



**Blue Ribbon Commission for Health Care Reform**

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**COLORADO BLUE RIBBON COMMISSION  
FOR HEALTH CARE REFORM**

# **REQUEST FOR PROPOSALS (RFP)**

**FOR  
INDEPENDENT CONSULTING FIRM  
TO CONDUCT TECHNICAL ASSESSMENTS  
OF HEALTH CARE REFORM PROPOSALS**

**MARCH 6, 2007**



# REQUEST FOR PROPOSALS

## SECTION I.

### ADMINISTRATIVE INFORMATION

- A. ISSUING OFFICE: This Request for Proposals (RFP) is issued for the State of Colorado Blue Ribbon Commission for Health Care Reform, by the Colorado Foundation for Families & Children (CFFC), fiscal sponsor of the Commission. The technical advisor, Tracy Johnson, of the Blue Ribbon Commission for Health Care Reform is the SOLE point of contact concerning this RFP. All communication must be done through Tracy Johnson.

Colorado Blue Ribbon Commission for Health Care Reform  
c/o Colorado Foundation for Families & Children  
303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203  
Attn: Tracy Johnson, Ph.D. (303) 674-5634  
E-mail: [TLJ6805@aol.com](mailto:TLJ6805@aol.com)

- B. INVITATION TO SUBMIT BIDS: Pursuant to the authorizing legislation, the State of Colorado Blue Ribbon Commission for Health Care Reform is advertising this RFP to solicit a qualified “independent consulting firm” to provide a “technical analysis” of health care reform proposals that have been solicited by the state. (A copy of the legislation is available at [http://www.leg.state.co.us/Clics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208\\_enr.pdf](http://www.leg.state.co.us/Clics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208_enr.pdf)). A copy of the health care reform proposal solicitation is available at the Commission’s website: <http://www.colorado.gov/208commission/>. All interested and qualified Offerors are invited to submit a bid in accordance with the rules, procedures and dates set forth herein. Offeror must have experience with modeling coverage, cost, and other impacts of health care reform. Offeror will be expected to submit evidence of state health care reform modeling experience.
- C. PURPOSE: This RFP provides prospective Offerors with sufficient information to enable them to prepare and submit bids for consideration by the Commission to satisfy the need for expert assistance in the completion of the goals of this RFP.
- D. SCOPE: This RFP contains the instructions governing the bid to be submitted and the material to be included therein; mandatory requirements which must be met to be eligible for consideration; and other requirements to be met by each bid.

E. SCHEDULE OF ACTIVITIES: TIMELINE (Local Time):

RFP Announcement	March 6, 2007
Offeror written inquiry deadline (No questions accepted after this date)	March 14, 2007
Responses to the Offerer inquiries posted on the Commission website	March 21, 2007
Bid submission deadline	April 3, 2007 (3:30PM Mountain time)
Estimated bid selection and award announcement	April 27, 2007
Estimated date for contract finalization	May 4, 2007
Estimated contract start date	May 4, 2007
Estimated contract end date	January 31, 2008

F. MODIFICATION OR WITHDRAWAL OF BIDS: Bids may be modified or withdrawn by the Offeror prior to the established due date and time.

G. INQUIRIES: Unless otherwise noted, prospective Offerors may make written or e-mail inquiries concerning this RFP to obtain clarification of requirements. E-mail is the preferred method for vendors to submit inquiries. No inquiries will be accepted after the date and time indicated in the Schedule of Activities in the RFP document. Phone and fax inquiries will not be accepted.

E-mail or mail all inquiries to:

Colorado Blue Ribbon Commission for Health Care Reform  
c/o Colorado Foundation for Families & Children  
303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203  
Attn: Tracy Johnson, Ph.D. (303) 674-5634  
E-mail: [TLJ6805@aol.com](mailto:TLJ6805@aol.com)

For email inquiries, the Offeror shall place "RFP Inquiry" in the subject line. Responses to Offerors' inquiries will be published on the Commission website no later than March 21, 2007.

- H. **BID SUBMISSION:** Bids must be received on or before the date and time indicated in the Schedule of Activities. Late bids will not be accepted. It is the responsibility of the Offeror to ensure that the bid is received by the Commission's fiscal sponsor on or before April 3<sup>rd</sup> at 3:30 pm (Mountain time). Offerors mailing their bids shall allow sufficient mail delivery time to ensure receipt of their bids by the date and time specified. The bid package shall be delivered or sent by mail to:

Colorado Blue Ribbon Commission for Health Care Reform  
c/o Colorado Foundation for Families & Children  
303 E. 17<sup>th</sup> Ave., Suite 400  
Denver, CO 80203  
Attn: Tracy Johnson, Ph.D. (303) 674-5634

- I. **ADDENDUM OR SUPPLEMENT TO RFP:** In the event that it becomes necessary to revise any part of this request for RFP, an addendum will be provided to each Offeror who received the original RFP and posted on the Commission's website. It is the Offeror's responsibility to make known to the Commission its interest in the addendum if it has not received the RFP.
- J. **ACCEPTANCE OF RFP TERMS:** A bid submitted in response to this RFP shall constitute a binding offer. Acknowledgment of this condition shall be indicated by the autographic signature of the Offeror or an officer of the Offeror legally authorized to execute contractual obligations. A submission in response to this RFP acknowledges acceptance by the Offeror of all terms and conditions including compensation, as set forth herein. An Offeror shall identify clearly and thoroughly any variations between its bid and the Commission's requirements as described in this RFP. Failure to do so shall be deemed a waiver of any rights to subsequently modify the terms of performance, except as outlined or specified in the RFP.
- K. **COST DATA/BUDGET:** Bids will require a Cost Proposal that is separate from the Technical Proposal. (See Section IV.2 E Cost Proposal.)
- L. **CONFIDENTIAL/PROPRIETARY INFORMATION:** The Commission's fiscal sponsor shall determine the validity of any written requests for nondisclosure of trade secrets and other proprietary data. If the parties do not agree as to the disclosure of data, the Commission's fiscal sponsor shall inform the Offeror(s) in writing what portions of the offers will be disclosed, and that unless the Offeror protests in writing, the offers will be so disclosed. After award, the offers shall be open to public inspection subject to any continued prohibition on the disclosure of confidential data.
- M. **RFP RESPONSE MATERIAL OWNERSHIP:** All material submitted regarding this RFP becomes the property of the Commission's fiscal sponsor. Bids may

be reviewed by any person after the "Notice of Intent to Make an Award" letter has been issued, subject to the terms of Section 24-72-201 et. seq., C.R.S., as amended, Public (open) Records. The Commission's fiscal sponsor has the right to use any or all information/material presented in reply to the RFP, subject to limitations outlined in Proprietary/Confidential Information. Disqualification of an Offeror does not eliminate this right.

