**STATE OF MAINE**

**Department of Health and Human Services**

*Office of MaineCare Services*



**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management**

**Analytics and Reporting**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | | | |
| **Submitted Questions Due Date** | | | May 16, 2025, no later than 11:59 p.m., local time | | |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | | | |
| **Proposal Submission Deadline** | | **DATE:** | | June 17, 2025, no later than 11:59 p.m., local time. | |
| **TO:** | | [Proposals@maine.gov](mailto:Proposals@maine.gov) | |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* | | | | | |

TABLE OF CONTENTS

|  |  |
| --- | --- |
|  | **Page** |
|  |  |
| **PUBLIC NOTICE** | **3** |
|  |  |
| **RFP DEFINITIONS/ACRONYMS** | **4** |
|  |  |
| **PART I INTRODUCTION** | **6** |
| 1. PURPOSE AND BACKGROUND |  |
| 1. GENERAL PROVISIONS |  |
| 1. ELIGIBILITY TO SUBMIT A BID |  |
| 1. CONTRACT TERM |  |
| 1. NUMBER OF AWARDS |  |
|  |  |
| **PART II SCOPE OF SERVICES TO BE PROVIDED** | **10** |
|  |  |
| **PART III KEY RFP EVENTS** | **24** |
| 1. QUESTIONS |  |
| 1. AMENDMENTS |  |
| 1. PROPOSAL SUBMISSION |  |
|  |  |
| **PART IV PROPOSAL SUBMISSION REQUIREMENTS** | **26** |
|  |  |
| **PART V PROPOSAL EVALUATION AND SELECTION** | **29** |
| 1. EVALUATION PROCESS – GENERAL INFORMATION |  |
| 1. SCORING WEIGHTS AND PROCESS |  |
| 1. SELECTION AND AWARD |  |
| 1. APPEAL OF CONTRACT AWARDS |  |
|  |  |
| **PART VI CONTRACT ADMINISTRATION AND CONDITIONS** | **31** |
| 1. CONTRACT DOCUMENT |  |
| 1. STANDARD STATE CONTRACT PROVISIONS |  |
|  |  |
| **PART VII RFP APPENDICES AND RELATED DOCUMENTS** | **32** |
| **APPENDIX A** – PROPOSAL COVER PAGE |  |
| **APPENDIX B** – RESPONSIBLE BIDDER CERTIFICATION |  |
| **APPENDIX C** – ELIGIBILITY TO SUBMIT A BID |  |
| **APPENDIX D** – QUALIFICATIONS and EXPERIENCE FORM |  |
| **APPENDIX E** – SUBCONTRACTOR FORM |  |
| **APPENDIX F** – LITIGATION FORM |  |
| **APPENDIX G** – RESPONSE TO PROPOSED SERVICES |  |
| **APPENDIX H** – COST PROPOSAL |  |
| **APPENDIX I** – MAP OF MAINE’S EIGHT (8) TRANSIT REGIONS |  |
| **APPENDIX J** – CLAIMS, NON-CLAIMS PAYMENT, AND ELIGIBILITY FILES |  |
| **APPENDIX K** – MATERIALS SPECIFIC TO ACCOUNTABLE COMMUNITES AND PCPLUS  **APPENDIX L** – SUBMITTED QUESTIONS FORM |  |

**PUBLIC NOTICE**

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

The State of Maine is seeking the provision of assorted actuarial services, fiscal management analytics, and reporting services.

A copy of the RFP and all related documents can be obtained at: <https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps>

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on June 17, 2025. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

The following terms and acronyms, as referenced in the RFP, have the meanings indicated below:

| **Term/Acronym** | **Definition** |
| --- | --- |
| **Accountable Care Organization (ACO)** | A healthcare organization characterized by a payment and care delivery model that seeks to tie provider reimbursements to quality metrics and reductions in the actual compared to benchmark Total Cost of Care (TCOC) for an assigned population of patients. |
| **ACO Category** | Includes Core, Excluded, and Optional. |
| **Accountable Communities (AC)** | A MaineCare program in which the Department contracts with groups of health care providers who volunteer to participate in a shared savings model. |
| **Base Year** | A historical twelve (12) month period that serves as the basis for establishing each AC’s TCOC benchmark. |
| **Clinic Services** | Services defined in the MaineCare Benefits Manual (MBM) 10-144 C.M.R. Chapter 101 [Ch. II Section 90](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s090.docx). |
| **CMS** | [Centers for Medicare & Medicaid Services](https://www.cms.gov/) |
| **Completion Factors** | Estimates to account for claims that have not yet been processed at the time that reports are generated. |
| **Core** | ACO Category of identified high-level and detailed service categories included together as core for Completion Factors and TCOC reports. |
| **Department** | Maine’s Department of Health and Human Services |
| **HCBS** | Home and Community-Based Services, many of which are offered through and defined in MBM 10-144 C.M.R. Chapter 101 [Ch. II and Ch. III Sections 18, 19, 20, 21, and 29](https://www.maine.gov/sos/cec/rules/10/ch101.htm). |
| **Excluded** | ACO Category of identified high-level and detailed service categories excluded from Completion Factors and TCOC reports. |
| **Inpatient Hospital Services** | Services defined in the MBM 10-144 C.M.R. Chapter 101 [Ch. II Section 45](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx). |
| **Intermediate Care Facilities for Individuals with Intellectual Disabilities Services** | Services defined in the MBM 10-144 C.M.R. Chapter 101 [Ch. II Section 50](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s050%20(nonsubstantive%20edits,%208.12.2024).docx). |
| **MaineCare** | Maine’s Medicaid and CHIP Program |
| **MBM** | [MaineCare Benefits Manual](https://www.maine.gov/sos/cec/rules/10/ch101.htm) |
| **Member** | An individual enrolled in the MaineCare program. |
| [**MoveIt Secure File Transfer Protocol**](https://www.maine.gov/oit/service-catalog/computing-infrastructure-and-services/secure-file-transfer) | An electronic link, established by [MaineIT](https://www.maine.gov/oit/) for a limited period of time, to transfer large amounts of data securely. |
| **NET Broker** | Party to a contract with the Department that provides for Non-Emergency Transportation (NET) Services to be delivered to Medicaid Members. |
| **Non-AC Comparison Group** | A group of MaineCare Members eligible for AC attribution but who are not assigned to an AC because the Members attribution falls outside of primary care practices or hospitals that are part of an AC. |
| **Non-AC Comparison Group Trend** | The percent change in the Non-AC Comparison Group’s Per Member Per Month (PMPM) TCOC from the Base Year to the Reporting Period to be used in calculating the TCOC benchmarks. |
| **Non-Emergency Transportation (NET) Services** | Services which provide transportation for eligible Members to and from covered medical services. NET Services are provided under a Medicaid waiver, authorized under [Section 1915(b) of the Social Security Act and approved by the Federal CMS.](https://www.ssa.gov/OP_Home/ssact/title19/1915.htm) |
| **National Provider Identifier (NPI)** | A unique 10-digit identification number issued to health care providers in the United States by CMS. |
| **Nursing Facility Services** | Services defined in the MBM 10-144 C.M.R. Chapter 101 [Ch. II Section 67](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s067.docx). |
| **Optional** | ACO Category of identified high-level and detailed service categories included together as optional for Completion Factors and TCOC reports. |
| **Outpatient Hospital Services** | Services defined in the MBM 10-144 C.M.R. Chapter 101 [Ch. II Section 45](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s045.docx). |
| **PCPlus** | MaineCare’s value-based approach to supporting primary care, which offers primary care practices greater flexibility and incentives to meet MaineCare Members’ health care needs through an alternative payment model. |
| **PMPM** | Per Member Per Month |
| **Psychiatric Residential Treatment Facility Services** | Services defined in the MBM 10-144 C.M.R. Chapter 101 [Ch. II Section 97](https://www.maine.gov/sos/cec/rules/10/144/ch101/c2s097.docx). |
| **Rate Certification** | CMS’s term for determining and validating rates for reimbursement of MaineCare services. |
| **Regions** | Maine’s 8 transit Regions – refer to **Appendix I** |
| **Reporting Period** | A twelve (12) month period covered in AC/PCPlus deliverables. |
| **RFP** | Request for Proposals |
| **Roster** | The list of MaineCare Members attributed to an AC, the Non-AC Comparison Group, or a PCPlus location. |
| **State** | State of Maine |
| **State Plan Amendment (SPA)** | An amendment to the agreement between the State and CMS describing details of the State’s Medicaid program. |
| **Total Cost of Care (TCOC)** | The total cost of eligible payments (i.e. claims and non-claims-based) for a group of MaineCare Members. |
| **Upper Payment Limit (UPL)** | Calculated amount the Department would pay its Medicaid providers if Medicare payment principles were adopted in Maine. |

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking the provision of assorted actuarial services, fiscal management analytics, and reporting services, as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms which will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of MaineCare Services (OMS) provides free and low-cost health care coverage to Maine’s children and adults who are elderly, disabled, or have low incomes.

