

EXHIBIT A

BID BOARD NOTICE

PROCUREMENT ID NUMBER: PHPA-S1325

ISSUE DATE: June 11, 2013

TITLE: IT Consultant Services for BCCDT Program re: eCMS and BCC Database Migration to the new MMIS and eCMS Transition from ICD-9 to ICD-10

THIS SOLICITATION SHALL BE MADE IN ACCORDANCE WITH THE SMALL PROCUREMENT REGULATIONS DESCRIBED IN COMAR 21.05.07

SMALL BUSINESS RESERVE

This solicitation has been designated as a Small Business Reserve (SBR); only registered SBRs may respond. Please apply at <https://emaryland.buyspeed.com/bsr/>, to begin the process, follow the prompts to see if your business qualifies. For assistance in the SBR registration process, please call 410-767-1492. If you qualify, please put your SBR number on the bid page.

BACKGROUND

The eCMS (Electronic Claims Management System) provides claims processing functionality in support of health care payer operations for two programs operated by DHMH: The Breast and Cervical Cancer Diagnosis and Treatment (BCCDT) Program and The Kidney Disease Program (KDP). In addition, two databases house Program provider and participant information that are also accessed for claims processing.

The Maryland Medicaid Program has hired contractors to develop and implement a new claims processing system, called the new Medicaid Management Information System (MMIS). The new MMIS is also slated to replace the current eCMS claims processing system and is scheduled to be functional by October 1, 2014.

The BCCDT Program's eCMS claims processing system, in the event that the new MMIS is not functional by October 1, 2014, must be prepared as of that date to process claims using the ICD-10 coding format. According to Federal requirements, the BCCDT Program must be ready by October 1, 2013 to receive and test ICD-10 claims from participating providers who want to send their newly formatted claims to BCCDT to evaluate their own preparations to comply with the requirements.

SCOPE OF WORK

The BCCDT Program is seeking a consultant to assist in upcoming critical tasks related to the conversion of data from the eCMS claims processing operations to the new MMIS system. For all processes, the consultant will need to identify risks and propose risk mitigation strategies with the goal of minimizing down time and ensuring continuity of operations crucial for the BCCDT Program. In addition, the consultant will need to

prepare files for the conversion of the BCC Provider and Patient database information to the new MMIS system. The consultant will perform the testing and quality assurance review of the BCCDT claims processing in new MMIS to assure appropriate functioning. The consultant will also need to assist with the testing of the eCMS system changes from ICD-9 to ICD-10 claims processing.

DESCRIPTION OF SERVICE

All services are to be performed onsite, unless otherwise established for a particular project. The number of hours the consultant will need to work each week will be determined by the Program Manager on an as needed basis. The consultant will offer the following services to the Department:

- Assist with the planning and execution of the eCMS data migration from the FHA domain to the new MMIS system.
- Advise the on-site Santeon contractor and IT Programmer Analyst in the performance of their tasks to support the eCMS and BCCDT data conversion and other upcoming critical tasks involved in getting the new MMIS system and the BCCDT Program ready to perform critical program functions with minimal problems or interruption to day to day operations.
- Provide quality assurance oversight and testing to assure accurate data conversion and functioning.
- Perform other tasks as requested by the Program Manager.

MANDATORY REQUIREMENTS

The consultant shall meet the following minimum requirements:

- A Master's Degree in a relevant field
- At least 1 year of experience working with the eCMS claims processing system that is utilized by the BCCDT Program
- Prior work with a Maryland State agency

CONTRACT TERM

The term of this contract shall be July 1, 2013 through June 30, 2014.

BILLING

The contractor shall bill the Department on a monthly basis for the work performed each month, in hours. The total cost of all hours worked may not exceed \$18,000 for the term of the contract.

All invoices must be on the contractor's letterhead, must be signed and dated, and must include the following:

- The contractor's name and mailing address
- The contractor's Federal Tax Identification or Social Security Number
- The State assigned Contract Control Number
- The State assigned blanket purchase order number
- The goods and services provided
- The time period covered by the invoice

- The amount of requested payment, and
- Documentation to support invoice requested amount.

AWARD

This is a multi-step bid. Vendors must first meet all of the mandatory requirements; afterwards, an award will be made on the basis of lowest hourly rate. Bids will not be considered by vendors who do not meet all of the mandatory requirements. The total cost of the resulting contract will not exceed \$18,000.

TIE-BIDS

If bids are received from responsive and responsible bidders that are identical in prices, terms and conditions and which meet all requirements set forth in the Invitation of Bids, an award will be made in accordance with State Regulations 21.05.02.14B. If a tie still exists, the bidder with the most experience shall be used to determine the successful bidder.

BID SUBMISSION INFORMATION

Submissions will only be accepted via hand delivery, mail or courier (i.e. Fed Ex, UPS, etc.). Original hand-delivered or mailed submissions must be received by the PROCUREMENT OFFICER no later than 10:00 AM on June 19, 2013 in order to be considered. Please put Procurement Identification Number on the outside of the mailing envelope.

Bidders who hand-deliver bids are requested to please ask the building's security desk to telephone the PROCUREMENT OFFICER.

**NOTE: When dropping off the proposal, please obtain a receipt indicating the proposal was received.*

Bidders who mail bids should allow sufficient mail transit time to ensure timely receipt by the PROCUREMENT OFFICER. Bids and/or unsolicited amendments to bids arriving after the closing hour and date noted above will not be considered. For any response that is not hand-delivered, the bidder must confirm, at least 60 minutes before the deadline, that the bids were received in PHPA Procurement. PHPA is not responsible for bids dropped off in the mailroom. Questions regarding this solicitation should be directed, **via e-mail (no phone calls)**, to the PROCUREMENT OFFICER.

NO FAX OR EMAIL BIDS WILL BE ACCEPTED

PROCUREMENT OFFICER:

Vern Shird
Prevention and Health Promotion Administration
Department of Health and Mental Hygiene
201 W. Preston St., Room 306
Baltimore, MD 21201
Phone: 410-767-5555
Email: vern.shird@maryland.gov

ISSUING OFFICE:

Jacqueline Richter,
Program Manager,
Breast and Cervical Cancer Diagnosis and Treatment Program
Center for Cancer Prevention and Control
Maryland Department of Health and Mental Hygiene
201 W. Preston St., Room 301
Baltimore, MD 21201
(410) 767-5738

Program Manager,
Breast and Cervical Cancer Diagnosis and Treatment Program

Date

**MINORITY BUSINESS ENTERPRISES ARE STRONGLY ENCOURAGED TO
RESPOND TO THIS SOLICITATION**

BID FORM

PROCUREMENT I.D. NUMBER: PHPA-S1325

ISSUE DATE: June 11, 2013

TITLE: Preparation of Complex Health Care Data for Public Presentation - Consultant

Offeror Information:

Vendor Name: _____

Federal Tax ID (FEIN) #: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

SBR Number: _____

Proposed project cost: \$ _____ /per hour

Signature

Date

Required Technical Attachments

- Description of required experience, including dates and client contact information.
- Two references from sources with whom you gained the required experience.

Vendor signature and date certifies that technical and price submissions are correct and that vendor agrees to perform all services stated in **the Bid Board Solicitation PHPA-S1325.**