- N. **BID PRICES:** Estimated bid prices are not acceptable. Best and final offers may be considered, at the Commission's option, in determining the apparent successful Offeror.
- O. **SELECTION OF BID:** All Offerors will be notified in writing regarding the results of the RFP evaluation. Upon review and approval of the Commission's recommendation for award, the Commission's fiscal sponsor will issue a "Notice of Intent to Make an Award" letter to the apparent successful Offeror. A contract must be completed and signed by all parties concerned on or before the date indicated in the Schedule of Activities. If this date is not met, through no fault of the Commission's fiscal sponsor, the Commission's fiscal sponsor may elect to cancel the "Notice of Intent to Make an Award" letter and make the award to the next most advantageous Offeror.
- P. **AWARD OF CONTRACT:** The award will be made to that Offeror whose bid, conforming to the RFP, will be the most advantageous to the Commission, price and other factors considered.
- Q. **ACCEPTANCE OF BID CONTENT:** The contents of the bid of the successful Offeror will become contractual obligations if acquisition action ensues. Failure of the successful Offeror to accept these obligations in a contract, purchase document, delivery order or similar acquisition instrument may result in cancellation of the award and such Offeror may be removed from future solicitations.
- R. **STANDARD CONTRACT:** The Commission's fiscal sponsor reserves the right to incorporate standard contract provisions into any contract resulting from this RFP. A draft contract is included as Exhibit E. A submission in response to this RFP acknowledges acceptance by the Offeror of all terms and conditions including those specified in the attached standard contract.
- S. **RFP CANCELLATION:** The Commission, through its fiscal sponsor, reserves the right to cancel this Request for Proposals at any time, without penalty.
- T. **OWNERSHIP OF CONTRACT PRODUCTS/SERVICES:** Bids, upon established opening time, become the property of the Commission's fiscal sponsor. All products/services produced in response to the contract resulting from this RFP will be the sole property of the Commission's fiscal sponsor.

The contents of the successful Offeror's bid will become contractual obligations.

- U. **INCURRING COSTS:** The Commission and its fiscal sponsor are not liable for any cost incurred by Offerors prior to issuance of a legally executed contract or procurement document. No property interest, of any nature, shall occur until a contract is awarded and signed by all concerned parties.
- V. **NON-DISCRIMINATION:** The Offeror shall comply with all applicable State and federal laws, rules and regulations involving non-discrimination on the basis of race, color, religion, national origin, age, sexual orientation, disability or sex.
- W. **REJECTION OF BIDS:** The Commission and CFFC reserve the right to reject any or all bids and to waive informalities and minor irregularities in bids received and to accept any portion of a bid or all items proposed if deemed in the best interest of the Commission.
- X. **PARENT COMPANY:** If an Offeror is owned or controlled by a parent company, the name, main office address and parent company's tax identification number shall be provided in the bid.
- Y. **NEWS RELEASES:** News releases pertaining to this RFP shall NOT be made prior to execution of the contract without prior written approval by the Commission.
- Z. **CONTRACT CANCELLATION:** The Commission's fiscal sponsor reserves the right to cancel, for cause, any contract resulting from this RFP by providing ten days written notice to the contractor.
- AA. **CERTIFICATION OF INDEPENDENT PRICE DETERMINATION:**
  - 1. By submission of this bid each Offeror certifies, and in the case of a joint bid each party thereto certifies as to its own organization, that in connection with this procurement:
    - (a) The prices in this bid have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other Offeror or with any competitor;
    - (b) Unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the Offeror and will not knowingly be disclosed by the Offeror prior to opening, directly or indirectly, to any other Offeror or to any competitor; and
    - (c) No attempt has been made or will be made by the Offeror to induce any other person or firm to submit or not to submit a bid for the purpose of restricting competition.

2. Each person signing the RFP Transmittal letter of this bid certifies that:
  - (a) She/he is the person in the Offeror's organization responsible within that organization for the decision as to the prices being offered herein and that she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above; or
  - (b) She/he is not the person in the Offeror's organization responsible within that organization for the decision as to the prices being offered herein but that she/he has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above, and as their agent does hereby so certify; and she/he has not participated, and will not participate, in any action contrary to (1)(a) through (1)(c) above.
3. A bid will not be considered for award where (1)(a), (1)(c), or (2) above has been deleted or modified. Where (1)(b) above has been deleted or modified, the bid will not be considered for award unless the Offeror furnishes with the bid a signed statement which sets forth in detail the circumstances of the disclosure and the head of the agency, or her/his designee, determines that such disclosure was not made for the purpose of restricting competition.
- CC. CONFLICTS OF INTEREST: A bid will not be considered for award where the Offeror has also submitted a health reform proposal in response to the Commission's Solicitation for Health Care Reform Proposals. If there is any question as to conflict of interest there should be a full disclosure of any potential conflicts.
- DD. ASSIGNMENT AND DELEGATION: Except for assignment of antitrust claims, neither party to any resulting contract may assign or delegate any portion of the agreement without the prior written consent of the other party.
- EE. AVAILABILITY OF FUNDS: Financial obligations of the Commission's fiscal sponsor payable after the current fiscal year are contingent upon funds for that purpose being appropriated, budgeted and otherwise made available. In the event funds are not appropriated, any resulting contract will become null and void, without penalty to the Commission's fiscal sponsor.
- FF. INDEPENDENT CONTRACTOR CLAUSE: All personal service contracts must contain the following clause:

"THE CONTRACTOR SHALL PERFORM ITS DUTIES HEREUNDER AS AN INDEPENDENT CONTRACTOR AND NOT AS AN EMPLOYEE. NEITHER THE CONTRACTOR NOR ANY AGENT OR EMPLOYEE OF THE CONTRACTOR SHALL BE OR SHALL BE DEEMED TO BE AN AGENT OR EMPLOYEE OF COLORADO FOUNDATION FOR FAMILIES AND

CHILDREN. CONTRACTOR SHALL PAY, WHEN DUE, ALL REQUIRED EMPLOYMENT TAXES AND INCOME TAX WITHHOLDING, SHALL PROVIDE AND KEEP IN FORCE WORKER'S COMPENSATION (AND SHOW PROOF OF SUCH INSURANCE), GENERAL LIABILITY, AND UNEMPLOYMENT COMPENSATION INSURANCE IN THE AMOUNTS REQUIRED BY LAW, AND SHALL BE SOLELY RESPONSIBLE FOR THE ACTS OF THE CONTRACTOR, ITS EMPLOYEES AND AGENTS."