The services under this RFP shall include:

1. **Independent annual development and certification of Non-Emergency Transportation (NET) Broker Per Member Per Month (PMPM) rates**

The NET program provides transportation for MaineCare Members to covered MaineCare services. The Centers for Medicare & Medicaid Services (CMS) requires states to hire an independent consultant to develop actuarially sound rates to be used in paying NET Brokers on a PMPM (capitated) basis in accordance with the following CMS requirements:

* + - 1. [CMS Actuarial Soundness Requirements (see: 42 C.F.R. Part 438.6)](https://www.govinfo.gov/app/details/CFR-2011-title42-vol4/CFR-2011-title42-vol4-sec438-6); and
      2. [CMS 2024-2025 Medicaid Managed Care Rate Development Guide](https://www.medicaid.gov/medicaid/managed-care/guidance/rate-review-and-rate-guides/index.html).

1. **Accountable Communities (AC) and Primary Care Plus (PCPlus) Data Analysis and Reporting**

The AC Program is a voluntary Department initiative, under which groups of MaineCare providers under contract with an AC can share in savings or losses for an assigned population, with the amount of any shared savings/loss payments tied to the AC’s score on a range of quality measures defined by the Department to assess the quality of care furnished to MaineCare Members. CMS requires that Medicaid agencies complete actuarial analyses to assess the validity of their shared savings/shared risk Accountable Care Organization (ACO) models.

PCPlus is MaineCare’s value-based approach to supporting primary care. PCPlus offers primary care practices greater flexibility and incentives to meet MaineCare Members’ health care needs. PCPlus transitions away from a volume-based (fee-for-service) payment system, toward an approach that provides population-based payments tied to cost- and quality-related outcomes. PCPlus is aligned with the AC program as it relates to attribution and its commitment to reducing costs while improving quality as demonstrated through data.

AC and PCPlus Data Analysis and Reporting shall include:

* 1. Implementing a methodology to attribute MaineCare Members to various ACs and PCPlus practices.
  2. Creating periodic reports comparing MaineCare expenditure on services for each AC’s attributed Members during the applicable performance period to adjusted expenditures for each AC’s attributed Members during the base period.
  3. Engaging with AC partners and the Department to explain performance drivers and areas for improvement.

1. **Fiscal Management Analytics (FMA)**

FMA includes projections and tracking of MaineCare enrollment, utilization, and expenditures through a population-based modeling approach. Projections use both claims-based and non-claims-based expenditures. FMA work shall include:

Developing a series of metrics that are updated on a regular cadence that provide insight into changing levels of enrollment, utilization, and expenditures by service category and population group across the MaineCare population.

Tracking actual MaineCare enrollment, utilization, and expenditures relative to projections.

Continually updating projection methodology to account for variation between projections and actuals.

Ensuring FMA enrollment, utilization, and expenditures reporting can be cross walked to AC enrollment, utilization, and expenditures reporting, with the eventual goal of transitioning AC reporting to the FMA framework.

Partnering with the Department to create standardized reporting, common definitions, and other alignments to support clear and efficient fiscal and program management across service/program areas.

1. **Upper Payment Limit (UPL) Calculations**

Per 42 CFR [447.272](https://www.govinfo.gov/content/pkg/CFR-2018-title42-vol4/pdf/CFR-2018-title42-vol4-sec447-272.pdf) and [447.321](https://www.govinfo.gov/content/pkg/CFR-2010-title42-vol4/pdf/CFR-2010-title42-vol4-sec447-321.pdf) aggregate Medicaid payments to certain groups of health care facilities (specifically hospitals, nursing facilities [NF] and intermediate care facilities for individuals with intellectual disabilities [ICFs/IID], and clinics) may not exceed the amount that can reasonably be estimated that would have been paid for those services under Medicare payment principles. To comply, CMS requires states to submit UPL demonstrations, on an annual basis, to assure Medicaid payments do not exceed the estimated UPL. UPL calculations shall include:

1. Assisting the Department in selecting the appropriate UPL methodology and perform UPL demonstration calculation and consulting services.

1. **General Provisions**
   1. From the time the RFP is issued until award notification is made, all contact with the State regarding the RFP must be made through the RFP Coordinator. No other person/ State employee is empowered to make binding statements regarding the RFP. Violation of this provision may lead to disqualification from the bidding process, at the State’s discretion.
   2. Issuance of the RFP does not commit the Department to issue an award or to pay expenses incurred by a Bidder in the preparation of a response to the RFP. This includes attendance at personal interviews or other meetings and software or system demonstrations, where applicable.
   3. All proposals must adhere to the instructions and format requirements outlined in the RFP and all written supplements and amendments (such as the Summary of Questions and Answers), issued by the Department. Proposals are to follow the format and respond to all questions and instructions specified below in the “Proposal Submission Requirements” section of the RFP.
   4. Bidders will take careful note that in evaluating a proposal submitted in response to the RFP, the Department will consider materials provided in the proposal, information obtained through interviews/presentations (if any), and internal Departmental information of previous contract history with the Bidder (if any). The Department also reserves the right to consider other reliable references and publicly available information in evaluating a Bidder’s experience and capabilities.
   5. The proposal must be signed by a person authorized to legally bind the Bidder and must contain a statement that the proposal and the pricing contained therein will remain valid and binding for a period of 180 days from the date and time of the bid opening.
   6. The RFP and the awarded Bidder’s proposal, including all appendices or attachments, will be the basis for the final contract, as determined by the Department.
   7. Following announcement of an award decision, all submissions in response to this RFP will be public records, available for public inspection pursuant to the State of Maine Freedom of Access Act (FOAA) ([1 M.R.S. § 401](http://www.mainelegislature.org/legis/statutes/1/title1sec401.html) et seq.). State contracts and information related to contracts, including bid submissions, are generally public records per FOAA.
   8. In the event that a Bidder believes any information that it submits in response to this RFP is confidential, it must mark that information accordingly, and include citation to legal authority in support of the Bidder’s claim of confidentiality. In the event that the Department receives a FOAA request that includes submissions marked as confidential, the Department shall evaluate the information and any legal authority from the Bidder to determine whether the information is an exception to FOAA’s definition of public record. If the Department determines to release information that a Bidder has marked confidential, it shall provide advance notice to the Bidder to allow for them to seek legal relief.
   9. The Department, at its sole discretion, reserves the right to recognize and waive minor informalities and irregularities found in proposals received in response to the RFP.
   10. All applicable laws, whether or not herein contained, are included by this reference. It is the Bidder’s responsibility to determine the applicability and requirements of any such laws and to abide by them.
2. **Eligibility to Submit a Bid**

All interested parties, who have conducted Non-Emergency Transportation (NET) Rate Certifications and Upper Payment Limit (UPL) demonstrations, approved by CMS, are invited to submit bids in response to this RFP. Specifically, Bidders must demonstrate having conducted:

1. At least two (2) Non-Emergency Transportation (NET) Services Rate Certifications, approved by CMS, in the past five (5) years; and
2. At least two (2) Upper Payment Limit (UPL) demonstrations, approved by CMS, in the past five (5) years.
3. **Contract Term**

The Department is seeking cost-efficient proposals to provide services, as defined in this RFP, for the anticipated contract period defined in the table below. The dates below are estimated and may be adjusted, as necessary, in order to comply with all procedural requirements associated with the RFP and the contracting process. The actual contract start date will be established by a completed and approved contract.

