagement.
- As part of our periodic project status reporting process, we will document and maintain a written record of federal and state guidance and regulations related to rates and payment and update the record when new guidance or regulations are released. While state and federal regulations are the floor, we tend to focus diligently on surveillance of best practices. State Medicaid guidance letters issued by CMS, MACPAC publications, and learnings from other payers such as Medicare offer valuable options to states.

11. framework for considering opportunities for payment reform – primary focus = CCBHC.

The state will also have the ability to tailor the payment methodology in a way that incentivizes providers to focus on prevention, recovery, and clinical quality improvement and provides the flexibility for providers to innovate while not being bound to a fee-for-service billing structure. At the same time, the state will want to include mechanisms in the payment model that will limit provider price variation and avoid creating unintended incentives for providers to simply increase their costs. As an example, the state may adopt a cost-based methodology for establishing CCBHC payment rates but

**STATE OF MAINE
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EVALUATOR DEPARTMENT: DHHS OMS

include prescriptive guardrails to limit acceptable costs that may be considered within rate setting.

Milliman proposes to conduct an exhaustive review of payment methodologies developed by states that are not participating in the Section 223 CCBHC demonstration to present to the Department best practices to date in designing a payment methodology. Milliman will also leverage the outputs produced in the rate study portion of this project to develop rates under the new model design, which will be further analyzed to understand the cost impact of transitioning to a CCBHC payment system, both in terms of the state budget and CCBHC provider compensation... Milliman will analyze historical claims data by provider to understand utilization profiles of different potential providers included within payment reform to model how proposed payment reform options may impact certain organizations specializing in a certain subset of services. If determined appropriate based on utilization profiles, payment reform options may include, for example: (1) adjustments to provider payments to account for providers delivering routine outpatient psychotherapy versus a provider with enhanced focus on delivering ACT or other intensive community-based treatments, or (2) exclusion of certain intensive community-based services to prevent misaligned incentives. The Milliman project team will also review other states' approaches to quality improvement in the context of CCBHC and other behavioral health value-based payment initiatives to provide the state with options on how to incorporate quality improvement in the payment methodology, for instance adopting a quality gate to savings opportunities or applying a quality withhold to the prospective payment rates

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 4: Behavioral Health

- Stakeholder engagement as key, provides WA stakeholder engagement approach.

The stakeholder workgroup topics may include but is not limited to the following:

- ☐ Solicit additional input and generate broad consensus on, and prioritization of, goals and objectives
- ☐ State-specific program requirements
- ☐ Staffing, including qualifying staff types by procedure code, staffing requirements for team-based assumptions, and staffing patterns for residential services
- ☐ Supervisor span of control
- ☐ Direct and indirect time for each procedure code
- ☐ Overall productivity
- ☐ Group therapy assumptions (duration, number of

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participants, number of staff, staff indirect time)

- ☐ Caseloads for team-based and residential services
- ☐ Transportation required for delivery of services
- ☐ Staff wage levels and workforce challenges
 - Provides overview of independent rate model approach.

D. Conflicts of Interest

- none

E. Use of Subject Matter Expert Professionals

- Meets requirements

Part IV, Section IV. Cost Proposal Rate Sheet

-

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INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: 4/4/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

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Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Requirements

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Met requirements - Milliman has 29 years of combined experience performing fee-for-service rate setting.

2. Litigation

- Met requirements – no claims made related to Milliman's performance of Medicaid related services in the past 5 years, listed the litigation against their performance of service and does not appear to affect any work they will do for the State

3. Certificate of Insurance

- Met requirements – all required insurance coverage is effective through 6/30/2022

Part IV, Section III Proposed Services

A. General Requirements

1. Met requirements – firm has an enhanced scope on behavioral health payment systems.
2. Met requirements – has a dedicated point of contact person for communicating with the State of Maine
3. Met requirements – has more than 65 senior actuaries on staff and support staff of 150 individuals