GG. INDEMNIFICATION: The contractor shall indemnify, save and hold harmless the State, the Commission, CFFC, its employees, its independent contractors and subcontractors, and its agents from and against any and all claims, damages, liability, and court costs arising in connection with the contract and this RFP. The contractor shall also indemnify the State, the Commission, CFFC, its employees, its independent contractors and subcontractors, and its agents for any attorney's fees and other litigation expenses they may incur defending against any claims arising from the contract and this RFP.

## **SECTION II. PROGRAM OVERVIEW**

The following provides background information and a program overview that may be helpful to the Offeror in preparing a proposal.

### **A. CHARGE OF THE BLUE RIBBION COMMISSION FOR HEALTH CARE REFORM**

In the Colorado legislative session of 2006, Senate Bill 208 was passed establishing the Colorado Blue Ribbon Commission on Health Care Reform. The Commission has 24 appointed members, including eight consumers, eight health insurance purchasers, and eight experts and business leaders. (A copy of the authorizing legislation is available at

[http://www.leg.state.co.us/Clics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208\\_enr.pdf](http://www.leg.state.co.us/Clics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208_enr.pdf)).

According to the authorizing legislation, the purpose of the Blue Ribbon Commission for Health Care Reform is to “study and establish health care reform models to expand health care coverage and to decrease health care costs for Colorado residents.” The Commission is required to:

- “Work in a nonpartisan manner to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents; ”
- “Solicit reform concept papers and detailed proposals from interested parties;”
- “Select the top proposals for detailed technical analysis by an independent consulting firm;”
- “Hold statewide informational meetings at least once in each congressional district for the purpose of receiving public comments;”
- “Present a final report to the General Assembly on or before November 30, 2007<sup>1</sup>, including an unbiased economic analysis, feasibility, and technical assessment of the favorable and unfavorable considerations and of the various reform options.”

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<sup>1</sup> The Commission may receive a two-month extension (until January 31, 2008) for the purposes of identifying a lead proposal. This change requires a change in statute that may or may not occur. As a result, the Commission has developed two work plans to account for either scenario (See Exhibit E).

## **B. GUIDING PRINCIPLES OF THE BLUE RIBBON COMMISSION FOR HEALTH CARE REFORM**

The Commission has adopted the following guiding principles for its work:

### **Guiding Principles of the Blue Ribbon Commission for Health Care Reform**

Goal: Increase coverage and reduce cost

- Protect and improve the health status of all Coloradans.
- Expand coverage of essential health care services for all Coloradans, with an emphasis on the uninsured and underinsured.
- Align incentives to provide high-quality, cost-effective, and coordinated care.
- Support a system that is financially viable, sustainable, and fair.
- Provide opportunities for meaningful choice and encourage personal responsibility.
- Emphasize wellness, prevention, health education, and consumer empowerment.

## **C. PROCESS AND CRITERIA FOR SELECTING HEALTH REFORM PROPOSALS**

The Commission has prepared a formal solicitation as a means to obtain comprehensive health care reform concept papers. The solicitation seeks comprehensive health care reform proposals for the State of Colorado “to examine health care coverage and reform models designed to ensure access to affordable coverage for all Colorado residents.” The Commission is interested in a variety of reform options. The solicitation outlines the required scope of the reform proposals and the criteria for selection. A copy of the health care reform proposal solicitation is available at the Commission’s website: <http://www.colorado.gov/208commission> . The Blue Ribbon Commission for Health Care Reform will select the top three to five proposals for a “detailed technical analysis by an independent consulting firm.” Hence this bid for a qualified “independent consulting firm” is being let.

The Commission anticipates that health reform proposals will represent a range of approaches to expand coverage and decrease costs in Colorado. The health reform proposals may include reforms of state, local or community-based coverage systems, or replacement of current systems with a significantly different system. An important goal of this project is to simulate the coverage, cost, and other impacts of 3-5 comprehensive health reform options and compare the results to each other and to the status quo. The Commission also reserves the right to identify a lead health care reform proposal. This lead proposal may be selected from among the 3-5 comprehensive reform proposals or it may result from a modification or combination of submitted proposals.

#### **D. DETAILED TECHNICAL ANALYSIS OF HEALTH REFORM PROPOSALS**

Offerors shall begin by establishing a Colorado baseline for comparison by quantifying the current status of health care coverage, costs, and related issues. Health reform proposals will be compared to this baseline (the status quo).

Offerors shall be provided final guidance about what health reform proposals the Commission wants to have analyzed by May 18, 2007. Offerors will help define the assumptions of these proposals as the analysis and simulations proceed. Offerors are encouraged to identify policy implications (e.g., necessary waivers of federal law) and other approaches to analyze, but are not asked to determine or suggest the best approach for Colorado. A detailed list of assumptions and considerations for each model shall be included in the preliminary and final reports, in plain English, along with a discussion of the results of any sensitivity analyses.

The successful Offeror shall produce an extensive quantitative and comparative analysis of the reform options according to the work plan requirements provided in Exhibit C. The analysis shall produce key point estimates and sensitivity analyses of specific coverage, cost, and other outcomes of each reform option, as enumerated in the scope of work. The Offeror will produce a preliminary and final report to the Commission to inform its legislatively required report to the Colorado General Assembly. In addition, the health reform options and their comparative analysis on coverage, cost and other impacts produced by the Offeror will serve as the basis for a public discussion to be conducted in the State. During this time, the Offeror may be asked to present the findings of its analyses and engage in a discussion with experts and stakeholders about the implications of the various reforms.