Contract Renewal: Following the initial term of the contract, the Department may opt to renew the contract for two (2) renewal periods, as shown in the table below, and subject to continued availability of funding and satisfactory performance.

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

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 10/1/2025 | 9/30/2027 |
| Renewal Period #1 | 10/1/2027 | 9/30/2029 |
| Renewal Period #2 | 10/1/2029 | 9/30/2030 |

1. **Number of Awards**

The Department anticipates making one (1) award as a result of this RFP process.

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

**Specific instructions for the Bidder to provide a narrative response to the Scope of Services may be found in Part IV, Section III, Proposed Services.**

1. **Independent Annual Development and Certification of Non-Emergency (NET) Services Reimbursement**
2. Employ and/or subcontract, at least one (1) certified actuary to perform the Independent annual development and certification of NET service reimbursement.
3. **Project Planning**
   * + - 1. Work with the Department to establish the project structure and required meetings, including periodic meetings with Department project leadership, to drive decision-making and planning over the contract period by:
4. Developing a project plan with agreed-upon deliverables and timeline.
5. Setting up project structure, required meetings, status reporting, and review process.
6. Discussing financial status of NET program, including the upcoming fiscal year NET Broker contracting process and anticipated contractual and programmatic changes that may impact the analysis.
7. Confirming rating approach, including eligible populations, covered services, rate cohorts, and Regional rate structure for the effective period.
8. **Data Collection, Analysis, Gap Analysis/Rectification, and Preparation (Task 1)**
   * + - 1. Schedule and meet with the Department to discuss the modifications made to the encounter data since the previous rate calculations and any known issues with the data to be provided over the contract period.
         2. Submit a data request and perform a review of the data and assist with identification of key elements to be addressed prior to the rate development process for each fiscal year.
         3. Gather NET program data from the Department’s MoveIt Secure File Transfer Protocol, including but not limited to:
9. NET-specific encounter data for claims incurred under the full-risk NET Broker program beginning January 1, 2024, through current.
10. NET-specific caseload information, from January 1, 2024, through current, including specific cohorts identified in **Table 1**.

|  |
| --- |
| **Table 1 – Required Cohorts** |
| * + 1. Members eligible through Children’s Health Insurance Program (CHIP)     2. Members eligible through the CHIP Unborn Child Option     3. Special Benefits Waiver participants     4. MBM Section 18 waiver participants (Home and Community-Based Services)     5. MBM Section 19 waiver participants (HCBS)     6. MBM Section 20 waiver participants (HCBS)     7. MBM Section 21 waiver participants (HCBS)     8. MBM Section 29 waiver participants (HCBS)     9. MaineCare Expansion population     10. All other MaineCare Members eligible for NET Services     11. Federally Non-Qualified Immigrants under age 21 |

1. Current NET Broker contracts effective July 1, 2024.
2. NET Broker financial reports summarizing NET expenses, including claims, administrative expenses, underwriting margins, taxes, fees, and other assessments.
   * 1. NET Broker’s will provide the awarded Bidder the required financial reports.
3. Department financial reports summarizing NET experience (i.e., claims, enrollment, call volume) to be used to review and/or supplement the provided claims and enrollment data.
   * + - 1. Using the data gathered in (A)(3)(c):
4. Develop a methodology to identify NET-eligible populations, Regions, NET Service type, waiver eligible participants, and waiver-related claims within the provided claims and caseload data.
5. Develop a methodology to identify NET rides/trips, payments, mileage, and unique claims by service type within the provided claims data.
6. Provide a description of population, eligibility, and/or NET benefits changes that have occurred during the provided base period data or will occur during the upcoming rating effective period.
7. Provide description of known data issues/outliers and methodology to identify and correct data issues/outliers (i.e., incomplete claims, incorrect utilization) including a description of the Department’s plan to improve the underlying data in the future.
8. Provide updated crosswalks and NET procedure code definitions to support the data received.
   * + - 1. Review the encounter data compared to the data specifications provided to the Department at the close of the prior fiscal year Rate Certification.

Identify missing NET Brokers or fields within the data and summarize identified data gaps, data issues, and significant data questions.

* + - * 1. Collaborate with the Department and NET Brokers to resolve missing data, data gaps, data issues, and address data questions in order to have processes in place designed to produce credible data for the Rate Certification for each fiscal year, including resolving data issues and questions by communicating with:

1. The Department to review provided data and address data questions.
2. NET Brokers to address data questions.
   * + - 1. Review encounter data and facilitate a discussion with the Department regarding the implications that the available data would have on the credibility, granularity, and creation of capitation rates to determine how to proceed with the Rate Certification.
         2. Use findings (**under items a – g above**) to determine if the data appears credible, complete, and appropriate for the analysis, by reviewing and preparing the data for use in the actuarial analysis by:
3. Identifying the claims for the NET Services and eligible populations to include in the analysis using crosswalk information provided by the Department.
4. Identifying and correcting significant data issues/outliers.
5. Comparing the provided claims and enrollment data against financial reports provided by the Department and NET Brokers for reasonableness.
6. Reviewing the emerging claims experience under the full-risk NET Broker program to determine if the data appears credible or if additional adjustments need to be incorporated to reach a credible data set.
7. Comparing the emerging claims experience with historical results used in the prior NET actuarial Rate Certification to understand the impact of the full-risk NET Broker program and understand data anomalies and/or significant changes in program costs and utilization.
8. Facilitating discussions with the Department and/or NET Brokers to address data questions.
9. Discussing findings with the Department to determine appropriate adjustments, verify the quality of the results, and determine the methodology for incorporating the data into the actuarial analysis:
   1. Including whether to continue setting rates for the specific cohorts (refer to **Table 1**) or whether population categories should be revised.
10. **Rate Development and Certification (Task 2)**
    * + - 1. Develop capitation by rate cohort, Region, and population as defined by the Department.
11. Rates shall be presented in two reports, one covering the first and second cohorts described in **Table 1** and the other covering all other cohorts.
    * + - 1. Develop a NET capitation Rate Certification which outlines its approach and results in determining the capitation rates.
          2. Participate in discussions with the CMS or NET Brokers regarding follow-up questions.
          3. Participate in calls with the Department to discuss the actuarial Rate Certification.

Upon request, assist the Department in responding to any questions and participate in calls with CMS and/or NET Brokers.

1. **Receipt and Management of Data Files Necessary to Produce Accountable Communities (AC) / PCPlus, Fiscal Management Analytics (FMA), and Upper Payment Limit (UPL) Deliverables**
2. Receive from the Department or its fiscal agent:
   1. Claims and eligibility feeds, refer **Appendix J**, (Attachments 1 and 2)

Initial claims feed and eligibility file will cover the AC Base Year (currently July 1, 2020 – June 30, 2021) through the start of the initial period of performance under this RFP or a date determined by the Department.

Thereafter, receive monthly files from the Department’s fiscal agent that include all claims and adjustments since the prior feed and eligibility files for the prior thirty-six (36) months.

* 1. Non-claims (Per Member Per Month (PMPM)) payment files, refer to **Appendix J**, (Attachments 3 and 4), specifically:

Payment files for services paid on a non-claims basis will be provided for each reporting cycle until those payments are included within the monthly claims feeds.

* 1. Other non-claims expenditure information for all MaineCare Members, including:

Premium Payments that the Department makes for certain MaineCare Members who are also enrolled in the federal Medicare program;

Medicare Part D Clawback;

NET Contracts;

AC Shared Savings Payments;

Pharmacy Incentive Payments;

Premium payments that the Department makes for certain MaineCare Members who are enrolled in the Department’s Private Health Insurance Premium (PHIP) program; and

Supplemental payments to nursing facilities and hospitals, (e.g., disproportionate share hospital (DSH) payments, hospital supplemental pool, and periodic interim payments and settlements to cost-settled hospitals), and other providers.

