

OFFICIAL TRANSCRIPT OF THE  
MARYLAND HEALTH CARE COMMISSION  
PRE-PROPOSAL CONFERENCE

FOR  
HEALTH BENEFIT PLAN PERFORMANCE EVALUATION-REPORT  
DEVELOPMENT

SOLICITATION NO. MHCC 12-015

Thursday, April 26, 2012

1:00 P.M.

Maryland Health Care Commission  
4160 Patterson Avenue  
Baltimore, Maryland 21215

Agency:

Bruce Kozlowski, MHCC Center Director  
Scharmaine Robinson, Contract Monitor  
Andrea Allen, Procurement Officer

Participants:

Allison Booker, WB&A Market Research (via telephone)  
Clayvon Lighty, Lighty Communications Group, Inc.  
Kevin Lighty, Lighty Communications Group, Inc.  
Oanh Vuong, NCQA  
Heather Williams, NCQA

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1 MS. ALLEN: Good morning. I'm going to go over the  
2 RFP for MHCC 12-015, the Health Benefit Plan Performance  
3 Evaluation Report Development, and I would like to say welcome.  
4 Thank you for joining us.

5 If you would like to introduce -- oh, no. I'm sorry.  
6 Staff introduce themselves.

7 MS. ROBINSON: Sure. Scharmaine Robinson. I'll be  
8 the Contract Monitor for this project.

9 MR. KOZLOWSKI: Hello, Bruce Kozlowski.

10 MS. VUONG: Good afternoon. I'm Oanh Vuong, the  
11 Director of Quality Solutions, NCQA.

12 MS. WILLIAMS: Good afternoon, Heather Williams,  
13 Senior Healthcare Analyst and Quality Solutions Group at NCQA.

14 MR. LIGHTY: Kevin Lighty. I'm the Executive Business  
15 Director at Lighty Communications.

16 MS. ALLEN: Allison?

17 MS. BOOKER: Allison Booker, WB&A Market Research.

18 MS. ALLEN: Okay. So, just to go over a few things,  
19 the **proposals are due May 16<sup>th</sup> no later than 4 p.m.** We need five  
20 copies -- one original, one PIA copy.

21 The contract has a fifteen percent (15%) MBE  
22 subcontractor goal and this is a five-year contract. The term,  
23 we wanted to start about June 1<sup>st</sup> of 2012 until May 31<sup>st</sup> 2017.

24 The Procurement Method for this RFP is a competitive  
25 sealed proposal process. This process involves submitting a

1 sealed Technical Proposal and a sealed Financial Proposal.

2 Okay, the process involves submitting a sealed Technical  
3 Proposal and a sealed Financial Proposal. You must submit, once  
4 again, a PIA which is a Public Information Act copy since the  
5 Commission is obligated under the Public Information Act to  
6 provide copies of the winning proposal to vendors after award,  
7 if requested.

8 An Evaluation of Proposals will be conducted by a  
9 Committee established by the Commission. The Technical Proposal  
10 will be given more weight than the Financial Proposal. The  
11 Technical Proposal must be considered responsive to the RFP by  
12 the Evaluation Committee or your Financial Proposals will be  
13 returned and unopened.

14 Please follow the organization of the proposal which  
15 is outlined in Part 2 of the RFP. Proposals must include  
16 documentation of fiscal integrity, provide a Legal Action  
17 Summary, provide a list of all contracts with any entity of the  
18 State of Maryland, and address the issue of the Economic Benefit  
19 to the State of Maryland.

20 Please be sure to include a statement of any  
21 proprietary information contained in your proposal. Once the  
22 Evaluation Committee has reviewed the proposals, additional  
23 questions, clarifications, or issues may -- needed to be  
24 clarified, vendors may be contacted via e-mail or fax -- more  
25 than likely, will be e-mail. Once this process is completed,

1 vendors whose proposals are deemed to be reasonably susceptible  
2 of award, will then have their Financial Proposals opened and  
3 ranked.

4           If you are submitting a proposal, please make sure  
5 that you list your resident agent on the Bid Proposal Affidavit.  
6 Your resident agent is the person to whom all legal notices are  
7 required to be sent. If you need to determine your resident  
8 agent, please contact the Department of Assessment and Taxation  
9 at (410) 767-1330 or you can go to their website at  
10 [www.dat.state.md.us](http://www.dat.state.md.us).