#### **E. Project Management**

The project is led by the Commission, which will make recommendations to the legislature after receiving the final report of the Offeror. A project management team consisting of the Commission chair, the Commission vice chair, a Commissioner who represents consumers, the project coordinator, and two technical advisors will plan and implement the project. The project coordinator will be responsible for overall project coordination. The technical advisors will provide technical assistance and policy guidance to all relevant parties, including the proposers and the Commission, throughout the project.

The technical advisors will serve as the primary contact for the Offeror, review their work, and assist them as needed. In particular, the technical advisors will support the Offeror by seeking answers to technical questions (e.g., the structure and budgeting conventions of the state Medicaid program, individual and small group regulatory framework, etc.) The technical advisors will draw on their expertise, consult with individual commissioners, or establish ad-hoc committees as needed.

During the initial modeling of the 3-5 submitted reform proposals, the Offeror shall work with the proposers to specify and refine the reform proposals. The technical advisors will document assumptions and provide decision-making support in the

event that the proposers cannot make timely decisions. The project coordinator and technical advisors will facilitate communications between the full Commission and the Offeror. The Offeror shall provide interim results materials for this purpose, including a preliminary report due by July 15, 2007.

As described in Exhibit C, the work plan assumption deviate after July, depending upon whether an extension of the Commission's work is granted. If no extension is granted, the modeling of the 3-5 proposals continues as above described through a couple cycles of refinement. A final report is due in September, 2007.

If an extension of the Commission's work is granted, the Commission will select or create a lead proposal based on the findings in the preliminary report. At this stage, the decision-making authority will shift from the proposer to the Commission. The Commission will make all significant, policy-relevant decisions about the lead proposal with technical assistance, as needed, from the Offeror and the technical advisors. The project coordinator and technical advisors will facilitate the iterative process between the full Commission and the Offeror. The Offeror shall work with technical advisors in between iterations to identify key policy-relevant decisions and options. A final report is due in November, 2007.

#### **F. CONTRACTOR QUALIFICATIONS**

The successful Contractor shall demonstrate a high level of expertise in health services research and economic modeling techniques, with experience in the areas of modeling health care coverage, cost, and other health-related impacts. Experience with modeling both commercial coverage and public coverage is required. The Contractor also shall demonstrate experience with: projects of similar size or scope, state health issues, analysis of special populations (e.g., low-income, disabled, etc.), and production of a variety of technical and lay reports for different audiences. The Commission reserves the right to contact any and all firms with whom the Offeror has conducted business to verify the quality and degree of satisfaction with the Offeror's performance, including prior or existing state contracts.

#### **G. TERM OF CONTRACT**

The term of the resulting contract shall begin May 4, 2007, or upon execution of the contract, and end on January 31, 2008.

#### **H. CONTRACT BUDGET**

The maximum amount available for the initial contract period beginning May 4, 2007, for the provision of the services described in this RFP shall be \$300,000 ending on January 31, 2008. This is a fixed price contract.

## **SECTION III. SCOPE OF WORK**

### **A. GENERAL REQUIREMENTS**

This section sets forth the nature and scope of services to be delivered under the Contract procured under this RFP. The authorizing legislation for the Commission are incorporated in the RFP by reference, and the Offeror must be familiar with this document.

### **B. CONTRACT REQUIREMENTS**

The Offeror's proposal shall address all aspects of the scope of work outlined in this section. Proposals shall present a full and complete description of the qualifications of the Offeror to carry out the requirements set forth herein, as well as the approach and the methods the Offeror proposes to use in completing the scope of work. The proposal shall include a table of contents, a transmittal letter, an executive summary, a technical proposal, a cost proposal and several required attachments. The Offeror should comply with the format guidelines contained in Section IV, Offeror's Response Format.

By July 15, 2007 the Commission expects the successful Offeror to submit a preliminary report that summarizes the preliminary findings with regard to coverage, cost and other impacts of 3-5 health reform proposals. By the dates specified in Exhibit C, the Commission expects the successful Offeror to have completed a final report that details the final findings with regard to coverage, cost and other impacts of 3-5 health reform proposals and the lead proposal, if any.

The Contractor awarded the Contract to be procured under this RFP will perform the following requirements.

- (1) **Workplan Development and Communications:** Two draft work plans that meet the alternative scheduling requirements set forth in Exhibit C shall be submitted with the Offeror response. (One work plan assumes a legislative deadline of November 30, 2007 and the other assumes a lead proposal and an extension to January 31, 2008). The Offeror shall also submit a draft communications plan. Before work begins, the Offeror shall participate in an initial on-site meeting with the Commission and/or management team. The purpose of the meeting will be to finalize the overall project workplan, schedule, deliverable dates, roles (Offeror, staff, proposer and Commission), communications, and process for coordination of the work. Reimbursement for preparation and travel expenses for this meeting shall be included in the proposed budget for this Scope of Work.
- (2) **Consultation with Key State Agency Staff and State Data Stewards:** A preliminary data request for state data (e.g., Medicaid data, state employee health plan data, hospital data, etc.) shall be submitted with the Offeror response.

(See Exhibit D.) If no state data are required, the Offeror shall explain on the form provided in Exhibit D how it will ensure that its methodologies produce Colorado-specific findings. Before work begins, the Offeror will attend an in-person meeting with key state agency staff and data stewards that may include senior staff from the State Medicaid Agency, the Division of Insurance, and the Office of State Planning and Budgeting, and Joint Budget Committee staff. Other key staff or data stewards, as identified by the Offeror or the Commission, shall be included. The Offerors shall be briefed at this meeting about state budgeting issues, the Colorado Medicaid program, and the state insurance regulatory environment. The Offeror shall review with state staff the intended data inputs and modeling assumptions in order to ensure that final results are consistent with state budgeting conventions. As the modeling proceeds, the Offeror shall show and demonstrate to the technical advisors and/or selected state staff, upon request, any computer code or program used to develop the simulations and analyses so they can understand the processes utilized and the results can be sufficiently validated so that state staff can attest to their validity. No proprietary codes or program of the Offeror will be revealed to the public as a result of this process. Follow-up questions or clarifications needed by the Offeror or by state staff will be facilitated by the technical advisors.