B. Scope of Work for all five (5) health service Healthcare Service Groups

**STATE OF MAINE
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DATE: 4/4/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> Met Requirements - Milliman's combined response in this section is located in B.2. We have also combined Attachment 6 and 7 as one attachment as the request is identical
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> Met Requirements – submitted strategies to increase stakeholder participation and engagement Met Requirements – BLS data, state specific provider survey data, and subject matter experts' feedback from meetings and surveys Met Requirements – first they vet the reasonability of each underlying assumption being included within the rate model. Then they compare final rates with other benchmark data Met Requirements – Will give us provider feedback at the standing status meetings. Met Requirements – two broad reasons for changes in rates from draft to final: state leadership business decisions and adjustments for variable model components that are expected to increase over time. Met Requirements – Peer review process for QA Met Requirements – the Milliman team is experienced obtaining and analyzing both quantitative and qualitative data in the commercial group and individual health insurance, Medicaid, and Medicare markets across the nation. Met Requirements – Submitted proposed steps. Met Requirements – Submitted proposed steps Met Requirements – Milliman tends to focus diligently on surveillance of best practices. State Medicaid guidance letters issued by CMS, MACPAC publications, and learnings from other payers such as Medicare offer valuable options to states. Met Requirements – use already established framework as the foundation for new payment delivery models
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> Met Requirements – over past 5 years Milliman had an enhanced focus on Behavioral Health payment systems. Basic steps are: Establish provider groups, collect key data, employ in service rate model, recurring updates.
D. Conflicts of Interest

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Milliman, Inc.

DATE: 4/4/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none">• Met Requirements – no conflicts of interest
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Met Requirements – Employs many subject matter experts, they do not subcontract

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Met Requirements – They submitted a rate sheet

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Meets eligibility requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">P: Bidder has experience working with State of Maine though not MaineCare.P: Presented many relevant examples of prior projects spanning a full spectrum of rate setting projects and areas, relevant analytics, and delivery system reform related tasks.P: Provided relevant examples supporting each service area.P: Project 2 demonstrates knowledge of quality-measurement components of delivery system reform methodologies.N: Project 4 lacks detail relevant to delivery system reform.
2. Litigation
<ul style="list-style-type: none">N: Litigation provided does not include all required details (i.e. amounts)
3. Certificate of Insurance
<ul style="list-style-type: none">Provided though is now expired.

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">Bidder would bring in certified actuaries if needed for projects.P: Provided a comprehensive approach to data collection with different options explained.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

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BIDDER NAME: Public Consulting Group LLC

DATE: 4/5/2022

EVALUATOR NAME: Olivia Alford

EVALUATOR DEPARTMENT: Department of Health and Human Services

<ul style="list-style-type: none"> • P: Provided examples of how data from rate studies can be used to inform policy and how different data impacts rate models. • P: Quality assurance process included data inputs. • P: Described a multi-step review process. • N: Response to access to data was limited in scope. • Workplans were basic/non-detailed.
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Responded in section 2 below as instructed in question and answer document.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Repeated information from Part A. • N: Did not demonstrate a structured or systemic method for staying informed of federal guidance. • N: Response to approach to payment reform was unclear and limited.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Q: Repeated information in many service sections. • Q: Did not provide evidence of how PCG experience with items in RFP for this service area.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Q: Repeated information in many service sections • Q: Did not provide evidence of how PCG experience with items in RFP for this service area.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Q: Repeated information in many service sections • Q: Did not provide evidence of how PCG experience with items in RFP for this service area.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> • Q: Did not provide a response despite selecting this category.
D. Conflicts of Interest
<ul style="list-style-type: none"> • Did not have any known conflicts to list.
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> • Bidder stated that subject matter experts are employed, but would consider contracting if needed.

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EVALUATOR DEPARTMENT: Department of Health and Human Services

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Provided rates per role.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">Included: Met Standard over 5 years

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">Included: Met StandardAll Services except PCP & Clinic Serv.;Loc. Boston;2500 professionals;40 locationsFinance and legal servicesWorked for SOM for CDC, BHS, TANF doing quality measures;Work plan visuals includedQ for doing rate setting work
2. Litigation
<ul style="list-style-type: none">Included: Met Standard- detail no \$
3. Certificate of Insurance
<ul style="list-style-type: none">Included: Met Standard w/dates

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">Included: Met Standard-P
B. Scope of Work for all five (5) health service Healthcare Service Groups

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

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DATE: April 1st, 4th, and 5th 2022

EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Examples of work and states included • Q-applicability of examples of work for rate setting/APMs? • Subject matter experts, experienced, technical and prof, etc. • Demonstrated that could perform complete ratesetting/dsr. • Provided examples.
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Better/more examples desirable.
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Better/more examples desirable.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Better/more examples desirable.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Better/more examples desirable.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none"> • Included: Met Standard-P • Demonstrated that could perform complete ratesetting/dsr. • Better/more examples desirable.
D. Conflicts of Interest
<ul style="list-style-type: none"> • Included: Met Standard-P • None noted
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none"> • Included: Met Standard-P • Subject matter experts, experienced, technical and prof, etc.