11           A Controller's Clearance is required before a contract  
12 is awarded to ensure that your company, firm has no outstanding  
13 liens in the State of Maryland.

14           There's specific requirements for MBE Participation  
15 that you must be aware of. Failure to comply with these  
16 requirements will automatically render your proposal ineligible  
17 for award. Your MBE Subcontractor must now be designated and  
18 included as part of your Technical Proposal. MBE Forms,  
19 Certified MBE Utilization and Fair Solicitation Affidavits, MBE  
20 Attachments; that's the MBE Participation Schedule. If a vendor  
21 fails to submit these forms in their proposal as required, the  
22 Procurement Officer shall deem the offer not reasonably  
23 susceptible of being selected for award, and your Financial  
24 Proposal will be returned.

25           This contract contains a Living Wage requirement.

1 Vendors that fall under the Living Wage requirements will be  
2 required to submit to the Department of Labor and Industry every  
3 14 days, the payroll records for employees working on the state  
4 contract and their subcontractor will be responsible for  
5 submitting their payroll records, to the prime, who in turn  
6 forwards them on to the Department of Labor and Licensing and  
7 Regulations every 14 days. In certain instances, the Department  
8 of Labor and Licensing could even ask the Commission to rescind  
9 the contract for failure to comply. For further information  
10 pertinent to this requirement, please check the website at  
11 [www.dllr.maryland.gov](http://www.dllr.maryland.gov). All information on this procurement will  
12 be posted to emarylandmarketplace.com, mhcc.dhmf.maryland.gov,  
13 and dhmf.state.md.us.

14 Any vendor not selected for award, should request a  
15 debriefing. Requests for a debriefing should be mailed to -- e-  
16 mailed to my attention and will be honored by the Commission at  
17 the earliest permissible time. Okay, and --

18 MR. KOZLOWSKI: -- Andrea, did you cover eMaryland  
19 Marketplace?

20 MS. ALLEN: eMaryland Marketplace?

21 MR. KOZLOWSKI: Because they're required to put their  
22 vendor number in the transmittal letter.

23 MS. ALLEN: Oh, yes, you are. When you submit your  
24 proposal, in the transmission letter, please have your eMaryland  
25 Market number, your tax ID number, at least, two people

1 responsible for the contract. You have your prime person, and a  
2 secondary person just in case. And, I think, that may -- that's  
3 it. Yep, that's it. And, that is on page 31 under Section 4.2,  
4 Transmittal Letter. Thank you.

5 Bruce, did you want to do an overview of the Center.

6 MS. ROBINSON: Okay, just in terms of a overview of  
7 the Center, you can just say that the Center reports, publicly,  
8 on the Quality and Performance of Health Benefit Plans operating  
9 in the State of Maryland including reporting on plan member  
10 satisfaction with their experience of care through the Health  
11 Benefit Plan quality and performance evaluation system and  
12 public reporting.

13 Maryland was the first state to distribute a  
14 comprehensive Health Benefit Plan report card. Maryland remains  
15 committed to expanding and improving the quality of care through  
16 improved transparency measurements and accountability.

17 Moving onto a review of this RFP, I see that everyone,  
18 here, has a copy of the RFP, already.

19 Allison, I assume that you have your copy, as well?

20 MS. BOOKER: I do, yes. Thank you.

21 MS. ROBINSON: Great. So, what we can do is just go  
22 over some general information. If you have any questions as we  
23 go through it, feel free to -- actually, if you could hold your  
24 questions until we get to the end, and then, we'll just take all  
25 of the questions, at one time.

1           So, with regard to the general information, Health  
2 General Article, Section 19-101 et seq. directs the Maryland  
3 Healthcare Commission to establish and implement a system to  
4 evaluate quality of care outcomes and performance measurement of  
5 commercial health benefit plans in Maryland.

6           Maryland commercial health benefit plans that meet the  
7 three criteria defined in COMAR 10.25.08.01 are required to,  
8 annually, submit quality and performance information to MHCC.  
9 These three criteria include that the plans hold a certificate  
10 of authority in the state, have a premium volume in Maryland for  
11 each category of health benefit plan that exceeds one million  
12 dollars (\$1M), and has no more than sixty-five percent (65%) of  
13 its Maryland enrollees covered through the Medicare and Medicaid  
14 programs for each category of health benefit plan.

