STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
PREVENTION AND HEALTH PROMOTION ADMINISTRATION
MATERNAL AND CHILD HEALTH BUREAU
PRE-PROPOSAL CONFERENCE
SOLICITATION NO. DHMH/OPASS 16-15886

MARYLAND PERINATAL SUPPORT PROGRAM

TUESDAY, MARCH 1, 2016, 10:00 A.M.

Department of Health & Mental Hygiene
201 West Preston Street, Room L3
Baltimore, Maryland 21201

PRESENT FROM MARYLAND:

QUEEN DAVIS, Procurement Officer
S. LEE WOODS
ILISA D. MARRA AZZO
VERN SHIRD
MOLLY LEGRAND

ALSO PRESENT:

CHRIS HARMON
SUSAN COX
JANYNE ALTHAUS

REPORTED BY: CHRIS HOFER, Notary Public
MS. DAVIS: Good morning, everybody.

(Indiscernible) to the pre-proposal conference for the RFP for Solicitation No. M00 -- I'm sorry, for Solicitation No. DHMH/OPASS No. 16-15886, Maryland Perinatal Support Program.

If you haven't already done so, please (indiscernible) if you would sign in on the sign-in sheet. And if you have business cards, there is a jar up there to put your business cards so that if we have need to contact you, we will be able to do so easily.

We'll have all of your information available.

I am here to give you an overview of the procurement process for this procurement. Afterwards, the Program will give you an overview of the programmatic portion of this solicitation. But before we do that, I would like to introduce everyone starting with the gentleman on the side, Vern Shird.

MR. SHIRD: I'm Vern Shird, the chief operating officer for PHPA.

MS. FERGUS: My name is Michelle Fergus, I'm
the procurement supervisor for PHPA.

MS. DAVIS: And my name is Queen Davis, I am procurement officer and contract officer for this project.


MS. MARRAZZO: Ilise Marrazzo, Maternal and Child Health Care Director in the Prevention and Health Promotion Administration.

MS. LEGRAND: My name is Molly LeGrand, I'm working with Dr. Woods for the legislative session.

MS. COX: I'm Susan Cox, I'm the University of Maryland and the grant financial coordinator for our department (indiscernible).

MR. HARMAN: Hi, I'm Chris Harman, MFM, and I'm the head of Obstetrics and Gynecology at Maryland.

MS. ALTHAUS: Janyne Althaus, MFM, and I'm the perinatal outreach director for John's Hopkins.

MS. DAVIS: Thank you all for that. As I said, I'm going to give a brief overview of the procurement process -- process, afterwards the Program
will give you an overview of the programmatic requirements of the solicitation. After the Program has completed their overview, you will have the opportunity to answer questions.

If you have sent questions to us prior to this pre-proposal conference, they will be answered and posted with the amendments. If you have a question for us, I would like for you to first announce your name, and where you're from, and then you can state your question. So that the gentleman can hear you, please be kind of loud and clear. Any information, I'd appreciate that, so. And let's get started. I would ask that you to carefully review Section 1 of the General Information, beginning on page 7 of the RFP.

As noted, DHMH Maternal Child Health Bureau is issuing this request for proposal to provide perinatology -- which is maternal-fetal medicine consultation, education and technical assistance, as well as nursing outreach and education to Level I and II hospitals, community health centers, and local obstetrical care providers in all regions of Maryland.
Consultation and other assistance will be provided on-site at hospitals, clinics, or offices. Offerors must be a Perinatology Program within an academic medical center that has accredited training programs in both medicine and nursing.

This RFP does have minimum requirements. Minimum requirements can be found on page 23 of the RFP. And there are two listed. I will read them out to you.

2.1.1 states, “The Offeror shall have the Department of Obstetrics and Gynecology” — you can tell I'm not a doctor — “and Gynecology with expertise in maternal-fetal medicine. The Department of Obstetrics and Gynecology shall be within a hospital or medical center that meets criteria as a Level IV perinatal center as outlined in the Maryland Perinatal System Standards, dated June 2014, revision available. And the website is listed in the Minimum Qualifications section.”