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EVALUATOR NAME: Mark Fisher

EVALUATOR DEPARTMENT: DHHS/OMS/DA

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">Included-\$160-\$320 rates consistent with industry.

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)
All interested parties with at least five (5) years of rate setting experience within the last ten (10) years are invited to submit bids.
<ul style="list-style-type: none">• Met requirements

Part IV. Section II. Organizational Qualification and Experience
1. Overview of the Organization
<ul style="list-style-type: none">• Cost allocation work in Maine starting 17 years ago• HCBS rate study experience
2. Litigation
<ul style="list-style-type: none">• Unclear if any listed litigations are relevant
3. Certificate of Insurance
<ul style="list-style-type: none">• Form submitted dated 4/1/22

Part IV, Section III Proposed Services
A. General Requirements
<ul style="list-style-type: none">• Other than actuary work, all rate study and rate recommendations work would be performed by PCG employees
B. Scope of Work for all five (5) health service Healthcare Service Groups
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Utilize small group discussions with providers• Degree of variation response
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups
<ul style="list-style-type: none">• Incorporate analysis of cash flow , incentive and outlier

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DATE: 4/5/22

EVALUATOR NAME: Leticia Huttman

EVALUATOR DEPARTMENT: DHHS

C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">• Experience in 14 services
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">• Experience in all requested services
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Listed experience in 11 services
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">• N/A? no information addressing this section
D. Conflicts of Interest
<ul style="list-style-type: none">• Aware of no conflicts of interest
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Plan to use internal staff, unless needed

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Rate sheet includes range from \$160 - \$320 hr

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: April 4-5, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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LTSS

1. Discrete – New Mexico IDD –
PCG tasks include but were not limited to:
 - ▶ Research and summarize best practices;
 - ▶ Analyze effectiveness of current rate methodology;
 - ▶ Evaluate current, and recommend simplified service codes;
 - ▶ Develop method to assess quality of service provided and impact of rates paid and costs to providers;
 - ▶ Provide guidance on reimbursement strategies;
 - ▶ Propose CMS-approved detailed methodology to collect cost data from DD and MF waiver providers and Mi Via vendors;
 - ▶ Propose rate methodology to incentivize service priorities, address increased costs;
 - ▶ Develop and propose draft rate models for each waiver program and service category;
 - and
 - ▶ Develop fiscal impact analysis report.
2. DSR - Colorado Nursing Home Pay-For-Performance –

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

The Department of Health Care Policy and Financing contracted PCG to evaluate pay-for-performance applications and supporting documentation as submitted by nursing facilities in Colorado to determine if each facility has met criteria and is eligible for additional reimbursement. This program makes supplemental payments to nursing facilities based on the achievement of 30 unique performance measures around Quality of Life and Quality of Care for facility residents. Nursing facilities complete a P4P Application which has various points assigned to each of the performance measures which are then scored based on minimum requirements and criteria that must be met in order to be awarded points. PCG has assisted Colorado in both the creation of the application requirements and metrics as well as the development of a specialized web-based portal that is utilized as an end-to-end service from application submission to payment calculation. The portal allows facilities to upload data

Hospital

1. Discrete and DSR – Colorado. The Hospital Quality Incentive Payment (HQIP) program provides incentive payments to hospitals for improvement health care and patient outcomes. PCG developed a robust webbased Data Collection Tool (DCT) that is critical to HQIP program implementation.
2. Discrete and DSR – Wisconsin. The Department of Health Services (DHS) contracts with PCG to provide consulting services on a variety of programs and functions. Our work had included or includes, performing a number of revenue maximization and cost containment initiatives, performing rate setting, program reviews and waiver development, and automation of cost reporting and cost settlement functions.
 - ▶ Provider Assessment and Hospital Rate Setting
 - ▶ Assisted DHS in receiving federal approval of the Hospital Provider Tax.This initiative generated over \$1B in new funds for hospital rate increases and \$432M in new funds for Medicaid expansion purposes to date.
 - ▶ Streamlined inpatient and outpatient hospital rate setting processes.
 - ▶ Reformed outpatient hospital reimbursement to enhanced ambulatory patient groups (EAPGs).
 - ▶ Reformed Critical Access Hospital Reimbursement

BH

1. Discrete

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EVALUATOR DEPARTMENT: DHHS OMS

PCG's contract with the Massachusetts Executive Office of Health and Human Services called for developing rates for more than 25 social services programs across the Commonwealth including community based flexible supports (CBFS), day treatment, and programs of assertive community treatment for individuals involved with the Department of Mental Health as well as treatment and case management rates for individuals with substance use disorder.