1. Load, process, warehouse, and reconcile data to prepare claims and eligibility files for analysis, including at a minimum for AC and PCPlus data, as outlined in **Appendix K** (Attachment 1), by:

Performing a financial tie out validation check of the claim paid amounts to financial reports provided by the Department’s fiscal agent.

Assigning detailed Accountable Care Organization (ACO) service categories based on high-level service categories.

Detailed service categories are determined by a combination of ACO Category, ACO cost grouping, allocation provider type, and detailed claims.

Identifying final paid amounts in the claims data by using logic to identify resubmitted, adjusted, or voided claims.

Assigning a final Recipient Aid Category (RAC) code to each Member for each month; refer to **Appendix J** (Attachment 5).

Assigning AC population groups for each Member for each month using the logic provided.

Identifying AC eligible claims for Members who are fully MaineCare eligible.

Categorizing AC service categories into Core, Optional, or Excluded.

1. **AC and PCPlus Data Analysis and Reporting**
2. Employ and/or subcontract, to perform AC and PCPlus Data Analysis and Reporting:
   * + - 1. Subject matter experts who keep up to date regarding developments in Medicare and other state Medicaid programs’ payment reform efforts (e.g., Accountable Care Organization and shared savings programs, innovations in primary care payment, etc.); and
         2. At least one (1) certified actuary.
3. Receive, organize, and store additional files, provided by the Department, necessary to produce deliverables, specifically:
   * + - 1. AC as outlined in **Table 2**.

|  |  |  |
| --- | --- | --- |
| **Table 2 – AC Files** | | |
| **File Description** | | **Cycle** |
|  | Updated lists of providers, practices, and emergency departments (and the organizations to which they belong) that belong to each AC | Annually |
|  | Updated physicians and other providers that spend the plurality of practice time at AC practices | Twice per year |
|  | Most recent PCPlus attribution file, **Appendix K** (Attachment 2) | Twice per year |
|  | Risk scores for all MaineCare Members related to the period of analyses | Monthly |
|  | Crosswalk file to map claims to AC service categories, **Appendix K** (Attachment 3) | Monthly |
|  | Other files, as determined necessary by the approved Bidder and the Department | |

* + - * 1. PCPlus as outlined in **Table 3**,refer to **Appendix K** (Attachment 6) for the specifics of the methodology details and process.

|  |  |  |
| --- | --- | --- |
| **Table 3 – PCPlus Files** | | |
| **File Description** | | **Cycle** |
|  | PCPlus provider data file(s), for purposes of PCPlus attribution | Quarterly |
|  | Crosswalk outlining the ways to use the National Provider Identifier+3 (NPI+3) for the purposes of PCPlus attribution | Quarterly |
|  | Crosswalk file to identify primary care claims for attribution purposes, **Appendix K** (Attachment 3) | Monthly |
|  | Other files, as determined necessary by the approved Bidder and the Department | |

1. **AC Rosters**

Determine which MaineCare Members are eligible for AC services and attribute those Members to an AC or to the Non-AC Comparison Group using the methodology described in **Appendix K** (Attachment 1).

Create Rosters using the fields and exhibits included in the Department’s AC Roster template located in **Appendix K** (Attachments 4 and 5).

Produce one (1) version of the AC Roster for the annual projections report.

Produce one (1) version of the AC Roster for the annual reconciliation report.

Produce two (2) versions of the Roster, two (2) times per year, using slightly different methodologies, as described in **Appendix K** (Attachment 1).

1. One (1) version shall be used by the awarded Bidder for the Total Cost of Care (TCOC) reports and the other version shall be submitted to the Department, accompanied by a comparison of Member attribution to the previous biannual Roster.
2. Include a pipe-delimited version of each of these Rosters.

Produce, for every Roster delivered, two (2) times per year, an accompanying list of Members who have been newly assigned to an AC, as well as those who changed PCP locations within an AC, refer to **Appendix K** (Attachment 7).

1. **PCPlus Rosters**

Determine which MaineCare Members are eligible for PCPlus services and attribute those Members to a PCPlus service location using PCPlus attribution methodology, refer to **Appendix K** (Attachment 6).

Create a quarterly Roster using the fields and exhibits included in the Department’s PCPlus Roster template, refer to **Appendix K** (Attachment 2).

Produce one (1) version of the PCPlus Roster, quarterly, accompanied by a comparison of Member attribution to the previous quarter’s Roster.

* + - 1. **AC TCOC Reports**

1. Using the TCOC report templates, refer to **Appendix K** (Attachments 8 and 9) and methodology described in **Appendix K** (Attachment 1) produce, two (2) times per year, an annual projection, and annual reconciliation TCOC reports for each AC, including but not limited to:
2. Calculating the annualized non-AC comparison group trends across Core-only and Core-plus-Optional services.
3. Calculating for each AC at the AC, organization and practice level:
   1. Benchmark TCOC for the Reporting Period covered by the report.
   2. Actual TCOC for the Reporting Period covered by the report.
   3. Savings/loss for the Reporting Period covered by the report.
4. Produce reports as described in **Appendix K** (Attachment 1), including:
   1. One (1) version which applies trend at the eligibility group category level.
   2. For the one (1) AC that has chosen to be accountable for one (1) or more of the Optional, a version of the report in which that service is counted as a Core service.

*There are certain “Core” services that are part of all ACs’ TCOC, and there is a menu of Optional services that ACs can choose to count as part of their TCOC. All core and optional services can be seen in* ***Appendix K*** *(Attachment 1 - Appendix C). If an AC chooses to include an Optional service as part of their TCOC responsibility; that AC needs an alternative version of its TCOC report, in which that Optional service is grouped with the Core services (and is part of the Core TCOC calculation), rather than being grouped with the Optional services.*

* + - 1. **AC TCOC Summary Analysis Presentations**

1. Provide, with the delivery of each TCOC report, including projections, biannual reports, and annual reports, an analysis of the program components based on the current TCOC report findings and the last comparable performance period, specifically:

Main drivers of performance, material changes in attribution, spend, utilization, risk, trend, and other impactful observations for:

1. Each AC;
2. Comparisons between each AC;
3. Comparisons between each AC and non-AC; and
4. Comparisons between the AC program in aggregate and non-AC.

Detailed and actionable explanations of findings and potential contributing factors or remediations.

Performance metrics described in the Fiscal Management Analytics (refer to Part II, D. below) as they relate to the AC program.

* + - * 1. Ensure all materials are in a format which allows the Department to share information with ACs.
      1. **AC Data Extracts**
         1. For each TCOC report, create an extract package that consists of .txt files containing:

A list of Members whose costs are included in the Base Year associated with the TCOC report;

A list of claims excluded from the TCOC report;

A list of claims included in the TCOC report; and

A list of Members whose costs are included in the TCOC report.

* + - 1. **AC Completion Factors**
         1. Analyze, annually, historical MaineCare spending and develop Completion Factors for AC service categories to account for claims that have not yet been processed at the time that reports are generated.

Use Completion Factors in all TCOC biannual and annual reports thereafter until a new set of annual Completion Factors are developed.

* + - 1. **AC Policy Change Adjustments**
         1. Participate, annually, in a deliberative process with the Department to review all changes to MaineCare regulations and other changes in the previous year that could skew the comparison of Base Year to Reporting Period spending.

1. Develop methodologies to control for the impact of each regulatory change and other methodological variables.
2. Make claims-level adjustments and/or other appropriate adjustments per those methodologies and create a deliverable to document the details of the methodology for each change.
3. Ensure applicable adjustments are used in all TCOC reports thereafter, refer to **Appendix K** (Attachment 1, Section 4).
   * + 1. **Initiative Monitoring and Maintenance**
          1. Provide timely recommendations for methodological and operational changes to the AC and PCPlus methodology based on subject matter expertise in alternative payment models, attribution, ACO or similar models from other payers (including but not limited to CMS and other state Medicaid agencies).
          2. Develop an approach to identify changes or variables which magnitude and/or impact warrants investigation.