“As proof of meeting this requirement, the Offeror shall provide with its proposal a designation
letter from a State agency documenting current
designation as a Level IV perinatal center. If such
designation is not available in the Offeror's state,
the Offeror shall provide a detailed description of
services and staffing within the Offeror's facility,
evidencing that it meets each item outline in the
Maryland Perinatal System Standards for Level IV
hospitals."

The second minimum qualification states, "The
Offeror shall be within an academic institution with
their School of Medicine accredited by the Liaison
Committee on Medical Education, of the American Medical
Association, and the Association of American Medical
Colleges, and a School of Nursing accredited by the
Commission on Collegiate Nursing Education. As proof
of meeting this requirement, the Offeror shall provide
with its proposal documentation of current
accreditation of both schools." And as I stated, that
information is listed on page 23 of the RFP.

The RFP and all subsequent documentation
regarding solicitation will be posted and is posted on
eMarylandMarketplace, and you know Marketplace website is linked and the RFP is Section 1.8, and on DHMH's website. And DHMH's website is also in Section 1.8 of this RFP.

Carefully review Subsection 1.9. That is the Questions Section, and it tells you how to submit questions subsequent to this pre-proposal conference. They also let you know that questions shall be submitted via email to -- which is -- which is listed also in Section 1.8.

Questions should be submitted no later than five days prior to the proposal due date. And the Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the proposal due date. So try to get your questions to us as soon as possible.

The duration of the contract will be for a period of time from contract commencement to the allotted date -- and that's the start of time plus five years from the allotted date -- for the provision of
all services required by the contract and the
requirements of this solicitation.

Points I want to emphasize is the Scope of
Work Section 3, and it begins on page 30. Carefully
review this section to get to a full understanding of
the requirements of this request for proposal. The
procurement method for this solicitation is
competitive-sealed proposal. Offerors are required to
submit their responses to this RFP in two parts.

Section 4 is the proposal format, and that begins on page 34, I believe. Clearly list all
submission requirements. And your proposal shall be submitted in separate volumes. Volume I is the
Technical Proposal. (Inaudible) be in a separately sealed envelope. Volume II is the financial proposal.
That also be -- should be in separately sealed envelope.

Section 4.4 is the Volume I Section of the Technical Proposal, and it lists all of the
documentation and information required with the Technical Proposal. Give special attention to
Subsection 4.4.2, Additional Required Technical Submissions.

There is no MBE participation of those establish for this procurement. Just so you know, that section probably lists things that shouldn't (phonetic) be submitted regarding MBE or EBI. Have any MBE, VSBE, or SBR designations for this procurement.

MS. WOODS: Excuse me, define those terms.

MS. DAVIS: Well MBE is the Minority Business Enterprise. Are you aware of the Minority Business Enterprise? VSBE is the Veteran Small Business Enterprise. And the SBR is the Small Business Reserve. So this has not been designated as a Small Business Reserve program.

The following number of technical proposals are required. And I have listed one unbound original; six unbound copies; one electronic burned in a CD Microsoft format; and a second electronic version in surgical PDF format; and that's for the Public Information Act.

That format should have all information that
you consider proprietary and it should be redacted so
that if someone asks for a copy of your proposal, if
you do decide to submit a proposal, you can give them
that version as long as we agree as well that all the
information in there is confidential and proprietary.

Within five days of being notified of its
recommendation for award, the Offeror must complete and
submit the contract affidavit set forth in Attachment
C. If there is a question of who your resident agent
is, please call the State's Corporate Charter Division
at (410) 767-1330, and their office is located at 301
West Preston Street. Please note that the contract
shall not become effective until the contract affidavit
is signed and returned after official notification.
And that information is also listed in Section 4.4.