A statement of work was developed for the CBFS program. PCG worked with DMH to design the clinical program, develop and model rate scenarios and fiscal impact analyses, conduct multiple provider and advocacy group focus meetings, present to leadership, and recommend final program and rate changes.

2. DSR – Mich

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Since January 2015, PCG has partnered with the Michigan Department of Health and Human Services (MDHHS) to:

- ▶ Develop per diem payment rates for residential treatment programs including mental health and behavioral stabilization programs and substance use disorder treatment settings, and
- ▶ Pilot an innovative performance-based funding system for Kent County;

In 2015, the proposed project team partnered with MDHHS to create a per diem payment methodology for their residential treatment provider population. PCG collected salary expense, and utilization data from every provider in the state. The team conducted significant salary and cost analysis, reviewed contract program specifications, and conducted stakeholder engagement to understand the program requirements for each service model. PCG then developed cost-based per diem rates specific to each service model, including multiple residential models such as general residential, mental health, and behavioral stabilization, cognitively impaired and developmentally disabled, substance abuse, and short

State of Maine RFP# 202202012
Revised 9/15/2021

term assessment residential programs. Within each model, there were also rate variations to reflect different direct care staffing ratios. We continue to partner with all Michigan child welfare stakeholders to review and monitor these rates.

PCG is also testing an innovative performance-based child welfare system for Kent County. PCG developed the rate model for the performance-based pilot, ran scenario testing to assess risks, and ultimately developed a tiered case rate funding model based on the length of time a child is in an out of home setting. PCG monitors the sufficiency of the funding model on an ongoing basis. Two key goals for the performance-based funding system are timely return home and reduced reliance on congregate settings.

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

PCG's Health practice offers in-depth programmatic knowledge and regulatory expertise to help our public sector clients to respond to regulatory change, improve access to health care, maximize program revenue, improve business processes, including claims processing

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EVALUATOR DEPARTMENT: DHHS OMS

services, and achieve regulatory compliance. Currently, our practice area has more than 250 active health contracts across 44 states, the United Kingdom, and Poland with a team of programmatic, policy, and operational experts in Medicaid and Medicare programs.

PCG Health's services range across three Centers of Excellence: (1) Health Care Financing Solutions, (2) Health Innovation, Policy, & Information Technology, and (3) Payer Services.

The Health Care Financing Solutions Center of Excellence (CoE) within PCG Health Practice

Area, will provide the proposed services to the State of Maine.

Health Care Financing Solutions (HCFS): Our Health Care Financing Solutions CoE focuses

on financial management services and solutions, program reviews, policy analysis, and payment transformation for Medicaid agencies. This CoE provides services including Medicaid

rate setting and reimbursement, cost reporting, upper-payment limit program implementations,

alternative payment consulting, Emergency Medical Services (EMS) consulting, school-based

reimbursement, cost allocation plans, and more. HCFS provides clients with expert advice on

how to: maximize claims for federal dollars or applications for special funds, innovate and

optimize business processes and operations, and manage limited resources. Over time, HCFS

has generated \$5.1 billion in new federal revenues and/or cost savings on behalf of our clients.

More recently, the HCFS CoE has built a strong business line around providing third-party

administrator (TPA) services to state agencies focused on improving efficiency and effectiveness of TPA processes.

In addition to our specific delivery system and payment transformation experience, we bring

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EVALUATOR DEPARTMENT: DHHS OMS

over 25 years of experience in supporting our governmental clients on several payment and quality initiatives that serve as the foundation for the transformational work we do today. This experience includes rate-setting engagements covering inpatient and outpatient hospital services, federally qualified health center (FQHC) services, and community-based mental health and substance use disorder services. Our rate setting efforts have ranged from simple cost-based rates tied to provider cost reports to complex, risk-adjusted models. Our experience also includes the development, implementation, and operation of a pay-for-performance program (P4P) for nursing homes, where we have assisted with the assessment of provider performance and the annual maintenance of the quality measures in the program.

2. Litigation

- None of listed cases appear problematic.