(3) **Baseline Development:** The Offeror shall establish a Colorado baseline description (model) of the current status of health care coverage, costs, and related-issues in Colorado for comparison to the projected effects of the various health reform proposals. This baseline shall describe:

- Colorado demographic profile and trends (distributions by age, race/ethnicity, employment, income, education, citizenship/documentation status, etc.)
- health insurance coverage participation (including numbers enrolled by source of coverage and numbers of uninsured, numbers of chronically uninsured, numbers of under-insured)
- current levels of health care spending statewide and across sectors (including spending on care for insured and uninsured Coloradoans)
- cost per privately-enrolled individual/family (including costs by market, individual, small, and large groups)
- total and state cost per public program enrollee (by program: Medicaid, CHP+, Medicare, military, etc.)
- cost per uninsured individual (including federal, state, foundation, and private dollars)
- subcomponents of coverage costs (including premium and administrative costs and, for private coverage, cost-shifting related costs)
- distribution of costs among individuals, employees, employers, government, and others (includes cost-sharing structure for individuals)
- rate of growth of costs (recent trends)
- market and provider structures (e.g., numbers and types of providers, variety of health plan offerings, state regulatory framework)
- portability of coverage

- benefit structures of coverage
- access to care (e.g., preventive service use, avoidable hospitalizations, receipt of recommended care)
- incentives for wellness and prevention
- quality of care
- efficiency of care
- state tax rates

The Offeror will be encouraged to suggest other baseline estimates.

For all “per person estimates” (e.g., many of the cost estimates) the Offeror shall provide a detailed description of the reference population (e.g., all Colorado residents between the age of 0-64, or Medicaid children excluding those eligible via foster care, Supplemental Security Income, and Home and Community-Based Waivers).

**(4) Specification of the Reform Proposals for Modeling Purposes:** The Offeror shall conduct a detailed review the 3-5 health care reform design approaches selected by the Commission for technical analysis. The Offeror will consult with and provide technical assistance to the proposers and technical advisors to clarify assumptions and fully specify the reform proposals for modeling purposes. The technical advisors will document assumptions and provide decision-making support in the event that the proposers cannot make timely decisions.

**(5) Model Development and Simulation of Cost, Coverage, and Other Impacts:** The Offeror shall develop a modeling methodology (preferably, using micro-simulation techniques) that will generate estimates of key outcomes, including the cost and coverage of each health care reform option. The methodologies must be able to produce key point estimates and sensitivity analyses of specific outcomes using the policy details provided by the health reform proposers. The methodologies must generate point estimates, to the extent possible, that reflect changes in direction and magnitude for the following “coverage and cost” outcomes. It should also identify “winners and losers”.

The Commission’s goal is to increase coverage and reduce cost. However, the Commission’s guiding principles also address broader issues. For the following outcomes labeled as “other impacts”, the Offeror shall provide a quantitative analysis, where possible, and otherwise provide an “informed discussion” (e.g., based on a review of the literature). The Offeror shall clearly identify data sources/citations and assumptions for these analyses. The Commission is aware that assessment of these “other impacts” is constrained by the availability of measures and predictive models.

#### Coverage

- coverage participation (e.g., total covered). Note: coverage comparisons should take into account the benefit level.

- coverage source (e.g., group/employer, individual, Medicaid, Medicare, other public)
- substitution effects (e.g., crowd-out), including financing (e.g., moving from private to public coverage, from public to private, or from one source of private to another private)

### Costs

- health care spending statewide and across sectors (including spending on care for insured and uninsured Coloradoans)
- cost per uninsured person covered (including administrative costs)
- distribution of costs for covering the uninsured among individuals, employees, employers, government, and others
  - changes in cost per privately-enrolled individual/family (including costs by market, individual, small, and large groups)
  - changes in total cost and state cost per public program enrollee (by program: Medicaid, CHP+, Medicare, military, etc.)
  - changes in cost per uninsured individual (including federal, state, foundation, and private dollars)
- subcomponents of coverage costs (including premium and administrative costs and, for private coverage, cost-shifting related costs)
- rate of growth in costs over the projection period
- distribution of costs among individuals, employees, employers, government, and others (includes cost-sharing structure for individuals)
- implementation and transition costs
- state tax rates

### Other Impacts

- analysis of financing and sources of revenue required (including public and total revenues, including administrative costs and net revenue, taking into account, to the extent specified in the reform proposals, federal or local funding transfers).
- analysis of necessary or implicit changes to local, state, or federal statutes or regulations (e.g., ERISA, Medicaid waivers, etc.)
- analysis of broader economic effects of each model and requirements for financial sustainability (e.g., effects on wages and business development, stability in health care cost/prices over time, effects on capital formation)
- analysis of necessary or implicit changes to the market and provider structures (e.g., numbers and types of providers, including safety net providers, variety of health plan offerings)
- analysis of effects on innovation in health care
- analysis of which employers, providers, payors, and consumers “win” and “lose”, in terms of cost and efficiency;
- analysis of which consumers “win” and “lose” in terms of coverage, benefits, access to care (including wellness and preventive care), quality of care, portability, improvements in health status, and consumer choice;
- analysis of trends in underinsurance.

Where relevant, these point estimates shall, to the extent possible, be generated for consumers broken down by the following subgroups: income category, health status, employment status, and, for employed persons, by the size of the employing firm. The methodologies proposed by the Offeror may also generate other point estimates or subgroups, in addition to those required as outlined above. The methodologies also should generate baseline estimates for each outcome.

For all “per person estimates” (e.g., many of the cost estimates) the Offeror shall provide a detailed description of the reference population (e.g., all Colorado residents between the ages of 0-64, or Medicaid children excluding those eligible via foster care, Supplemental Security Income (SSI), and Home and Community-Based Services (HCBS) waivers).

The costs associated with transitioning to the scenarios envisioned by each health reform proposal shall be included in the simulation and analyses of the proposed reform models. Cost implications should be projected annually over a five year period. A ten year projection shall also be provided.