To certify the submission, Subsection 4.4.3,
the Offeror Technical Response to the RFP, prior shows
where documents and information should be placed in
your technical proposal.

Section 4.5 is Volume II, Information for
Your Financial Proposal Submission. Please carefully
review this section regarding the number of copies. That's one original unbound copy; six unbound copies; and one electronic version also in Microsoft Word of the financial proposal is required. The financial proposal instructions and the financial proposal form is found in Attachment F of this RFP.

Section 5 is the Evaluation, Criteria, and Selection Procedure. And that information is outlined starting with Subsection 5.1 beginning on page 38 of the RFP. Your proposals will be evaluated by a committee organized for that purpose and will be based on the criteria set forth in this RFP.

The technical criteria listed in descending order of importance can be found in Subsection 5.2, and that's beginning on page 38. And the financial criteria is listed in Subsection 5.3, and that begins on page 39. The selection procedure for this RFP -- for the award is highlighted in Subsection 5.5 on page 39 as well.

As noted, the Procurement Officer will recommend award of this contract to the responsible
Offeror that submitted the proposal determined to be the most advantageous to the State and making this most advantageous proposal determination, technical factors will receive equal weight with financial factors.

Other than proposing your technical and financial proposals, the most important matter for you to remember is getting your proposal to us on time, prior to the date and time listed in the proposal.

Your proposals are due no later than Monday, April the 4th, 2016, at 2:00 p.m. local time. The address for receipt of proposals are list -- is listed on the Key Information Summary page which is page iii. No proposals will be accepted after 2:00 p.m., Monday, April the 4th, 2016, I'm sorry. It's a lot of talking.

Please address your proposal packets to the address listed in the Key Information Summary sheet. There are three acceptable means for delivering a proposal, and that information is listed in Subsection 4.3, Delivery of the RFP. And I will list those section -- those delivery means for you.
Number one is U.S. Postal service. Please make sure that you -- if you're sending it through the U.S. Postal service, that you mail your proposal so that it will reach us in time.

You can have it hand-delivered by a Offeror. And ask to have your Offeror, or your person that's delivering it from the company, ask for a receipt from someone in the Procurement Office and make sure that they write their name, the time they received it, and the date.

And you can have it hand-delivered by a commercial carrier. Please have your commercial carrier ask for a receipt with the time, the name of the person that accepts the proposal, and the date it is received.

And now I will turn it over to Ms. Woods -- Dr. Woods, who will give you a overview of the programmatic portion of it, and afterwards we'll open it up for questions.

DR. WOODS: Okay. Thank you.

MS. DAVIS: You're welcome.
DR. WOODS: Well, I think you've heard some of the summary of the proposal. Basically, this is a request for proposals to provide high-risk obstetric perinatology and nursing outreach to the Level I and II hospitals in the state as well as community health centers, potentially local health departments, organizations that don't have the expertise that is in a perinatology program at an academic medical center.

The specific requirements, you heard some of the minimum requirements of the organization which is an academic medical center that meets the Maryland Level IV standards. It also has an active and accredited school of nursing and as well as medicine, so that there's not only expertise in clinical but also in the education.

So the purpose, again, is outreach technical support to the hospitals and other organizations throughout the state with an emphasis on the more rural parts of the state. Meaning western Maryland, southern Maryland, and the Eastern Shore.

And if you have a copy, there are -- the
scope of work is -- in mine, it starts on page 24 -- but there are specifics about number of activities including a minimum of four in-person physician outreach activities per month with a minimum of two each quarter occurring in each of the rural areas mentioned in this state.

There's also a requirement for a minimum of 12 in-person nursing outreach activities per year, or three per quarter. And there is, again, some flexibility built in here. First of all, what those activities will be, which partly should be driven -- and I think it's discussed in here -- by the receiving hospitals and organizations.

So what their needs are. Whether that might be a review of ultrasound reading, or grand rounds, or various things that are, again, listed here is possibilities but not the only -- the only possibilities for this outreach and technical support.