15           So, this quality and performance information shall  
16 include, but is not limited to HEDIS, CAHPS, and the Maryland-  
17 specific performance data, MHCC Maryland-specific performance  
18 data as well as MHCC designated eValue8 sections or questions,  
19 as well as proprietary or exclusive measurement tools designed  
20 to meet the requirements of the Affordable Care Act related to  
21 Qualified Health Plan performance measurement and reporting.  
22 So, it's a number of tools that could be used.

23           To obtain accurate data for inclusion in the reports,  
24 the report development Contractor shall work, cooperatively,  
25 with the other MHCC vendors responsible for the data gathered

1 during the annual compliance audit of Maryland's commercial  
2 health benefit plans. These other MHCC vendors shall include a  
3 HEDIS audit vendor, a CAHPS survey vendor, and other vendors  
4 like an eValue8 Requests-For-Information or RFI vendor. MHCC  
5 will coordinate the data exchanges from the vendors to the  
6 Contractor. Annually, the audit vendors will provide the  
7 Contractor with final, validated HEDIS, CAHPS and eValue8  
8 results for each of the audited health benefit plans. Also, the  
9 HEDIS vendor will provide the Contractor with final, validated  
10 results of the additional Maryland-specific measures being  
11 reported, annually, by Maryland's commercial health benefit  
12 plans.

13           The Contractors shall then use all of the information  
14 collected to create the following annual reports. First,  
15 they'll be a series of Health Benefit Plan-Specific Performance  
16 Reports for each commercial health benefit plan which provides  
17 the detailed results for quality and performance measures prior  
18 to the public release of performance data. These reports will  
19 not be released, publicly; they're for internal purposes for the  
20 plans, only. Next, there will be three static .pdf document-  
21 style documents for public dissemination. These three reports  
22 will include the Health Benefit Plan Performance Report, the  
23 Qualified Health Plan Performance Report, and the Health Benefit  
24 Plan Statistical Report.

25           MHCC intends to make a single award to the Offeror

1 whose proposal is deemed to be the most advantageous.

2 In terms of the Contract type, it shall be a fixed  
3 firm price contract. Andrea had talked a little bit about the  
4 detail of that, so I'll just skip over the rest of the  
5 information.

6 The Contract resulting from this RFP shall be for a  
7 period of five (5) years beginning on or about June 1<sup>st</sup>, 2012,  
8 and ending on May 31<sup>st</sup>, 2017. The Contractor shall provide  
9 services upon receipt of a Notice to Proceed from the Contract  
10 Monitor. And, just to emphasize, the **proposals are due no later**  
11 **than 4 p.m. local time on Wednesday, May 16<sup>th</sup>, 2012** in order to  
12 be considered.

13 In terms of the MBE goal, the minimum overall MBE  
14 subcontractor participation is fifteen percent (15%), and it has  
15 been established as a firm amount for this contract.

16 In terms of the Offeror minimum qualifications, there  
17 are none.

18 So, we can skip over that and move right into the  
19 Scope of Work in Section 3. For 2012 reporting, health benefit  
20 plans, HMO, POS, EPO and PPO product combinations have been  
21 authorized for carriers on a case-by-case basis. Eight HMO, POS  
22 combinations and six PPO health benefit plans are known to be  
23 required to submit performance results in their 2012 reporting.  
24 Authorization to report any product combination is subject to  
25 future change. The number and type of health benefit plans that

1 are required to submit performance results are also subject to  
2 change based on whether health benefit plans meet the three  
3 criteria I mentioned before, identified in COMAR 10.25.08.

4 The Scope of Work Requirements. No later than thirty  
5 (30) days after contract award, the Contractor shall attend the  
6 first annual Project Kick-off Meeting, right here, at MHCC. At  
7 the Project Kick-off Meeting, the Contractor must present an  
8 updated Work Plan, two potential themes for the layout of the  
9 annual reports, other creative ideas for the layout of the  
10 reports, and draft vignettes of high-level descriptions of each  
11 of the health benefit plans in Maryland.