3. Certificate of Insurance

- Policy expired 4/1/22

Part IV, Section III Proposed Services

A. General Requirements

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

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1. **Assess and balance four key considerations: cost, quality, fairness, and simplicity.** At the start of each rate study, we will seek to understand the State's key goals, so that we can support the goals most important to DHHS. Often, there can be tension between priorities. For example, a well-trained and well-supported provider workforce may be correlated with positive outcomes, but this priority may increase costs (at least in the short term). We will work with DHHS to balance priorities throughout the engagement.
2. **Create a structured plan for organizing and analyzing data.** PCG will work with DHHS to develop a data collection plan to answer the questions necessary to develop program rates. Given that the rates need to align to new program standards, rather than existing program models, much of data collection may focus on stakeholder engagement and/or market data and benchmarks.
3. **Commit to a collaborative process.** Our team will synthesize and summarize data and draft findings and conduct a thoughtful and iterative analysis. Along the way, we will "pressure test" our initial findings and ideas with DHHS leadership and other stakeholders. We will share ongoing progress through status meetings and aim to foster a collaborative and creative partnership that values communication and problem solving. Near the conclusion of the rate study, we will produce a cohesive, thorough report documenting the data collection process, proposed rate setting methodologies, and market research.

B. Scope of Work for all five (5) health service Healthcare Service Groups

1. Rate studies for discrete health care services under all five (5) Healthcare Service Groups

1. provider participation –
 - ▶ **Stakeholder Kick-Off Meeting** to launch each project and review the project goals, timeline, and opportunities for stakeholder engagement.
 - ▶ **Provider Surveys** – Provider surveys are useful to fill gaps in information that may arise following review of existing cost data and contract requirements, such as around staffing ratios/credentials or certain elements of cost. Responses often identify providers that would be worthwhile to speak to in person, having raised specific concerns about a program and payment rates.
 - ▶ **Town Hall Forums** – Virtual or in-person town hall forums is a method to get a large number of people involved in the process and a great way to disseminate information about the project.
 - ▶ **Small-Group Discussions** – Provider Surveys and Town Hall Forums are great ways to get information about the state of programs and rates, but more detail is needed. This is why we find that small-group (or even one-on-one) meetings with key providers is so important. Oftentimes, providers are not willing to speak freely in front of large groups, but will open up about specific issues they're having when in a smaller group setting. Additionally, these can be effective means to vet initial data and findings before sharing with a larger provider group, to obtain early buy-in and refine what is put in front of a larger audience.
2. robust data - To test for the reasonableness of costs and to make recommendations for the costs to include in rate

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methodologies, we often utilize statistical analysis methods such as: Summary Statistics, Normal Distribution Analysis, Skewed Distribution Analysis

Some provider submissions may not align with others despite passing all other aspects of our quality assurance process. We will work with DHHS and other stakeholders to understand the reasons for the outliers and address them, which could include removing or recategorizing outlier submissions. Where current costs do not align to program standards, PCG may supplant actual costs with adjusted costs. In addition, we often utilize market research to help assess where rates may be deficient or out of line with the market or industry standards.

Depending on the availability of data, PCG may conduct additional analyses to gain a better understanding of costs and cost variation by location, as well as the characteristics of individuals served. We may seek to understand cost in a more comprehensive way, for example analyzing the cost of an entire intervention, rather than a unit of service. We are adept at viewing costs through different lenses:

- ▶ Geographic analysis: cost categories can be compared by location to identify geographic variations.

Data alone may not provide all of the information necessary to develop sound rates, especially if there are small sample sizes. Data must be balanced with an understanding of program standards, desired outcomes, and needs. Inputs into the model are based on some combination of actual costs/staffing, adjusted costs/staffing (for example to align to program staffing requirements or agreed-upon benchmarks), inflationary, and other adjustments so that the rates cover costs that may not have been present during the cost collection period and expected utilization or units of service to be delivered.

3. external benchmarks –

- ▶ Peer state program information including productivity assumptions cost data, and rates. PCG has conducted similar rate studies across the nation and can draw on data findings and benchmarks utilized in these states. It's important to remember that no two programs are exactly alike, even if the names are similar. PCG is adept at understanding these differences to ensure the comparison is an "apples-to-apples" one.
- ▶ Information about similar programs in the state of Maine, such as other types of residential services.
- ▶ Wage data such as from Bureau of Labor Statistics (BLS) or Maine wage data to standardize salary assumptions.
- ▶ Cost of living data, from consumer price index or other sources to understand differences in geography or apply cost adjustment factors.

4. assessing stakeholder feedback –

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DATE: April 4-5, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

All stakeholder feedback is important, but not all stakeholder feedback finds its way into final rate studies or recommendations. We usually keep a "running list" of all stakeholder feedback, which we include as an appendix to each provider update so they can see that we heard them, what action was taken (if any), and why or why not.