Investigate and explain to the Department the causes of such changes and/or variables with actionable recommendations for correction or adjustment.

* + - 1. **Methodology Documentation**
         1. Update the Department’s documentation of:

AC methodologies to include all details involved in executing AC deliverables.

PCPlus methodologies to include all details involved in executing PCPlus deliverables.

* + - * 1. Ensure all files shared with ACs have accompanying data dictionaries and data validation elements.

1. **Fiscal Management Analytics (FMA)**
2. Develop quarterly, enrollment, utilization, and expenditure projections and reports which include a series of metrics that provide insight into changing levels of enrollment, utilization, and expenditures across the MaineCare population, and conform with specific requirements as determined at the time of development.

Deliverables must be produced and delivered on a quarterly basis, with the first deliverable due no later than 3/31/2026, projecting enrollment, utilization, and expenditures by quarter from 10/1/2023 – 6/30/2027.

Deliverables must cover, at a minimum, the twenty-four (24)-month period ending six (6) months prior to the report due date andprojections for two (2) fiscal years, including the fiscal year that the report is due.

Time periods that have already occurred would not be “projections.”

Future expenditures should not be priced at historical rates. See the Department’s [MaineCare Rate System Reform webpage](https://www.maine.gov/dhhs/oms/providers/mainecare-rate-system-reform). The Department will provide additional information to the awarded Bidder regarding rate assumptions to use when projecting future expenditures.

* 1. Ensure each subsequent projection includes:

Adding one (1) quarter to the projected time period.

Comparing actual expenditures for the most recently complete quarters (using AC Completion Factors – and developing Completion Factors for any services not included in AC reports – for claims that are not yet complete, updated in each deliverable as claims continue towards completion) to prior projections for the same period.

Adjusting future projections as necessary, based on observed variances between projected and actual expenditures and enrollment and factoring in the impact of policy changes and any external factors.

* 1. Ensure claims-based expenditures are reported two (2) ways:

By service (incurred) date. Incurred date expenditures for each **enrollment/population** and **service category** must be reported at both the total and PMPM level.

By paid date. Paid date expenditures for each **enrollment/population** and **service category** must be reported only at the total and ***not*** at the PMPM level.

1. Develop an approach to include non-claims based expenditures in projections, including:
   1. Premium Payments for Medicare;
   2. Medicare Part D Clawback;
   3. AC Shared Savings Payments;
   4. NET Contracts;
   5. Pharmacy Incentive Payments;
   6. Premium payments for PHIP;
   7. PMPM provider payments under the PCPlus and various Health Home programs; and
   8. Supplemental payments to nursing facilities and hospitals, (e.g., DSH, hospital supplemental pool, and periodic interim payments and settlements to cost-settled hospitals), and other providers.
2. Develop **enrollment/population categories** that are most appropriate for projecting, on a quarterly basis, future enrollment and expenditures associated with the MaineCare population and include a breakout of enrollment and spending for populations that have differing federal match rates (e.g., Medicaid Expansion, Children’s Health Insurance Program) in order for the Department to accurately calculate General Fund expenditures based on the projections.
   1. The Department will provide guidance regarding how to identify claims associated with different populations.
   2. **Enrollment/population categories** need not be the same as the existing NET and AC **enrollment/population categories,** but enrollment in FMA population categories must be crosswalked to enrollment in AC population categories, with the eventual goals of transitioning AC reporting to the FMA framework, and of improving alignment with NET population categories.
3. Develop **service categories** that are most appropriate for the quarterly projections, and include a breakout by the sections of the [MaineCare Benefits Manual (MBM)](https://www.maine.gov/sos/cec/rules/10/ch101.htm), in order for the Department to map from those expenditure projections to various accounts that fund different services.
   1. The Department will provide guidance regarding how to map claims to section of the MBM.
   2. The **service categories** need not be the same as the existing AC **service categories,** but utilization and expenditures in FMA service categories must be crosswalked to utilization and expenditures in AC service categories, with the eventual goal of transitioning AC reporting to the FMA framework.
4. Ensure FMA reports show projections broken down first by PMPM and enrollment, then the PMPM broken down by price vs utilization components.
5. Present projections in Microsoft Excel, using discretion to present projection elements by determining:
   1. The format and appearance of projections;
   2. The level of granularity vs aggregation in terms of **enrollment/population** and **service categories** (after having met the requirements specified in the **enrollment/population** and **service categories**);
   3. Whether an application other than Microsoft Excel will be used as determined to be beneficial beyond the Microsoft Excel requirement; and
   4. Other formats as determined by the awarded Bidder.
6. **Upper Payment Limit (UPL)**
7. **Calculation of UPL Demonstrations**
8. Use claims, non-claims payment, and eligibility and RAC files supplied under the AC and PCPlus section for FMA.
9. Develop UPL calculation demonstration methodologies for each required service that are specific to the Department’s needs and that maximize the Medicare and Medicaid rate differential and maximize the room under the UPL.
   * 1. Methodologies must meet CMS requirements and guidance and must be approved by the Department prior to implementation.
10. Calculate the required UPL demonstrations using the approved methodologies for:
    * + - 1. Inpatient Hospital Services;
          2. Outpatient Hospital Services;
          3. Nursing Facility Services;
          4. Intermediate Care Facilities for Individuals with Intellectual Disabilities Services;
          5. Clinic Services; and
          6. Psychiatric Residential Treatment Facility (PRTF) Services.

*At this time there are no PRTFs in the State, and there is presently no need to calculate a PRTF UPL. In the event a PRTF is established in the State, the awarded Bidder will be required to perform the UPL calculation.*

1. **UPL Demonstration Related Services**
2. Update the Department on UPL issues raised by CMS in other states that could have an impact on Maine.
   * 1. As new issues are raised by CMS, review the current Maine UPL demonstrations to identify any possible areas of concern in the methodology.
     2. Communicate all concerns to the Department along with alternative methodologies and/or strategies to address any noted concerns.
3. Update the Department on changes in Medicare reimbursement policy and UPL demonstration requirements that may affect future UPL demonstrations.
   * 1. Work with the Department to mitigate the impact of identified changes through the implementation of acceptable demonstration modifications or the proposal of alternative calculation methodologies.
4. Collect Medicaid payment and utilization statistics and resident assessment information (where appropriate) at the individual provider level for use in performing the annual UPL demonstration.
   * 1. For the providers that file cost reports with the Medicaid program, extract relevant fields from the cost report data.
     2. Collect ownership information (privately owned and operated, non-state government-owned and operated, or state-owned and operated) to properly assign each facility to the appropriate provider class.
     3. Use the monthly Medicaid claims level data (provided for the AC and Fiscal Management deliverables) for the UPL analyses as necessary.
5. Review calculation options available to the Department and prepare models of alternative UPL demonstrations, as necessary.
   * 1. Work with the Department to determine the approach that best meets the needs and objectives of the Medicaid program.
     2. Provide guidance during the process of implementing any specific methodology changes requested by the Department.
6. Prepare materials for UPL submission to CMS.
   * 1. Assist the Department in preparing all material required for submission by CMS for both annual UPL demonstrations and UPL demonstrations required by CMS to support SPAs, which may include, but are not limited to:
7. Submission of a UPL Guidance Document.
   * + - 1. The guidance document (or narrative document) provides substantial details relating to the underlying methodology and calculation of the UPL demonstration. It identifies the data source, the base rate, and payment information periods used in the calculation, as well as information pertaining to state funding sources.
8. Supporting Rate Documentation.
   * 1. CMS may require states to submit additional detailed rate or payment calculation support prior to UPL demonstration approval.
9. CMS Required UPL Demonstration Templates and Notation.
10. Assist the Department in addressing issues and drafting replies for any requests made by CMS following the submission of the UPL demonstrations.
11. **Requirements Related to Receiving Confidential Data**
12. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 19. Insurance Requirements.
13. Implementing risk assessment and vulnerability scanning policies and procedures for collecting/receiving sensitive electronic information (PII, PHI, and/or other confidential data), at minimum equivalent to MaineIT policies for:

[Risk Assessment Policy & Procedures (RA-1)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RiskAssessmentPolicyProcedure.pdf);

[Vulnerability Scanning Procedure (RA-5)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/VulnerablityScanningProcedure.pdf);

[Remote Hosting Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RemoteHostingPolicy.pdf);

[Data Exchange Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/DataExchangePolicy.pdf);

[Access Control Policy](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/AccessControlPolicy.pdf); and

[Access Control Procedures for Users](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/AccessControlProceduresForUsers.pdf).