12 In terms of Graphic Design, the Contractor shall  
13 provide or secure the services of professional graphic designers  
14 for work on the three public reports. It's not necessary for  
15 the internal plan specific reports -- report series that I  
16 mentioned. The Contract Monitor will make final determinations  
17 on the style and content of each report. The Contractor shall  
18 also be required to incorporate text, design, content and  
19 graphic edits made by MHCC. The Contractor shall be required to  
20 submit at least two samples from prior work for other clients  
21 using the proposed graphics designer. These samples developed  
22 for other projects shall also include suggestions for adapting  
23 that material for the MHCC report development project. Samples  
24 shall include report cover pages and content pages including  
25 charts and graphs. In addition, the Contractor shall include a

1 general description of proposed form, format and content for the  
2 2012 reports. The Contractor must have the knowledge and  
3 experience-based vision to demonstrate how the content of each  
4 report will meet the information needs and comprehension  
5 abilities of MHCC's target audience. And, in terms of the  
6 target audience for the public reports, the Health Benefit Plan  
7 Performance Report, we are looking at a fourth (4<sup>th</sup>) grade  
8 reading level for that.

9           Additionally, prior to the release of any public  
10 reports, the Contractor shall develop and issue a copy of the  
11 respective Health Benefit Plan-Specific Reports to each  
12 participating commercial health benefit plan to review for its  
13 accuracy. These reports shall contain the results of each  
14 health benefit plan's own performance on each of the reported  
15 measures. Changes that are identified by the health benefit  
16 plans' representatives and approved by the Contract Monitor  
17 shall be incorporated into the final reports that will go out to  
18 the public.

19           Annually, the Contractor shall develop the Health  
20 Benefit Plan Performance Report as a, stylistically, creative  
21 publication. The Contractor shall divide the report based on  
22 NCQA's Healthcare Effectiveness Data and Information Set or  
23 (HEDIS), and there domains of related information, or other  
24 consumer interest categories designated by MHCC. These consumer  
25 interest categories shall include, but are not limited to, major

1 chronic conditions including heart disease, diabetes,  
2 hypertension, asthma, COPD, and mood disorders; as well as  
3 general prevention and wellness measures, including child,  
4 adolescent, and adult immunizations, worksite wellness program,  
5 and women's health services.

6           Next, the Qualified Health Plan Performance Report  
7 shall be designed and developed by the Contractor once the  
8 Maryland Health Benefit Exchange becomes operational under the  
9 Affordable Care Act. The Essential Health Benefits are defined  
10 to measure QHP performance. This is, currently, scheduled for  
11 January 1, 2014. Health benefit plan-specific data related to  
12 the production of the QHP Performance Report shall become a  
13 contract requirement in future years, not sooner than 2015, as  
14 data collection will begin by the plans in 2014.

15           MR. KOZLOWSKI: Stop there for a minute. Currently,  
16 the ACA is a moving target as this development of the exchange.  
17 The exchange has been approved by the legislature. The bill  
18 signing is May -- I believe May 3<sup>rd</sup>. And, so, it will in that  
19 juncture, officially come into play if there -- if they get the  
20 proper guidance from Washington on ACA, it is possible that the  
21 schedule date for conceptual design would be January 2013  
22 instead of 2014.

23           MS. ROBINSON: Okay. So, then, the last report which  
24 is also an Annual Report, the Contractor shall develop is the  
25 Health Benefit Plan Statistical Report. This will be a,

1 stylistically, creative publication, also, and it will include,  
2 significantly, more detailed, comprehensive account of health  
3 benefit plans' performance compared to the less detailed account  
4 of plan performance found in the consumer version for the Health  
5 Benefit Plan Performance Report. The statistical report shall  
6 be compartmentalized into smaller categories of data. Each  
7 compartment in the statistical report shall be organized such  
8 that it is a stand-alone .pdf report, the goal of which is to  
9 make downloading smaller portions of a very large publication  
10 possible.

11 I think there might also be opportunities to do book  
12 markings, as well. I'd have to double check with our IT in  
13 terms of what style of book marking might be compatible with the  
14 quicker downloads. So, if you have, in your proposal, a  
15 different style, that would, also, facilitate quick downloads by  
16 consumers that's different from the stand-alone .pdf style,  
17 please feel free to distinguish that.

18 MR. KOZLOWSKI: We're, currently, wavering almost all  
19 migrated, at this point, to Sharepoint, so just keep that in  
20 mind because websites that operate Sharepoint are, somewhat,  
21 more difficult to manipulate than stand-alone websites, and  
22 these reports are not on a stand-alone server, they're a part of  
23 Sharepoint. So, I just want to bring that to your attention.