The methodologies must reflect Colorado-specific demographics, employer-sponsored, small group, and individual insurance markets, public program characteristics, business environment, geography, behavioral responses and health care costs. To the extent possible, methodologies must produce cost and coverage estimates that conform to state budgeting conventions. The methodologies must be able to generate estimates for multiple reform approaches. Multiple modeling/analytical techniques may be used to generate the estimates, especially the analysis of “other impacts”, so long as they produce estimates that can be compared across all of the reform approaches. Modeling approach and key assumptions must be explicitly stated and standardized across the multiple methodologies used.

**(6) Refinements of the Modeled Reform Proposals:** The Offeror shall work with the project management team and the Commission to adjust assumptions and otherwise refine proposals in an iterative fashion to improve the reform proposals’ performance on coverage, cost and other impacts. After initial specification and modeling, at least one refinement of the 3-5 proposals is required and the results shall be incorporated in a preliminary report to the Commission no later than July 15, 2007. If the Commission is operating under a November 30<sup>th</sup> deadline (see Exhibit C), at least two further refinements are required with a final report of findings due no later than September 30, 2007.

Alternatively, if the Commission is granted an extension until January 31<sup>st</sup>, 2008, the Commission will select or create a lead proposal based on the results of the preliminary report. (See Exhibit C.) Subsequently, at least two further refinements after specification of the lead proposal are required with a final report of findings due no later than November 2007.

(7) **Preliminary Report:** The Offeror shall prepare a preliminary written report no later than July 15, 2007, describing the 3-5 health reform proposals analyzed; the process for specification/refinement of models; the methodologies used for analysis and simulation; the point estimates; assumptions and sensitivity analyses for each model; comparison with Colorado's current health coverage system, and considerations for the Commission's deliberations about selection/development of a lead proposal. The timing of this report assumes that the 3-5 health reform proposals have been specified, modeled, have undergone one refinement each, and have been remodeled. The results of these simulations may inform the Commission's selection/development of a lead proposal.

(8) **Final Report:** The Offeror shall prepare a final written report describing the 3-5 models analyzed (including the lead proposal, if any); the process for specification/refinement of models; the methodologies used for analysis and simulation; the point estimates, assumptions and sensitivity analyses for each model; comparison of each reform proposal with projections of Colorado's current health coverage system; and final considerations for the Commission's deliberations about its report to the Colorado General Assembly. Under a November Commission deadline, the final report is due September, 2007. Under a January Commission deadline, the final report is due November, 2007. (See Exhibit C.)

(9) **Colorado Meetings:** The Offeror shall be available to participate in ten Colorado-based presentations of its methodological approaches and findings of the technical analysis of the health reform proposals to the Commission and a variety of Colorado audiences. Potential audiences include the Commission, the governor, legislators, stakeholders, and the public. The meetings will be held in Colorado. The Offeror also shall develop materials for project team use for meetings with the Commission and the public during the modeling process.

(9) **Documentation Requirements:** The Offeror shall collaborate with the technical advisors to clarify and document all modeling assumptions in plain English. A technical report, providing a detailed description of major assumptions, is also required.

(10) **Deliverables:** The Offeror shall prepare or complete the following specific deliverables:

- Final written workplan with timelines and communications strategy, as outlined in Paragraph (1) above;
- Final data request and written synopsis of the meeting with state agency staff, as outlined in Paragraph (2) above. This synopsis will summarize state data sources and data needs, describe agreed-upon modeling assumptions, and highlight any area of disagreement. This document will be appended to any data-sharing agreement with state agencies and other state data stewards;

- Written summary of the baseline analysis of the current Colorado system of health coverage, as outlined in Paragraph (3) above. Major data inputs and assumptions shall be provided in clear language, with a technical appendix;
- Technical assistance to the project management team and the health reform proposers to ensure that the health reform proposals have sufficient detail for analysis and that parallel assumptions are made across models to permit direct comparison, as outlined in Paragraph (4) above;
- Development and implementation of modeling methodology that generates analyses and simulations of current health system and the health reform proposals, including point estimate results for the cost, coverage, and other impacts, as outlined in Paragraphs (3) and (5) above;
- Technical assistance to the project management team, the health reform proposers, and the full Commission to adjust modeling assumptions and otherwise refine health reform proposals in an iterative fashion, to improve the reform proposals' performance on coverage, cost, and other impacts. After initial specification and modeling, at least one refinement of the 3-5 proposals is required. A lead proposal may be selected or created at this time. At least two further refinements are required, as outlined in Paragraph (6) above;
- Technical assistance to the project management team and the full Commission to develop a lead proposal, if desired. This lead proposal may be selected from among the 3-5 submitted health reform proposals, or it may result from a modification or combination of proposals. This technical assistance will ensure that the lead proposal has sufficient detail for analysis and that parallel assumptions are made to permit direct comparison to the 3-5 submitted proposals and to the baseline, as outlined in Paragraph (4) above;
- Written summary side-by-side tables will be provided after each modeling iteration to facilitate communications between the Offeror and the Commission. The summary side-by-side tables will provide a clear description of the models analyzed, including the current system of health coverage in Colorado (baseline), the 3-5 health reform proposals, and the Commission's "lead proposal", if any. The tables will also include the modeling results for coverage and cost. It will include results for a few standard individuals and families (e.g., Medicaid mother with two children, single 25 year old male, etc.). Offeror will provide a brief bulleted narrative to accompany the tables that identify key policy-relevant decision and options.
- Preliminary and final written reports, as outlined in Paragraphs (8) and (9) above. The final report shall include:
  - an executive summary of approximately 20 pages that is understandable to the layperson;
  - a detailed technical report, including detailed documentation of all modeling methodologies employed, assumptions, findings, and the results of sensitivity analysis;
  - a description of the current Colorado health care system and a projection of its cost, coverage, and other impacts over the next five years;

- a description of the health reform proposals, including the lead proposal, and a projection of their cost, coverage and other impacts over the next five years;
- a comparison of the projection of the current health care system to each of the reform proposals;
- a summary of final considerations and Offeror commentary for each model, including the current health care system.
- Up to ten (10) presentations to the Commission, governor, legislature and the public, as outlined in Paragraph 10 above. Reimbursement for preparation and travel expenses for this meeting shall be included in the proposed budget for this Scope of Work. Meetings will include, at a minimum:
  - A presentation at a public meeting of the Commission in July 2007 of the contents of the preliminary report, specifically the analyses and simulation results for each model and model variation along with the Offeror considerations relevant for selection/development of a lead proposal. This meeting will be held in Denver, CO.
  - A presentation at a public meeting of the Commission of the final report, specifically the final analyses and simulation results for each model and model variation, assumptions and sensitivity analyses, comparing these to the current Colorado health coverage system, along with final considerations for each model. This meeting will be held in Denver, CO.
  - Attendance at up to 4 monthly Commission meetings during the modeling phase of the project.
  - Presentations to up to four (4) other groups such as legislative committees, staff groups, or an open public meetings for interested individuals during the fall of 2007 and early winter of 2008. These meetings may be held in a location other than in Denver. The contract end date may be extended as necessary to accommodate these presentations.
  - Presentation of the final report to any other individual, group or organization must be approved in advance by the Commission with costs for preparation or travel associated with any such presentation negotiated with and reimbursed by the requesting organization, group or individual.