1. Confirm annually, in July, compliance with MaineIT Policies. In the event there is a substantive change to MaineIT Policies, the awarded Bidder shall have until the end of that same month to negotiate a window within which to implement the substantive change.
2. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected, received, or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
3. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_1.31.25.pdf), under Rider B-IT, Section 30. Confidentiality.
4. The State does consume any awarded Bidder application, nor does the awarded Bidder consume any State application.
5. **Project Management**
   * + 1. Work with the Department to establish the project structure and planning over the course of the engagement.
          1. Conduct periodic meetings, as agreed upon, with the Department’s project leadership providing status updates, addressing issues that may arise during the creation of deliverables, and for ongoing discussions.
          2. Provide meeting notes, deliverables, and decision and data trackers, through standardized means of documentation.
          3. Communicate issues of concern timely to the Department and create plans for resolution.
       2. Provide closely coordinated AC and FMA project management based on the significant overlapping nature of the AC and FMA projects.
       3. Attend at least twelve (12) scheduled collaborative meetings per year, specific to AC work, between the Department and ACs and provide data/information for presentations, as requested.
6. **Ad Hoc Work**
7. Provide ad hoc data analyses and/or modification of report formats as requested by the Department.
   1. Provide, upon Department request, a written estimate for providing the Department a requested report.
   2. No ad hoc support shall be provided until the scope of such work and cost has been documented and agreed upon between the Department and awarded Bidder.
8. Ad-hoc may include, but is not limited to:
   * + - 1. Forecasting revenues received by the State, such as revenues collected from the Medicaid Drug Rebate Program.
         2. One-time analyses that are separate and distinct from other deliverables outlined in the contract resulting from this RFP.

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 5**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 5 – Required Reports** | | | |
| **Name of Report** | | | **Description** |
| **Independent Annual Development and Certification of NET Service Reimbursement** | | | |
| **Task 1 – Data Collection, Analysis, Gap Analysis/Rectification, and Preparation** | | | |
|  | Year 1 | | As specified in Part II, A.3 of the RFP for each year |
| Year 2 | |
| **Task 2 – Rate Development and Certification** | | | |
|  | Year 1 | Certification for Members eligible through CHIP and CHIP UCO | Capitation Rate Certification report that includes Cohorts 1 and 2 as described in **Table 1** and accompanying capitation rates exhibit for each year. |
| Year 2 |
|  | Year 1 | Rate Certification for All Other Population Cohorts | Capitation Rate Certification report for agreed upon population categories, and accompanying capitation rates exhibit for each year. |
| Year 2 |
|  | CMS Questions | | Support response to CMS questions pertaining to the specific FY NET rates received |
| **Accountable Communities and Primary Care Plus Data Analysis and Reporting** | | | |
|  | AC Annual Projections Roster | | As specified in Part II, C.3. of the RFP |
|  | AC Annual Reconciliation Roster | |
|  | AC Biannual Rosters | |
|  | AC Biannual Roster Comparison | |
|  | AC Biannual Pipe-delimited Rosters | |
|  | PCPlus Quarterly Rosters | | As specified in Part II, C.4. of the RFP |
|  | PCPlus Quarterly Roster Comparison | |
|  | AC TCOC Reports | | As specified in Part II, C.5. of the RFP |
|  | AC TCOC Summary Analysis | | As specified in Part II, C.6. of the RFP |
|  | AC Data Extracts | | As specified in Part II, C.7. of the RFP |
|  | AC Completion Factors | | As specified in Part II, C.8. of the RFP |
|  | AC Policy Change Adjustments | | As specified in Part II, C.9. of the RFP |
|  | Methodology Documentation | | As specified in Part II, C.11. of the RFP |
| **Fiscal Management Analytics** | | | |
|  | Projections and Actuals | | As specified in Part II, D. of the RFP, covering 10/1/2023 – 6/30/2027 and adding one new quarter of projections and updating past periods as necessary each |
| **Upper Payment Limit (UPL)** | | | |
|  | UPL Demonstrations | | Includes:Inpatient Hospital ServicesOutpatient Hospital ServicesNursing Facility ServicesIntermediate Care Facilities for Individuals with Intellectual Disabilities ServicesClinic ServicesPsychiatric Residential Treatment Facility Services |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 6**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table 6 – Required Reports Timelines** | | | | |
| **Name of Report** | | | **Period Captured by Report** | **Due Date** |
| **Independent annual development and certification of NET service reimbursement** | | | | |
| **Task 1 – Data Collection, Analysis, Gap Analysis/Rectification, and Preparation** | | | | |
|  | Year 1 | | Annually | By 2/16/2026 |
| Year 2 | | By 2/16/2027 |
| **Task 2 – Rate Development and Certification** | | | | |
|  | Year 1 | Rate Certification for Members eligible through CHIP and CHIP UCO | Annually | By 5/3/2026 |
| Year 2 | By 5/3/2027 |
|  | Year 1 | Rate Certification for All Other Population Cohorts | Annually | By 5/3/2026 |
| Year 2 | By 5/3/2027 |
|  | Year 1 | CMS Questions | Annually | By 11/30/2026 |
| Year 2 | By 11/30/2027 |
| **AC and PCPlus Data Analysis and Reporting** | | | | |
|  | AC Annual Projections Roster | | Annually | At the Department’s discretion |
|  | AC Annual Reconciliation Roster | |
|  | AC Biannual Rosters | | Biannually |
|  | AC Biannual Roster Comparison | |
|  | AC Biannual Pipe-delimited Rosters | |
|  | PCPlus Quarterly Rosters | | Quarterly | No later than the 20th day of March, June, September, and December (with first deliverable likely due March 2026) |
|  | PCPlus Quarterly Roster Comparison | |
|  | AC TCOC Reports | | Biannually/Annually | At the Department’s discretion |
|  | AC TCOC Summary Analysis | |
|  | AC Data Extracts | |
|  | AC Completion Factors | | Annually |
|  | AC Policy Change Adjustments | |
|  | Methodology Documentation | |
| **Fiscal Management Analytics** | | | | |
|  | Projections and Actuals | | Quarterly | First deliverable due 3/31/2026 and every three (3) months thereafter |
| **Upper Payment Limit (UPL)** | | | | |
|  | Year 1 | | Annually | By 6/15/2026 |
| Year 2 | | By 6/15/2027 |

**PART III KEY RFP EVENTS**

1. **Questions**
   1. **General Instructions:** It is the responsibility of all Bidders and other interested parties to examine the entire RFP and to seek clarification, in writing, if they do not understand any information or instructions.
      1. Bidders and other interested parties should use **Appendix L** (Submitted Questions Form) for submission of questions. If used, the form is to be submitted as a WORD document.
      2. Questions must be submitted, by e-mail, and received by the RFP Coordinator identified on the cover page of the RFP as soon as possible but no later than the date and time specified on the RFP cover page.
      3. The RFP Number and Title must be included in the subject line of the e-mail containing the submitted questions. The Department assumes no liability for assuring accurate/complete/on time e-mail transmission and receipt.
   2. **Question & Answer Summary:** Responses to all questions will be compiled in writing and posted on the following website no later than seven (7) calendar days prior to the proposal due date: [Office of State Procurement Services RFP Page](https://www.maine.gov/dafs/bbm/procurementservices/vendors/rfps). It is the responsibility of all interested parties to go to this website to obtain a copy of the Question & Answer Summary. Only those answers issued in writing on this website will be considered binding.
2. **Amendments**

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

1. **Proposal Submission**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
   3. **Submission Format:**
      1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202504053 Proposal Submission – [Bidder’s Name]”**
      2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

* **File 1 [Bidder’s Name] – Preliminary Information:**

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

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

All required eligibility documentation stated in PART IV, Section I, should be included in one (1) PDF file.