24 MS. ROBINSON: The content and format of these reports  
25 will change at the request of the Contract Monitor based on the

1 need to provide an accurate representation of Maryland's overall  
2 performance. For these public reports, the Contractor  
3 shall develop texts that, briefly, but comprehensively explains  
4 the importance of each performance measure in the public  
5 reports; shall address complex issues such as clinical and  
6 statistical significance in a consumer-friendly language; create  
7 ADA 508 compliant and .pdf formatted documents optimized for web  
8 viewing with bookmarks that divide each of the reports in a  
9 meaningful way; utilize and present data in a tabular and/or  
10 graphic formats from any or all of the three aforementioned  
11 performance measurement tools including HEDIS, CAHPS, and  
12 eValue8; and, finally, to display each plan's performance  
13 results, on a measure-by-measure basis, compared to the average  
14 performance for all commercial health benefit plans in Maryland,  
15 and/or regions within Maryland, meaning the northern region of  
16 Maryland, southern Maryland, Eastern Shore, and western  
17 Maryland. Also, it could include the Mid-Atlantic region and/or  
18 the United States, as well. For every instance in which  
19 measures and plans have remained stable, a minimum of the prior  
20 three consecutive years of data shall be reported as indicators  
21 showing, statistically, significant health benefit plan  
22 performance trends over time.

23           The Contractor shall derive health benefit plan  
24 performance data, which will be designated by the MHCC, from any  
25 or all of the three, nationally, recognized health benefit plan

1 performance measurement tools, or other measurement tools that  
2 may be available. So, again, we're referring to HEDIS, CAHPS,  
3 and eValue8.

4           The Contractor shall obtain accurate, comparable  
5 HEDIS, CAHPS and eValue8 data to use as regional and national  
6 comparisons in the reports during the contract period. These  
7 data have been deemed to be acceptable to have a one year lag,  
8 such as the HEDIS and CAHPS data found within the NCQA's Quality  
9 Compass tool. Alternate proposed sources of comparative data by  
10 the Contractor must be deemed acceptable by MHCC. Please note  
11 that MHCC considers the Mid-Atlantic region to be DC, Delaware,  
12 Maryland, New Jersey, Pennsylvania, Virginia and West Virginia.  
13 This grouping of states is not consistent with how NCQA defines  
14 the Mid-Atlantic Region in Quality Compass, thus necessitating a  
15 special analysis of the regional data.

16           Regarding the Unit Work, unit work shall include, but  
17 is not limited to, creating text and accompanying tables at the  
18 request of MHCC for placement on a dashboard, or for visuals or  
19 print for public meetings or press releases.

20           Regarding the Deliverables, there is a timeline for  
21 Deliverables table on page 22 that represents the billing  
22 schedule for services rendered during the course of the  
23 contract.

24           The Contractor shall pose dollar values for each  
25 component of the billing/payment schedule below and submit that

1 document to MHCC for approval at contract initiation. This  
2 document will become the payment schedule utilized when the  
3 Contractor bills for services during the course of the contract.

4 MHCC reserves the right to reduce or withhold contract  
5 payment in the event the Contractor does not provide MHCC with  
6 all required deliverables within the time frame specified in the  
7 contract, or in the event that the Contractor otherwise,  
8 materially, breaches the terms and conditions of the contract.

9 In terms of Other Requirements, the number and type of  
10 health benefit plans that are required to report on quality and  
11 performance could change due to new entrants, consolidations and  
12 mergers, or market abandonment. As a result of this potential  
13 variability, work shall be priced based on an all-inclusive  
14 fixed price per health benefit plan participant.

15 I, also, wanted to mention the Problem Escalation  
16 Procedure on page 27. The Contractor must provide and maintain  
17 a Problem Escalation Procedure for both routine and emergency  
18 situations. No less than 10 days prior to the beginning of the  
19 contract, and within 10 days after the start of each contract  
20 year, and within 10 days after any change in circumstance which  
21 changes the Procedure, the Problem Escalation Procedure shall  
22 detail how problems with work under the Contract will be  
23 escalated in order to resolve any issues in a timely manner.  
24 Details shall include the process for establishing the existence  
25 of a problem; the maximum duration that the problem may remain