Also, a little bit of flexibility within terms of the number of events or outreach activities that would take place, understanding fully that there
may be times when travel to certain regions is not
possible or when there are specific requests that might
-- certain timing to meet them. But the minimum number
per year will be -- will be required.

I don't know if I have anything too much more
to say. I think it's very specific. Again, the
activities are to be on-site at the requesting hospital
or other organization. Ilise, do you have anything to
say or?

MS. MARRAZZO: No, I think that -- it's very
-- the article is very (indiscernible). So, questions
if they have any? I don't know, maybe you should turn
it back to Queen.

MS. DAVIS: Do anyone have any questions for
us?

MR. HARMAN: Yes. Chris Harman, University
of Maryland. So is the intent of the Program to cover
the state, or to provide services on a regional basis,
or a basis indicated by highest risk, or most
transports? I mean, what should we use as an indicator
to propose to you various sites?
DR. WOODS: Well, I think it is to outreach to all sections of the state. So that it's not just individual hospitals or limited to one area but rather to all the Level I and II hospitals that don't have the educational opportunities, that don't have the expertise that the Level IV hospitals provide.

MR. HARMAN: So is it the intent of the proposal that the selected program will cover all -- I think there's 18 places, not necessarily all hospitals but -- so that all of those places will be visited? That's clearly way above the minimum required by the proposal.

DR. WOODS: Well, I think the hope is that as many as possible would be reached. Especially the Level I and II hospitals.

MR. HARMAN: Sure. Can you tell us a little bit about the -- there's a mechanism here for you to approve the sites. Is that -- is it -- the way I read it, it's not really clear whether we're to dialog with you before the proposal is finally submitted to make sure our list of proposed sites is in agreement with
your criteria or we just propose them and find out later. I'm not clear on that.

MS. DAVIS: I think that that's part of your technical submission to us, your proposal to us, what you propose to do according to the requirements and then you will be evaluated based on what you submit. I can certainly not speak for --

DR. WOODS: I think that's put in that there would be a dialog as to --

MS. DAVIS: Yeah.

DR. WOODS: -- what places are --

MR. HARMAN: Oh, that's exactly what I understood. I guess I'm just -- should the dialog start as part of the proposal process or after the program is selected and then --

DR. WOODS: No, I think after --

MR. HARMAN: -- then you're going to dialog with that --

MS. DAVIS: After.

DR. WOODS: Yeah, after.

MR. HARMAN: -- after?
MS. DAVIS: After you're selected.

DR. WOODS: After the proposal is provided.

So, for example, if there's only -- you know, if you're proposing to go to a specific set of hospitals or something, but we feel there's need, or we've heard there's need in another place, we might suggest that you also contact this other hospital, or this other community health center, or something like that. So I think there's, you know, again, some flexibility in dialog in the process, yeah.

MS. ALTHAUS: Hi, Janyne Althaus, John's Hopkins. Are there any specific parameters or metrics that the State will be following for these proposals? Like, is the State hoping to reduce a certain outcome, increase a certain outcome, or something specific that the State would like to see enhanced or improved as a result of this program?

DR. WOODS: Well, we'd love to see our, you know, birth outcomes improve. I mean, that's a pretty lofty goal, but I think this is certainly one component of improving the system and care in Maryland; to
provide this kind of outreach and support to the
hospitals that don't have it.

MS. ALTHAUS: I guess when there's only a few
of us (inaudible). John's Hopkins -- Janyne Althaus
from John's Hopkins. Are you anticipating only funding
one site or do you envision that there may be three or
four proposals from three or four different sites that
you will fund?

DR. WOODS: I think the intent here was to
fund one program.

MS. MARRAZZO: That does not preclude
partnerships within the actual proposal, though.

MR. HARMAN: So that -- that was going to be
my next question. Do I have to keep saying who I am?

(Multiple people speaking.)