As one example, in one case management rate study, where we were developing a rate intended to financially incentivize timely case completion, we heard myriad reasons for why some cases take longer than others. However, the data showed only two to three clear associations between case characteristics and case length. We therefore only incorporated those characteristics into the rate tiers.

5. variation between draft and final rates –

PCG is unable to provide a statistic that shows the number of times that one of our rate recommendations was changed during the rate review process. PCG feels confident that the rates that we will propose will be accurate and reasonable, given the data that is available. On rare occasions, when reviewing the methodology and calculation with stakeholders, an error in the use of the data is identified. Again, this is uncommon. More commonly, however, is that a provider(s) makes a case for a change in the weighting of rate components, for instance. Rate-setting is not just mathematical; it's also political. In some cases, we have worked with clients to amend a rate recommendation after consideration of stakeholder input.

6. quality assurance –

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EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

As the old saying goes: the data that is produced by the model is only as good as the data that goes into the model! Providing technical support can greatly enhance the quality of the data received. PCG generally provides the following activities to support data collection activities such as provider surveys or cost reporting:

- ▶ Training: Sessions can be in-person (when that is safe) or webinar. Webinars offer the advantage of being recorded so that respondents can watch the video at their convenience and can reference it as they complete the cost tools as well.
- ▶ Frequently Asked Questions (FAQ): materials can be posted and made available to respondents as they complete the tool.
- ▶ Outreach & Technical Assistance: including telephone and email support will be made available to help respondents complete the data collection tools accurately. Respondents can reach out to PCG as questions arise for guidance on specific questions.

As data is submitted, PCG compiles and organizes responses and data by program type, position, and geographic location, and conducts the following quality assurance tests:

- ▶ Determining Survey Completeness and Accuracy: Review submission details to make sure all fields are properly completed with accurate information.
- ▶ Assessing Reasonableness of Results: Determine the reasonableness of submissions based on previous experience and conduct additional outreach and follow-up if needed.
- ▶ Verifying Backup Documentation: Make sure survey results tie to reliable data sources such as audited financial statements, IRS Form 990s, general ledgers, and/or other financial information.
- ▶ Testing Relationships to Other Data Sources: Compare data to other sources such as administrative data sets (if available). We will also compare provider submissions to market benchmarks (e.g., minimum wage, proportion of administrative and overhead costs to personnel, etc.).

We would then document our quality assurance steps, reach out to providers as needed, and escalate aberrant submissions to State staff as needed.

Regarding the final product, it will be PCG's job to get to you draft and final products that are accurate

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: April 4-5, 2022

EVALUATOR NAME: Peter Kraut

EVALUATOR DEPARTMENT: DHHS OMS

and comprehensively edited. We take the approach that when we hand something to our client, it should be "ready to hand right to the Governor!" That sets an expectation for everyone involved in the drafting of reports—we want the Department to learn from the report and think through any political impacts of wording or findings; we don't want the Department to worry about commas or wording challenges. Fortunately, many of our rate study and rate setting team members are experienced report writers and so we tend to have an eye for clear and concise writing. But we don't rely on experience alone. Before handing over even draft reports to the Department, all written materials will undergo a thorough PCG review that includes the following components:

- 1) Writer Review – we expect all report writers to edit their own work multiple times.
- 2) Content Review – a first review includes the copy and a list of major components that must be included in the report. This first reviewing diligently reads the report and checks off that all required content is included.
- 3) Copy Editing Review – This second review looks only at grammar and punctuation. If questions arise, the copy editor goes back to the writer for clarification.
- 4) Final Review and Sign-off – Before anything is sent to the Department it will be read by a senior leader on the team, reviewing the draft with "fresh eyes" to ensure that it answers questions and provides the information necessary.

7. obtaining other payers' rate models –

Getting access to data that you can trust is the single biggest hurdle in any rate-review or rate-setting exercise. Again, we rely on the following sources to ensure we have the data needed:

- 1) State payment data
- 2) Other publicly available state information
- 3) Other PCG-client information (if allowable)

8. 6 mo sample work plan – does not contain step to share proposed model with providers

2. Delivery system reform rates and recommendations under all five (5) Healthcare Service Groups

1-8 = same as previous section

9. 6 & 12 mo sample work plans – don't appear to contain anything about DSR recommendations, is basically the same as a rate study

10. staying abreast of federal changes –

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EVALUATOR DEPARTMENT: DHHS OMS

As a consulting firm dedicated to helping state and local governments maximize scarce resources and manage Federal revenue, PCG regularly reviews announcements by CMS. We utilize Google alerts, Open Minds Alerts, and other services so that we receive daily updates on any issues of note and share information across the firm when there is information that our clients need to know. We are members of associations like the American Public Human Services Association and the American Public Health Association, so we stay informed of the latest information and conversations. When we learn of changes,

11. framework for considering opportunities for payment reform – meets requirements

C. Scope of work specific to each Healthcare Service Group

Healthcare Service Group 1: LTSS

- Simply lays out same steps as in sample workplans and provides no additional info specific to LTSS other than to state that they have experience with all but two of the sections of the MaineCare Benefits manual that fall within the LTSS grouping.