1 unresolved at each level before, automatically, escalating to a  
2 higher level for resolution; circumstances in which the  
3 escalation will occur in less than normal timeframe; the nature  
4 of feedback on resolution progress, including the frequency of  
5 feedback; identification of and contact information for,  
6 progressively, higher levels that would become involved in  
7 resolving a problem; contact information for persons responsible  
8 for resolving issues after normal business hours (i.e.,  
9 evenings, weekends, holidays, etc.), and on an emergency basis;  
10 and, a process for updating and notifying the Contract Monitor  
11 of any changes to the Problem Escalation Procedure. This  
12 Problem Escalation Procedure is listed under the Scope of Work  
13 as in once the contract is awarded. However, if you'll, also,  
14 note, Section 4.5.3.9 on page 37, it references the Problem  
15 Escalated fee, Problem Escalation Procedure on that page which  
16 is for the Proposal Format section. It's referencing this  
17 Problem Escalation Procedure, here. So, just to not duplicate  
18 the information, this will also be looked for in the proposal  
19 format, itself.

20           Okay. And, with that, I think we can open it up to  
21 questions.

22           MS. VUONG: I have a few questions.

23           MS. ROBINSON: Sure.

24           THE REPORTER: Excuse me. State your name.

25           MS. VUONG: Oanh Vuong.

1 MS. ROBINSON: And, if you could, also, reference the  
2 Section that you're referring to --

3 MS. VUONG: Sure.

4 MS. ROBINSON: -- when asking your question.

5 MS. VUONG: So, on page 19, it's on the top of the  
6 page, Item number 4. Can you clarify what you mean by the  
7 statement in terms of what you mean by "committee structure" and  
8 --

9 MS. ROBINSON: Okay. This Section is referencing the  
10 Work Plan.

11 MS. VUONG: Yes.

12 MS. ROBINSON: The Section shall include the Gantt  
13 chart with all of the contact information, and who will be  
14 assigned to doing what tasks at what time frames, the list of  
15 proposed staff, etcetera. Number 4 asks for specific goals  
16 which can be, clearly, divided into a committee structure and  
17 reflect the general purpose of each committee, and that, again,  
18 if the goals that are identified and the tasks that are  
19 identified in that Gantt chart, if you have an individual  
20 responsible for it or a committee responsible for it, all of  
21 that will be specified in detail. As to how each tasks will be  
22 divided amongst individuals or committees and if it is a  
23 committee, please identify the committee structure, and reflect  
24 the general purpose of the committee.

25 MS. VUONG: The committee structure that --

1 MS. ROBINSON: -- to complete --

2 MS. VUONG: -- that's our project team?

3 MS. ROBINSON: Yes.

4 MS. VUONG: Okay. Thank you.

5 And, same page on 19, Section 3.2.4.1 on Health  
6 Benefit Plan-Specific Reports. So, we understand that the  
7 Specific Reports are going to vary. The number of plans will  
8 vary overtime, but we, however, the RFP is requesting for us to  
9 budget eight health plans -- health benefit plans, but, I think,  
10 we know that there's, at least, fourteen plans reporting. So,  
11 is that -- should we just assume that the Plan Specific Reports  
12 are just for the HMO products or --

13 MS. ROBINSON: -- Oh no, actually, we did ask for per  
14 plan price to be identified.

15 MS. VUONG: Okay.

16 MS. ROBINSON: So, it doesn't matter whether it's for  
17 eight, fourteen or more. We're hopeful that plan participation  
18 will increase over the years.

19 MS. VUONG: Okay.

20 MS. ROBINSON: And we're, also, not sure, exactly,  
21 what's going to happen when the QHP report comes into play  
22 because there will, likely, be the creation of additional plans  
23 for that, as well.

24 MS. VUONG: Okay.

25 MS. ROBINSON: So, the main focus is to know what the

1 per plan price is.

2 MS. VUONG: Because there were multipliers, that's why

3 --

4 MS. ROBINSON: Yeah.

5 MS. VUONG: Okay. Thank you.

6 But, you see that the point the price will include

7 both HMO --

8 MS. ROBINSON: -- Yes, it will include all of the

9 plans that are --

10 MS. VUONG: -- that are reporting.

11 MS. ROBINSON: Correct.

12 MS. VUONG: Okay. The next question is on page 20, I

13 think it was explained. Bruce had mentioned the Qualified

14 Health Plan Performance Report?

15 MS. ROBINSON: Okay.

16 MR. KOZLOWSKI: Is that 4.3?

17 MS. ROBINSON: Yes.

18 MS. VUONG: 4.2.4.3 (sic), yes.

19 MS. ROBINSON: What was your question on this?

20 MS. VUONG: So, can you just clarify the timeline.

21 You had mentioned that the bill will be signed.

22 MS. ROBINSON: Well, what --

23 MR. KOZLOWSKI: -- Clarification for what?

24 MS. VUONG: For the production of the Performance

25 Report because in this Section, it says that the production will

1 not occur until 2015?