* **File 2 [Bidder’s Name] – Organization Qualifications and Experience:**

*PDF format preferred*

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

**Appendix E** (Subcontractor Form), if applicable

**Appendix F** (Litigation Form)

All required information and attachments stated in PART IV, Section II, should be included in one (1) PDF file.

* **File 3 [Bidder’s Name] – Proposed Services:**

*PDF format preferred*

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

All required information and attachments stated in PART IV, Section III, should be included in one (1) PDF file.

* **File 4 [Bidder’s Name] – Cost Proposal:**

*Excel format preferred*

**Appendix H** (Cost Proposal)

All required information and attachments stated in PART IV, Section IV.

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

**Section I Preliminary Information** (File #1)

* 1. **Proposal Cover Page**

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

* 1. **Responsible Bidder Certification**

Bidders must complete **Appendix B** (Responsible Bidder Certification). The Responsible Bidder Certification must be dated and signed by a person authorized to enter into contracts on behalf of the Bidder.

* 1. **Eligibility Requirements**

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

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

**Section II Organization Qualifications and Experience** (File #2)

* 1. **Overview of the Organization**

Bidders must complete **Appendix D** (Qualifications and Experience Form) describing their qualifications and skills to provide the requested services in the RFP. Bidders must include three (3) examples of projects within the last five (5) years, which demonstrate their experience and expertise in performing these services, as well as highlighting the Bidder’s stated qualifications and skills.

* 1. **Subcontractor**

If subcontractors are to be used, including consultants, Bidders must complete **Appendix E** (Subcontractor Form) providing a list that specifies the name, address, phone number, contact person, and a brief description of the subcontractors’ organizational capacity and qualifications.

* 1. **Project Team Organizational Chart**

Bidders must provide a legible organizational chart of the project team including to whom the project team reports. Note: individual project team positions are to be identified in the job description and staffing plan requirements of **Appendix G** (Response to Proposed Services).

* 1. **Litigation**

Bidders must complete **Appendix F** (Litigation Form) providing a list of all current litigation in which the Bidder is named and a list of all closed cases that have closed within the past five (5) years in which the Bidder paid the claimant either as part of a settlement or by decree.  For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If no litigation has occurred, write “none” on **Appendix F** (Litigation Form).

* 1. **Financial Viability**

Bidders must provide the three (3) most recent years of Financial Statements audited or reviewed by a Certified Public Accountant.

* 1. **Certificate of Insurance**

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

|  |  |
| --- | --- |
| **Required Attachments Related to Organization Qualifications and Experience** | |
| **Attachment #:** | **Attachment Name:** |
| One (1) | Qualifications and Experience Form |
| Two (2) | Subcontractor Form |
| Three (3) | Organizational Chart |
| Four (4) | Litigation |
| Five (5) | Financial Viability |
| Six (6) | Certificate of Insurance |

Attachments 1 – 6 must be included in numerical order, as part of File 2, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 1 – 6 will be reviewed and evaluated by the Department’s evaluation team under the Organization Qualifications and Experience section of this RFP.

**Section III Proposed Services** (File #3)

Bidder must complete **Appendix G** (Response to Proposed Services) by providing a detailed response to the requirements outlined in this RFP.

|  |  |
| --- | --- |
| **Required Attachments Related to Proposed Services** | |
| **Attachment #:** | **Attachment Name:** |
| Seven (7) | Job Descriptions |
| Eight (8) | Staffing Plan |
| Nine (9) | Implementation - Work Plan |

Attachments 7 – 9 must be included in numerical order, as part of File 3, as outlined in PART III “Submitting the Proposal” of this RFP. Attachments 7 – 9 will be reviewed and evaluated by the Department’s evaluation team under the Proposed Services section of this RFP.

**Section IV Cost Proposal** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the period starting 10/1/2025 and ending on 9/30/2027.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements, excluding Ad Hoc work rates. Rates for Ad Hoc analysis will be discussed during contract negotiations.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

Bidders must fill out **Appendix H** (Cost Proposal), following the instructions detailed here and in the form. Failure to provide the requested information, and to follow the required cost proposal format provided, may result in disqualification or reduction in scoring of the cost proposal, at the discretion of the Department.

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

1. **Evaluation Process – General Information**
   1. An evaluation team, composed of qualified reviewers, will judge the merits of the proposals received in accordance with the criteria defined in the RFP.
   2. Officials responsible for making decisions on the award selection will ensure that the selection process accords equal opportunity and appropriate consideration to all who are capable of meeting the specifications. The goals of the evaluation process are to ensure fairness and objectivity in review of the proposals and to ensure that the contract is awarded to the Bidder whose proposal provides the best value to the State of Maine.
   3. The Department reserves the right to communicate and/or schedule interviews/presentations with Bidders, if needed, to obtain clarification of information contained in the proposals received. The Department may revise the scores assigned in the initial evaluation to reflect those communications and/or interviews/presentations.
   4. Changes to proposals, including updating or adding information, will not be permitted during any portion of the evaluation process. Therefore, Bidders must submit proposals that present their rates and other requested information as clearly and completely as possible.
2. **Scoring Weights and Process**
   1. **Scoring Weights:** Proposal scores will be based on a 100-point scale and will measure the degree to which each proposal meets the following criteria:

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**  Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **(No Points – Eligibility Requirements)** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **25 points** |
| **Section III.** | **Proposed Services**  Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **50 points** |
| **Section IV.** | **Cost Proposal**  Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP. | **25 points** |

* 1. **Scoring Process:** For proposals that demonstrate meeting the eligibility requirements in Section I, the evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 25 points. Proposals with higher bid values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 25 = pro-rated score

No Best and Final Offers: The State of Maine will not seek or accept a best and final offer (BAFO) from any Bidder in this procurement process.  All Bidders are expected to provide their best value pricing with the submission of their proposal.

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

1. **Selection and Award**
   1. The final decision regarding the award of the contract will be made by representatives of the Department subject to approval by the State Procurement Review Committee.
   2. Notification of conditional award selection or non-selection will be made in writing by the Department.
   3. Issuance of the RFP in no way constitutes a commitment by the State of Maine to award a contract, to pay costs incurred in the preparation of a response to the RFP, or to pay costs incurred in procuring or contracting for services, supplies, physical space, personnel or any other costs incurred by the Bidder.
   4. The Department reserves the right to reject any and all proposals or to make multiple awards.
2. **Appeal of Contract Awards**

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

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

1. **Contract Document**
   1. The awarded Bidder will be required to execute a State of Maine Service Contract with appropriate riders as determined by the issuing department.

The complete set of standard State of Maine Service Contract documents, along with other forms and contract documents commonly used by the State, may be found on the [Office of State Procurement Services](https://www.maine.gov/dafs/bbm/procurementservices/forms) website.

Forms and contract documents commonly used by the Department can be found on the Department’s [Division of Contract Management website](https://www.maine.gov/dhhs/about/financial-management/contract-management).

* 1. Allocation of funds is final upon successful negotiation and execution of the contract, subject to the review and approval of the State Procurement Review Committee. Contracts are not considered fully executed and valid until approved by the State Procurement Review Committee and funds are encumbered. No contract will be approved based on an RFP which has an effective date less than fourteen (14) calendar days after award notification to Bidders. (Referenced in the regulations of the Department of Administrative and Financial Services, [Chapter 110, § 3(B)(i)](https://www.maine.gov/dafs/bbm/procurementservices/policies-procedures/chapter-110).)

This provision means that a contract cannot be effective until at least 14 calendar days after award notification.

* 1. The State recognizes that the actual contract effective date depends upon completion of the RFP process, date of formal award notification, length of contract negotiation, and preparation and approval by the State Procurement Review Committee. Any appeals to the Department’s award decision(s) may further postpone the actual contract effective date, depending upon the outcome. The contract effective date listed in the RFP may need to be adjusted, if necessary, to comply with mandated requirements.
  2. In providing services and performing under the contract, the awarded Bidder must act as an independent contractor and not as an agent of the State of Maine.