Healthcare Service Group 2: Hospital Services

- Simply lays out same steps as in sample workplans and provides no additional info specific to hospital services other than to state that they have experience with the services listed in the RFP.

Healthcare Service Group 4: Behavioral Health

- Simply lays out same steps as in sample workplans and provides no additional info specific to BH other than to state that they have experience with all but one of the sections of the MaineCare Benefits manual that fall within the BH grouping.

Healthcare Service Group 5: Other Services

- Left blank in spite of the fact that they checked it off on cover page.

D. Conflicts of Interest

- none

E. Use of Subject Matter Expert Professionals

- Meets requirements

Part IV, Section IV. Cost Proposal Rate Sheet

-

**STATE OF MAINE
INDIVIDUAL EVALUATION NOTES**

RFP #: 202202012

RFP TITLE: Pre-Qualified Vendor List for MaineCare Rates and Alternative Payment Model Development

BIDDER NAME: Public Consulting Group LLC

DATE: 4/4/2022

EVALUATOR NAME: Grace Williams

EVALUATOR DEPARTMENT: DHHS OMS

Instructions: *The purpose of this form is to record proposal review notes written by individual evaluators for this Request for Proposals (RFP) process. It is required that each individual evaluator make notes for each proposal that he or she reviews. No numerical scoring should take place on these notes, as that is performed only during team consensus evaluation meetings. A separate form is available for team consensus evaluation notes and scoring. Once complete, please submit a copy of this document to your Department's RFP Coordinator or Facilitator for this RFP.*

Individual Evaluator Comments:

Part IV. Section I. Preliminary Information (Eligibility)

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

- Met Requirements

Part IV. Section II. Organizational Qualification and Experience

1. Overview of the Organization

- Met Requirement – founded in 1986 and has a local presence in Maine since 2005.

2. Litigation

- Met Requirement – No current or past litigation matters that would compromise PCG's ability to perform the work described in this proposal.

3. Certificate of Insurance

- Met Requirement – at the time of submission, the required insurance policies were current, most of them were effective through 4/1/2022. Workers' compensation and employer's liability is effective through 12/31/2022.

Part IV, Section III Proposed Services

A. General Requirements

- Met Requirement – PCG is confident in their ability to deliver whether it be grant-based programs, fee for service, alternative payment methodologies, or any variation in between.
- Met Requirement – PCG's philosophy is frequent and transparent communication.
- Met Requirement – PCG will bring certified Actuaries into the project, if required.

**STATE OF MAINE
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B. Scope of Work for all five (5) health service Healthcare Service Groups	
1. <u>Rate studies for discrete health care services</u> under all five (5) Healthcare Service Groups	<ul style="list-style-type: none">• Met Requirement - PCG recommends stakeholder kick off meeting, provider surveys, town hall forums, and small group discussion.• Met Requirement – PCG uses the following statistical analysis methods: summary statistics, normal distribution analysis, and skewed distribution analysis.• Met Requirement – PCG wants to ensure their rates are reasonable by comparing them to peer state program information, similar programs in the state of Maine, BLS or other wage data, and cost of living data.• Met Requirement – PCG keeps a running list of feedback to reference and show the stakeholders that they listen.• Met Requirement – They do not keep track of rates changing from draft to final, most often these changes are due to provider feedback.• Met Requirement – support providers filling out the surveys with technical support so that the information that builds the rate model is accurate. Other QA happens when the information is in and compiled.• Met Requirement – access to state payment data, other publicly available state information, other PCG-client information (if allowable)• Met Requirement – submitted a 6-month workplan
2. <u>Delivery system reform rates and recommendations</u> under all five (5) Healthcare Service Groups	<ul style="list-style-type: none">• PCG recommends stakeholder kick off meeting, provider surveys, town hall forums, and small group discussion.• Met Requirement – PCG uses the following statistical analysis methods: summary statistics, normal distribution analysis, and skewed distribution analysis.• Met Requirement – PCG wants to ensure their rates are reasonable by comparing them to peer state program information, similar programs in the state of Maine, BLS or other wage data, and cost of living data.• Met Requirement – PCG keeps a running list of feedback to reference and show the stakeholders that they listen.• Met Requirement – They do not keep track of rates changing from draft to final, most often these changes are due to provider feedback.