2 MS. ROBINSON: Correct, because the data would have to  
3 be gathered the end of 2014.

4 MS. VUONG: Right.

5 MS. ROBINSON: So, that would be the soonest that a  
6 report could be required.

7 MR. KOZLOWSKI: Well, what I mentioned earlier is due  
8 to the requirements of the ACA, it is quite possible that a  
9 mock-up -- conceptual mock-up with the content format of that  
10 report may be required as soon as January 1, 2013.

11 MS. VUONG: So, in our proposal, is the deliverable  
12 timeline for deliverables, right now, the first draft on page  
13 23, it has August 15<sup>th</sup> 2014. So, are we --

14 MR. KOZLOWSKI: You're not producing an actual report.  
15 You may be required to produce a mock-up of a report based on  
16 the specifications of the exchange when they go for  
17 certification in January.

18 MS. ROBINSON: So, the mock-up would not --

19 MR. KOZLOWSKI: -- It would not have body, but it will  
20 have a description of what that report is going to, actually,  
21 do.

22 MS. VUONG: Okay. It just helps us plan for the --

23 MS. ROBINSON: Sure.

24 MR. KOZLOWSKI: Right.

25 MS. VUONG: -- timeline. So, pretty much --

1 MS. ROBINSON: -- The data won't be real --

2 MS. VUONG: Right.

3 MS. ROBINSON: -- but, if you could give us an idea of

4 -

5 MR. KOZLOWSKI: -- What I think we'll do with that in  
6 earnest to everybody is make a note of that one, we'll send out  
7 a clarification on --

8 MS. ROBINSON: Sure.

9 MR. KOZLOWSKI: -- ACA.

10 MS. VUONG: The other question we have is on page 21,  
11 Section 3.3.2 under the Work Plan.

12 MR. KOZLOWSKI: Okay.

13 MS. VUONG: Fourth sentence down, it mentions that the  
14 -- "Once the Work Plan is approved by the Contract Monitor and  
15 adopted by the Commission, the Contract Monitor will use the  
16 dates in the plan to determine contract compliance." Can you  
17 clarify what is meant by "adopted by the Commission," and how is  
18 this different from "approved by the Contract Monitor?"

19 MR. KOZLOWSKI: That needs to be revised. The  
20 Commission does not adopt. You go through a formal process,  
21 once approved by the Contract Monitor, and then, it would just  
22 stop, at that point.

23 MS. VUONG: Okay.

24 MR. KOZLOWSKI: Just send out a clarification of that.

1 MS. VUONG: Okay, and I think the last question we had  
2 was regarding -- I'm sorry. Going back to page 19 on the  
3 Graphic Design, we're not sure what's required as part of the  
4 proposal versus what is required, sort of, as part of our Work  
5 Plan once awarded the contract.

6 MS. ROBINSON: Sure.

7 MS. VUONG: Could you explain what is required for the  
8 proposal?

9 MS. ROBINSON: Okay. Everything listed in this  
10 Section is required for the proposal. Scope of Work is required  
11 for the proposal.

12 MS. VUONG: So, including that Graphic Design  
13 paragraph?

14 MS. ROBINSON: Yes.

15 MS. VUONG: Okay.

16 MS. ROBINSON: The Section on Proposal Format, which  
17 is Section 4, is what would be required for the proposal.

18 MS. VUONG: Okay. I'm sorry, what's the --

19 MS. ROBINSON: I'm sorry.

20 MS. VUONG: -- Scope of Work?

21 MS. ROBINSON: The Scope of Work is what's required of  
22 the person who's been awarded the contract. Once all of that is  
23 done, and the Contractor has been selected --

24 MS. VUONG: Okay.

25 MS. ROBINSON: -- this is what's required of the

1 Contractor. Section 4, Proposal Format, is what is required of  
2 the person making the proposals.

3 MS. VUONG: Okay.

4 MS. ROBINSON: Okay.

5 MS. WILLIAMS: Thank you.

6 MS. ROBINSON: Are there any more questions? Allison,  
7 do you have any questions, on the phone?

8 MS. BOOKER: No. I'm good. Thank you.

9 MS. ROBINSON: Okay.

10 MR. LIGHTY: Okay. Here we go. Would you be willing  
11 to share the --

12 THE REPORTER: -- Excuse me, your name, for the  
13 record.

14 MR. LIGHTY: I'm sorry, my apologies, Kevin Lighty.  
15 Would you be willing to share the name of the prior vendor that  
16 we're following on this contract.