1. **Standard State Contract Provisions**
   1. Contract Administration

Following the award, a Contract Administrator from the Department will be appointed to assist with the development and administration of the contract and to act as administrator during the entire contract period. Department staff will be available after the award to consult with the awarded Bidder in the finalization of the contract.

* 1. Payments and Other Provisions

The State anticipates paying the Contractor on the basis of net 30 payment terms, upon the receipt of an accurate and acceptable invoice. An invoice will be considered accurate and acceptable if it contains a reference to the State of Maine contract number, contains correct pricing information relative to the contract, and provides any required supporting documents, as applicable, and any other specific and agreed-upon requirements listed within the contract that results from the RFP.

**PART VII LIST OF RFP APPENDICES AND RELATED DOCUMENTS**

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

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

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Subcontractor Form

**Appendix F** – Litigation Form

**Appendix G** – Response to Proposed Services

**Appendix H** – Cost Proposal

**Appendix I –** Map of Maine’s Eight (8) Transit Regions

**Appendix J** – Claims, Non-Claims Payment, and Eligibility Files

**Appendix K** – Materials Specific to Accountable Communities and PCPlus

**Appendix L** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**PROPOSAL COVER PAGE**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

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

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

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

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

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

1. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
2. *Have not within three years of submitting the proposal for this contract been convicted of or had a civil judgment rendered against them for:*
   1. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state, or local government transaction or contract.*
   2. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.*
3. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification.*
4. *Have not within a three (3) year period preceding this proposal had one or more federal, state, or local government transactions terminated for cause or default*.
5. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this proposal is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*
6. *Is not a foreign adversary business entity (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*).*
7. *Is not on the list of prohibited companies (*[*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies)*) or does not obtain or purchase any information or communications technology or services included on the list of prohibited information and communications technology and services* [*https://www.maine.gov/oit/prohibited-technologies*](https://www.maine.gov/oit/prohibited-technologies) *(Title 5 §2030-B).*

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## ELIGIBILITY TO SUBMIT A BID

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** |  | |
| **Eligibility Certification**  All interested parties, who have conducted Non-Emergency Transportation (NET) Rate Certifications and Upper Payment Limit (UPL) demonstrations, approved by CMS, are invited to submit bids in response to this RFP. Specifically, Bidders must demonstrate having conducted:   1. At least two (2) Non-Emergency Transportation (NET) Services Rate Certifications, approved by CMS, in the past five (5) years; and 2. At least two (2) Upper Payment Limit (UPL) demonstrations, approved by CMS, in the past five (5) years. | | |
| 1. Has the Bidder conducted at least two (2) NET Services Rate Certifications, approved by CMS, in the past five (5) years? | | Yes or  No |
| * 1. Which project(s) meet this eligibility requirement as described in the Bidder’s response to **Appendix D**? | | Project One  Project Two  Project Three |
| 1. Has the Bidder conducted at least two (2) Upper Payment Limit (UPL) demonstrations, approved by CMS, in the past five (5) years? | | Yes or  No |
| * 1. Which project(s) meet this eligibility requirement as described in the Bidder’s response to **Appendix D**? | | Project One  Project Two  Project Three |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |
| **In addition, describe the Bidder’s experience with:**   1. **Developing and implementing standard tools and reports for state Medicaid agencies to project and track trends in utilization, enrollment, and price/cost broken out by service category and population type, etc., at it pertains to Fiscal Management Analytics (FMA).** |
|  |
| 1. **Developing and certifying Non-Emergency Transportation (NET) service reimbursement Per Member Per Month (PMPM) rates**. |
|  |
| 1. **Other state Medicaid programs’ payment reform efforts (e.g., Accountable Care Organization and shared savings programs, innovations in primary care payment, etc.)** |
|  |
| 1. **Upper Payment Limit (UPL) demonstrations.** |
|  |

|  |
| --- |
| **Provide a description of three (3) projects that occurred within the past five (5) years which reflect experience and expertise needed in performing the functions described in Part II – Scope of Services to be Provided of the RFP. Contract history with the State of Maine, whether positive or negative, may be considered in evaluating proposals even if not provided by the Bidder.**  **At least one project must demonstrate meeting all eligibility requirements outlined in Part I, C and Appendix C of the RFP.** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project One** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Two** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Three** | | | | |
| **Business Reference Name:** | |  | | |
| **Reference Contact Person:** | |  | | |
| **Telephone:** | |  | | |
| **E-Mail:** | |  | | |
| **Project Start Date** |  | | **Project End Date** |  |
| **Include a detailed description of the project below:** | | | | |
|  | | | | |

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## SUBCONTRACTOR FORM

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

|  |
| --- |
| **If subcontractors, including consultants, are to be used, provide each individual subcontractor’s business or consultant’s name, contact person, address, phone number, and a brief description of the subcontractor’s organizational or consultant’s capacity and qualifications. Bidders may add additional Subcontractors/Consultants as needed.** |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** | |
|  | |

|  |  |
| --- | --- |
| **Subcontractor/Consultant** | |
| **Subcontractor Business or Consultant’s Name:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Phone Number:** |  |
| **E-Mail:** |  |
| **Subcontractor/consultant organizational capacity and qualifications** | |
|  | |

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## LITIGATION FORM

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

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

|  |  |
| --- | --- |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |
|  | |
| **Case #** |  |
| **Entity Filing Suit:** |  |
| **Complaint/Accusation:** |  |
| **Amount:** |  |
| **Outcome** |  |

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

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

****

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**COST PROPOSAL**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

|  |  |
| --- | --- |
| **Bidder’s Organization Name:** |  |
| **Proposed Cost:** | **$** |

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. On Schedule 1, the proposed cost must be presented as an all-inclusive fixed rate amount for each deliverable. On Schedule 2 the Bidder must include a list of hourly rates for all staff that will be used to reimburse ad hoc work and project management and in negotiating a budget for ad hoc work.

The Total Cost on Schedule 1 will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

**The Cost Form may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**

****

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**MAP OF MAINE’S EIGHT (8) TRANSIT REGIONS**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

**The map of Maine’s eight (8) transit regions may be obtained in a PDF (.pdf) format by double clicking on the document icon below**



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**CLAIMS, NON-CLAIMS PAYMENT, AND ELIGIBILITY FILES**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

**Claims, Non-Claims Payment, and Eligibility Files may be obtained in a Word or Excel (.doc or .xlsx) format by double clicking on the document icon below.**

|  |  |
| --- | --- |
| **Attachment 1** | **Attachment 2** |
|  |  |
| *NPI+3 is a field unique to MaineCare’s provider enrollment system that assigns a three-digit extension to each provider’s NPI to denote the different physical locations at which the provider renders services. NPI+3s appears on all claims and are central to Member assignment in MaineCare’s AC and various Health Home programs.* | |
| **Attachment 3** | **Attachment 4** |
|  |  |
| **Attachment 5** | |
| *The RAC code list is subject to change by the Department. In the event of an update, the Department will provide the awarded Bidder with the updated list.* | |

**APPENDIX K**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**MATERIALS SPECIFIC TO ACCOUNTABLE COMMUNITES AND PCPLUS**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

**Materials specific to Accountable Communities and PCPlus may be obtained in a PDF or Excel (.pdf or .xlsx) format by double clicking on the document icon below.**

|  |  |  |
| --- | --- | --- |
| **Attachment 1** | **Attachment 2** | **Attachment 3** |
|  |  |  |
| **Attachment 4** | **Attachment 5** | **Attachment 6** |
|  |  |  |
| **Attachment 7** | **Attachment 8** | **Attachment 9** |
|  |  |  |

**APPENDIX L**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202504053**

**Assorted Actuarial Services and Fiscal Management Analytics and Reporting**

This form should be used by Bidders when submitting written questions to the RFP Coordinator as defined in Part III of the RFP.

If a question is not related to any section of the RFP, enter “N/A” under the RFP Section & Page Number. Add additional rows as necessary.

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

|  |  |
| --- | --- |
| **RFP Section & Page Number** | **Question** |
|  |  |
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