(10) **Evaluation:** The Offeror shall provide any needed information to a project evaluator if such an evaluator is determined to be desired and appropriate and participate in project evaluation discussions and meetings as necessary. The evaluation will assess the development of the reform model proposals as well as the model development and the interaction between the model Offeror and the project management team in preparing the final papers for presentation at public meetings.

## **SECTION IV. OFFEROR'S RESPONSE FORMAT**

### **A. GENERAL INSTRUCTIONS**

Each Offeror shall submit a Technical Proposal that shall include: one (1) original, clearly marked; seven (7) exact copies of the Technical Proposal; and one (1) electronic copy of the Technical Proposal in MS Word/Excel, on a CD format and/or diskette. In addition, each Offeror shall also submit a Cost Proposal consisting of one (1) original, clearly marked; seven (7) exact copies of the Cost Proposal; and one (1) electronic copy of the Cost Proposal in MS Word/Excel, on a CD format and/or diskette. The Technical and Cost Proposals may be submitted in the same package, but in separate binders. The Transmittal Letter (with appropriate signatures) and Executive Summary precede the Technical Proposal, and should be included in the Technical Proposal package.

Proposals must be submitted and sealed in a package showing the following information clearly on the outside of the package:

- OFFEROR'S NAME
- RFP for Independent Consulting Firm
- PROPOSAL DUE: April 3<sup>rd</sup>, 2007, at 3:30 PM (Mountain Time)

See Section I for details regarding delivery location. No reference is to be made to any pricing information or elements of cost within the Transmittal Letter, Executive Summary or in the Technical Proposal. If any element of pricing or cost is referred to in the Transmittal Letter, Executive Summary or Technical Proposal, the Offeror may be disqualified.

The Offeror shall submit each copy of the complete proposal in a loose-leaf binder, allowing the Commission to easily incorporate updated pages into the original proposal. The official name of the Offeror's organization must appear on the outside front cover of the binder. Include tabs that are keyed to the Table of Contents, which separate each major section of the proposal.

Offerors shall provide all requested information in the proposal. Proposals should:

- Use standard 8 1/2 by 11-inch paper (except for large tables)
- Use twelve (12)-point font.

- Be numbered consecutively for all pages from start to finish (not required for appended materials) in the Technical Proposal, and numbered consecutively for all pages from start to finish (not required for appended materials), in the Cost Proposal.
- Top, bottom, left and right margins must be one (1) inch.

The Offeror shall adhere to the Commission's required proposal format and required content. The Commission reserves the right to reject any and all proposals for non-compliance.

## **B. TECHNICAL PROPOSAL**

### **(1) Table of Contents and Page Numbering**

The Offeror shall include a Table of Contents with its proposal. In each loose-leaf binder, a tab that corresponds to the Table of Contents should separate each major section of the proposal. The Offeror shall submit their proposal contents in the following order:

### **(2) Transmittal Letter.**

*Page Limit: two (2) pages*

The Transmittal Letter shall be brief and signed by an individual who is authorized to commit the Offeror to the services, compliance with requirements and prices stated in the Offeror's proposal, for both initial contract year and subsequent years. The Transmittal Letter shall be no more than two (2) pages. All Offerors shall submit a Transmittal Letter on their official business letterhead that includes the following required provisions:

1. Positively states the Offeror's willingness to comply with all work requirements, general contract requirements and other terms and conditions specified in this RFP. It will be signed in ink by the Offeror, or an officer of the Offeror who is legally authorized to bind the Offeror to the proposal.
2. Includes a statement that by submitting a proposal, the Offeror affirms its willingness to enter into a contract containing substantially similar terms to the Draft Contract document, published with this RFP as Exhibit E.
3. Discloses the intended use of subcontractors, if any, and amount subcontracted work and proportion of the total contract price.
4. Includes a statement that the submitted proposal shall remain a firm offer for one hundred twenty (120) calendar days after the proposal due date or until the contract is approved, whichever comes first.

5. Includes one completed W-9 form. (NOTE: the W-9 form is not counted against the two (2)-page limit for the Transmittal Letter).
6. Discloses all current, pending or bid contracts with the State of Colorado.
7. Acknowledges receipt of all amendments and addenda to this RFP.
8. Identifies all potential conflicts related to this RFP and any other services related to this contract.

No reference is to be made to any pricing information or elements of price within the Transmittal Letter, Executive Summary, or the Technical Proposal. If any element of price is referred to in the Transmittal Letter or Technical Proposal, the Offeror may be disqualified.

### **(3) Executive Summary**

*Page Limit: two (2) pages (not included in the 30 page limit for technical proposal)*

The Offeror shall include an Executive Summary as part of the proposal. The Executive Summary must be factual, brief and cover the core aspects of the proposed project. No reference is to be made to any pricing information or elements of cost within the Transmittal Letter, Executive Summary or the Technical Proposal. If any element of pricing or cost is referred to in the Transmittal Letter, Executive Summary or Technical Proposal, the Offeror may be disqualified. The Executive Summary shall not exceed two (2) pages.