17 MS. ROBINSON: Sure, it's NCQA.

18 MR. LIGHTY: I'm sorry?

19 MS. ROBINSON: NCQA.

20 MR. LIGHTY: And, in the prior RFP that led to the  
21 award of that contract, was there a -- any kind of break down as  
22 far as the number of man hours that might be required to  
23 fulfill, and if the items that were listed on the deliverable  
24 calendar?

25 MS. ROBINSON: Was there a break down of the number of

1 hours?

2 MR. LIGHTY: -- Basically, for example, you have  
3 Health Plan Specific Performance Report series, static report  
4 documents. Was there any type of -- was there anything that  
5 indicates how many man hours that might be involved in producing  
6 that particular report.

7 MS. ROBINSON: I don't believe that it was broken down  
8 in man hours for the prior --

9 MR. KOZLOWSKI: -- What we'll do for you -- because I  
10 don't recollect either because it's been too many years ago --  
11 we will go back and look at that document, and then, if there  
12 is, make sure that that document -- that part of the document  
13 will give you.

14 MS. ALLEN: It will be posted -- it will be posted  
15 with the questions, and amendments on eMaryland Marketplace.

16 MR. LIGHTY: Okay.

17 Speaking to the MBE Requirements --

18 MS. ROBINSON: Sure.

19 MR. LIGHTY: -- is the fifty percent (50%) (sic)  
20 subcontracting goal still in affect if the prime contractor  
21 awardee is an MBE?

22 MR. KOZLOWSKI: Yes.

23 MS. ROBINSON: It's fifteen percent (15%).

24 MS. ALLEN: Fifteen percent (15%).

25 MS. KOZLOWSKI: It's fifteen percent (15%). It makes

1 no difference whether the prime is an MBE or not. They still  
2 have to have fifteen percent (15%) goal.

3 MR. LIGHTY: That's all I have. Thank you.

4 MS. ROBINSON: Final questions?

5 MS. ALLEN: Okay. I would like to thank everyone for  
6 joining us, and if you would just look down at your Agenda, and  
7 you can see that the questions, responses, and the transcript  
8 will be posted to eMaryland Marketplace on Thursday, May 3<sup>rd</sup>,  
9 2012. Any additional questions you may have, you can e-mail to  
10 me. You have up until Tuesday, May 1<sup>st</sup> at 4 p.m.

11 And, thank you for joining us, and I think we'll call  
12 an adjournment. Thank you.

13 MS. VUONG: Thank you.

14 MS. WILLIAMS: Thank you.

15 MS. ALLEN: Allison?

16 MS. BOOKER: Yes?

17 MS. ALLEN: Thank you for joining us. Did you have  
18 anything you wanted to say before we --

19 MS. BOOKER: No --

20 MS. ALLEN: -- hang up?

21 MS. BOOKER: -- we're good.

22 MS. ALLEN: Okay.

23 MS. BOOKER: Thank you so much.

24 MS. ALLEN: All right. Thank you.

25 MS. BOOKER: Have a great day.

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MS. ALLEN: You too.

MS. BOOKER: Bye.

(THE PRE-PROPOSAL CONFERENCE WAS ADJOURNED.)

CERTIFICATE OF TRANSCRIBER

I hereby certify that the Maryland Health Care Commission, Health Benefit Plan Performance Evaluation-Report Development for Solicitation Number MHCC 12-015 held at the Commission's office in Baltimore, Maryland on April 26, 2012 was recorded by means of electronic sound and stenograph recording.

I further certify that, to the best of my knowledge, that the foregoing pages represent a complete and accurate transcript of the duplicated electronic sound recording and stenographic notes of the proceedings as transcribed by me.

I further certify that I am neither a relative to nor an employee of any attorney or party herein, and that I have no interest in the outcome of this solicitation.

In witness whereof, I have affixed my signature this 2nd day of May, 2012.

By:   
\_\_\_\_\_  
Lisa P. Campbell  
Transcriber