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EVALUATOR DEPARTMENT: DHHS OMS

<ul style="list-style-type: none">• Met Requirement – support providers filling out the surveys with technical support so that the information that builds the rate model is accurate. Other QA happens when the information is in and compiled.• Met Requirement – access to state payment data, other publicly available state information, other PCG-client information (if allowable)• Met Requirement – submitted a 6-month workplan• I do not see this addressed in this section, but they did attach an 12 to 18 month delivery system plan (attachment 8)• Met Requirement – regularly reviews CMS announcements• Met Requirement – included examples of performance-based payments
C. Scope of work specific to each Healthcare Service Group
Healthcare Service Group 1: LTSS
<ul style="list-style-type: none">• Met Requirement – Has 5 phase plan, also has experience with AFCH, TCM, HCBS, ICF, NF, and others.
Healthcare Service Group 2: Hospital Services
<ul style="list-style-type: none">• Met Requirement – consistent with the prior, they have a 5-phase plan. Has experience with different types of hospitals.
Healthcare Service Group 4: Behavioral Health
<ul style="list-style-type: none">• Met Requirement – 5 phase plan and is experienced in many specific programs.
Healthcare Service Group 5: Other Services
<ul style="list-style-type: none">• Did not meet requirement- put N/A
D. Conflicts of Interest
<ul style="list-style-type: none">• Met Requirement – not aware of any conflicts of interest
E. Use of Subject Matter Expert Professionals
<ul style="list-style-type: none">• Met Requirement – They do not believe they will have to subcontract, but if they do they will supply us with names and credentials.

Part IV, Section IV. Cost Proposal Rate Sheet
<ul style="list-style-type: none">• Met Requirement – Submitted a current rate sheet



**STATE OF MAINE
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Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202202012
RFP TITLE: Pre-Qualified Vendor List for
MaineCare Rate and Alternative Payment Model Development**

I, Olivia Alford accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

I have not advised, consulted with or assisted any bidder in the preparation of any proposal submitted in response to this RFP nor have I submitted a letter of support or similar endorsement.

I understand that the evaluation process is to be conducted in an impartial manner. In this regard, I hereby certify that, to the best of my knowledge, there are no circumstances that would reasonably support a good faith charge of bias. I further understand that in the event a good faith charge of bias is made, it will rest with me to decide whether I should be disqualified from participation in the evaluation process.

I agree to hold confidential all information related to the contents of Requests for Proposals presented during the review process until such time as the Department formally releases the funding decision notices for public distribution.

DocuSigned by:

Olivia Alford

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Signature

Mar-23-2022

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202202012
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I, Mark Fisher accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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DocuSigned by:

Mark Fisher

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Signature

Mar-30-2022

Date



**STATE OF MAINE
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SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
RFP #: 202202012
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I, Leticia Huttman accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

Neither I nor any member of my immediate family have a personal or financial interest, direct or indirect, in the bidders whose proposals I will be reviewing. "Interest" may include, but is not limited to: current or former ownership in the bidder's company; current or former Board membership; current or former employment with the bidder; current or former personal contractual relationship with the bidder (example: paid consultant); and/or current or former relationship to a bidder's official which could reasonably be construed to constitute a conflict of interest (personal relationships may be perceived by the public as a potential conflict of interest).

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DocuSigned by:

Leticia Huttman

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Signature

Mar-23-2022

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

**Jeanne M. Lambrew, Ph.D.
Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
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I, Peter Kraut accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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DocuSigned by:

Peter Kraut

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Signature

Mar-23-2022

Date



**STATE OF MAINE
DEPARTMENT OF HEALTH AND HUMAN
SERVICES**

**Janet T. Mills
Governor**

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Commissioner**

**AGREEMENT AND DISCLOSURE STATEMENT
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I, Grace Williams accept the offer to become a member of the Request for Proposals (RFP) Evaluation Team for the State of Maine Department of Health and Human Services. I do hereby accept the terms set forth in this agreement AND hereby disclose any affiliation or relationship I may have in connection with a bidder who has submitted a proposal to this RFP.

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DocuSigned by:

Grace Williams

2013B2C137E040B...

Signature

Mar-23-2022

Date