MR. HARMAN: So, this proposal comes as the
heir and successor of the MAPs program, at least
conceptually, whether actually is I think the
leadership of the Program is very clear that this is a
definite difference from the MAPs program. I mean,
we're not doing that again, but that was a partnership
between the two academic centers. And is the proposal adverse to receiving a team work approach as long as the whole objective of covering the state is achieved? Because I imagine there'll be places where we would go where it might be less geographically logical for you to go and that sort of thing. So if the proposal covered the whole state by virtue of both units collaborating, would that be an acceptable proposal?

MS. DAVIS: Your proposal will be based on what content you have in there and what is best for the State. They can’t tell you exactly how you should propose, how you're going to do what is required. But what you think is the best proposed for the state of Maryland and the specifics of the requirements. They can't actually tell you how you should collaborate or not.

MR. HARMAN: All right. I guess I was asking -- maybe a slightly more pointed question, is there a rule against that?

MS. MARRAZZO: So as I said here, the
contract doesn't preclude collaboration or a
partnership with outside organizations.

DR. WOODS: Okay.

MR. SHIRD: Ultimately, whoever is awarded
the contract, they are going to be responsible for the
scope of work and to deliverable?

MS. DAVIS: And your collaboration will be
with you and whoever you partner --

MR. HARMAN: Sure.

MS. DAVIS: -- (indiscernible) state of
Maryland.

MR. HARMAN: Yes, I understand. There's
nothing mentioned about the financial scope in the
documents. Do you have an idea?

MS. DAVIS: You mean a budget? Well, I don't
-- we don't have a budget. They want you to tell them
what you think is fair or what you think that it would
cost -- not fair, but you think the cost would be.

They have not actually put out a budget for it.

MR. HARMAN: Are you -- are you willing to
share like a range, an order of magnitude? I mean --
MS. DAVIS: No, sir, we're not.

MR. HARMAN: Okay. Honestly, that, you know, when you get an RFP for -- for the provision of road surfacing, that's going to be a certain weight, a certain grade, a certain durability, and so on, which the contractor can estimate.

If you're asking us to provide a water-tight educational system for the State of Maryland to deal with all perinatal programs, that could include having daily rounds, visits every week, a really deluxe system that's actually excessive for their needs, or it could be a variable thing that just meets the minimum criteria, and then it's our guess as to what the intent is in terms of the overall coverage.

I understand the spirit of the directive, I believe I understand that really well, but if we're to propose, as I mentioned, according to our tally there's about 18 sites that would qualify under the -- our criteria that we've listed. If we're to visit all those 18 sites every month, that's one thing. If we're to hit them four times a year, that's a completely
different thing. And we wouldn't -- from Maryland, and
I presume if we're going to be part of a consortium,
the consortium wouldn't want to either under guess or
over guess what your intent is. So --

MS. DAVIS: I think the intent --

MR. HARMAN: -- a hint would be good.

MS. DAVIS: Well, we don't even have a hint
for you, and I apologize for that. But I think what
the Program is looking for is for the Offeror to tell
us what you think would be the best for the State.
They've given you the minimum bare bones, they're going
to rate your proposal based on what you're proposing
and what you're charging for what you're proposing.

And if you exceed the bare minimum and your
price in your proposal is -- appears to be the best for
the State, then that's how they will select it. But if
you are offering more than what's in here, or offering
more than the bare minimum what you think you can do,
and then your price seems to be in -- conforming to
what you think you can do, then that will be based on
the best and advantageous for the State.
But we can't actually give you a budget or a dollar amount with where we are right now. You know, we expect that to come from you based on what you're proposing and what you think it would cost to do the job.

MR. HARMAN: Can I ask another question then about the reporting and regulation of the Program?

MS. DAVIS: Sure.

MR. HARMAN: Quarterly reports are required. Can you tell us what is going to be the turn-around time if, for example, the quarterly report illustrates a major deficit or a site that you now realize should have been on our list is to be added, would there be quarterly dialog with the supervisors of the Program or will that be as needed? How will that go?

DR. WOODS: See. I'm trying to think whether quarterly meetings in here. But I would assume we would at least have quarterly dialog. And, again, as needed. It's not going to be every week, but, you know, if an issue or question comes up, that there'd be open dialog.
MR. HARMAN: Okay.

MS. DAVIS: And actually 3.2.3.4 says quarterly meetings in person or by teleconference.

MR. HARMAN: Yeah. I guess I was thinking of sort of corrective action, especially in the first several months when it's realized that a major source of problems and complications is -- instead of peninsula and regional, it's actually the FQHC in (indiscernible) that we should shift our attention, as a for instance. That would be a thing that you wouldn't necessarily want to wait 'til the next quarterly meeting, you'd want to be having corrective --

DR. WOODS: Right.

MR. HARMAN: -- adjustments (indiscernible). So the dialog would be directly between yourself, Dr. Woods, and the Program; is that --

MS. DAVIS: Yeah. The program manager --

MR. HARMAN: -- accurate?

MS. DAVIS: -- and -- yes.

MR. HARMAN: So that -- I mean, I guess I'm asking for a hands-on kind of relationship --
MS. DAVIS: Absolutely.

MR. HARMAN: -- in order that the Program function at its maximum level.

DR. WOODS: Right. Absolutely.

MS. DAVIS: You should have access to the Program Manager at any time you think there's an issue.

MR. HARMAN: Thank you. Those are our questions.

MS. DAVIS: (Indiscernible).

MS. ALTHAUS: One more question. Given that this is the successor to the MAPs, or is seen in that way, is there anything different, or enhanced, or distinct from that you would like to see incorporated in this that would be different from what has been seen in the past?

DR. WOODS: Well, I think the -- probably the main difference is that we are asking for on-site outreach to the other institutions. And also including more commonly the FQHCs, or the community health clinics, because those are places that provide obstetric care and certainly don't have the extensive
resources of a university.

MR. HARMAN: So would you require the nursing --

MS. DAVIS: Right. That also would --

MR. HARMAN: -- the nursing provision is -- they're much more distinct than what --

DR. WOODS: Right.

MR. HARMAN: -- we've had previously.

DR. WOODS: Right. And -- yes, I mean, that's what the (indiscernible).

MR. HARMAN: (Indiscernible).

DR. WOODS: Yes. There's a clear nursing role and there would be a nursing director in the Program as well.

MS. MARRAZZO: And that's really driven from our experiences with the Maryland (indiscernible) Center and (indiscernible).

MR. HARMAN: Do you have questions you want to ask us?

MS. DAVIS: If you don't have any more questions, and if you do have some later on you can
1 certainly send them to that email address that's listed
2 here, and we'll respond as quickly as possible. We
3 thank you all for coming. And we look forward to
4 hearing from you.

5 MR. HARMAN: Thank you.
6 DR. WOODS: Thank you.
7 MS. DAVIS: Thank you.
8
9 (Whereupon, the conference was adjourned.)
CERTIFICATE OF NOTARY

I, CHRIS HOFER, the officer before whom the foregoing testimony was taken, do hereby certify that the witness whose testimony appears in the foregoing transcript was duly sworn by me; that the testimony of said witness was taken by me by stenomask means and thereafter reduced to typewriting by me or under my direction; that said testimony is a true record of the testimony given by said witness; that I am neither counsel for, related to, nor employed by any of the parties to the action in which this testimony is taken; and, further, that I am not a relative or employee of any attorney or counsel employed by the parties hereto, nor financially or otherwise interested in the outcome of the action.

This certification is expressly withdrawn and denied upon the disassembly or photocopying of the foregoing transcript of the proceedings or any part thereof, including exhibits, unless said disassembly or photocopying is done by the undersigned court reporter and/or under the auspices of Hunt Reporting Company, and the signature and original seal is attached thereto.

CHRIS HOFER
Notary Public in and for the State of Maryland

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