### **(4) Technical Proposal**

*Page Limit: thirty (30) pages (excluding appendices)*

The Technical Proposal shall present a full and complete description of the qualifications of the Offeror to carry out the requirements set forth in Section III, as well as the approach and methods the Offeror proposes to use in completing the scope of work. To aid evaluators in reviewing proposals, the Offeror should organize its response according to the sequentially numbered sections identified in Section III, Requirements. Each response must be preceded by the RFP section (or other statement requesting information) that prompted the response. Sequential numbers assigned to each section in this RFP must be retained in the Offeror's proposals; for example, the proposal should state the question and response as follows:

#### **1) Workplan Development and Communications:**

Response: The Offeror's description of its approach to workplan development and communications will be written here. (A draft workplan and a draft communications plan are also required attachments.)

Unless otherwise indicated, the Offeror's proposal must address all aspects of the services described in this section. The Offeror may suggest alternative means to achieve the same goals, so long as the major deliverables and the required time frames (as laid out in Exhibit C) are met. The Offeror must provide a detailed description of how it will define and satisfy each of the required tasks, and how the Offeror will develop and manage all services performed under any subcontracted arrangements, as applicable. The Offeror must demonstrate an understanding of the Requirements as well as successful experience performing similar work, and provide a work plan that demonstrates the Offeror's capacity to organize, sequence tasks and manage the resources necessary to achieve the goals for each work area. The work plan must include time frames and resource allocations tied to contract deliverables, and must demonstrate all steps towards completion, which must fully conclude no later than the dates specified in this RFP.

The Offeror shall not assume there will be an opportunity for oral presentations or revisions of proposals, so the most favorable proposal shall be submitted as the Offeror's initial proposal. The competitive range determination will be based on the written proposals. The Offeror is cautioned to ensure that its proposal adequately describes the proposed program and an understanding of the requirements. The proposal should be succinct, self-explanatory and well organized so that reviewers can understand the process that will be used to complete the requirements of this RFP. The Commission does not encourage excessive responses and may disqualify proposals that exceed the page limit. Graphical presentations may be incorporated as separate appendices.

No reference is to be made to any pricing information or elements of cost within the Transmittal Letter, Executive Summary or the Technical Proposal. If any element of pricing or cost is referred to in the Transmittal Letter, Executive Summary or Technical Proposal, the Offeror may be disqualified.

The Offeror's Technical Proposal must contain Section III, Requirements. Page limits of the individual sections must fall within the total limit of thirty (30) pages.

### **C. COST PROPOSAL**

*Page Limit: none. (LIMIT YOUR COST PROPOSAL RESPONSE TO THE INFORMATION REQUESTED HEREIN).*

Price Proposal: The contract resulting from this RFP will be fixed price. The Offeror shall submit a Price Proposal for the initial contract period, May 4, 2007 through January 31, 2008, for the fulfillment of the requirements and terms of this RFP. The Price Proposal shall be expressed as one fixed price, which shall not exceed the maximum amount available of \$300,000, as described in Section IIE, Contract Budget. The Commission may, at its option, disqualify any proposals exceeding this amount.

**Budget:** The Cost Proposal shall include a program budget that includes an invoicing schedule that is tied to the delivery of major deliverables (e.g., baseline development, specification of 3-5 health reform proposals, preliminary report, development of a lead proposal (if any), final report, public presentations). Due to the uncertainty about the development of a lead proposal, two budgets may be submitted: one that assumes a project end date of November 30, 2007 (and no lead proposal) and January 31, 2008 (and selection/development of a lead proposal). Include with your Cost Proposal a budget narrative that explains how total costs were determined. If two budgets are submitted, neither shall exceed the maximum amount available of \$300,000, as described in Section IIE, Contract Budget. The Commission may, at its option, disqualify any proposals exceeding this amount.

The Cost Proposal must contain a statement that the Offeror has the financial strength to maintain this contract.

#### **D. REQUIRED ATTACHMENTS**

1. Two draft workplans that outline the overall project workplan, schedule, deliverable dates, roles (Offeror, staff, proposer, and Commission). One workplan should have a November 30, 2007 end date and the other should allow for the development of a lead proposal and have a January 31, 2008 end date. (See Exhibit C.)
2. A draft communications plan that describes the process for coordinating the workflow, providing monthly (or more frequent) feedback to the Commission (including summaries of the modeling iterations), and providing weekly updates to staff for the purposes of project management.
3. A preliminary data request for state data. (See Exhibit D.)
4. Provide a description of three (3) to five (5) successful projects that are similar to the scope of work in this RFP. State health reform projects are preferred. This description of current and recent contracts should detail activities outcomes and demonstrate that the Offeror has at least five years experience in modeling commercial insurance and public program reforms, as described in this contract. To exceed no more than five pages in length.
5. Provide a current client list (active clients within the past three (3) years) of at least five (5) clients, but no more than ten (10) clients. Include with the name of the client, primary and secondary contact people and contact information, including, name, address, phone, and email information. The Commission reserves the right to contact these and any other former clients for references.
6. Provide a list of any previous Colorado state contracts, including contact information. Include a description of the fulfillment/termination of those contracts.

7. Provide two (2) reports produced for another client (preferably, at least one from a state client) that best illustrates the Offeror's ability to meet the technical, analytical, and written requirements of this contract, including provision of a final report that includes a layperson executive summary as well as more technical findings.

8. Provide a detailed description of key staff roles (e.g., lead researcher and project manager) and subcontractors' duties, if any. Supervision of subcontractors and staff must be detailed. To exceed no more than five pages in length. The Commission shall approve in advance any proposed substitutions of key staff.

9. Provide staff and subcontractor bios and full resumes/C.V.'s for all key project staff. Resumes/C.V.'s should include a full employment history, professional appointments, publications, and presentations.

10. Provide the following information regarding the Offeror:

- a. Indicate your company's legal name and primary address
- b. Date Offeror's entity was established
- c. Ownership type (nonprofit corporation, public company, partnership, subsidiary, etc.)
- d. The state under whose laws your company is organized
- e. Name, title, telephone number, fax number, and email address of person the Department should contact
- f. Name, title, telephone number, fax number, and email address of the person authorized to execute this proposal, and any subsequent contract that may be awarded (*This may be more than one person*)
- g. Provide copies of the documents that authorize the person(s) above to bind the entity
- h. Provide a list of the directors, executive officers, and Board of Directors
- i. Organizational chart

11. The Offeror shall answer the following questions:

- a. Have any judgments been taken against your organization, or settlements of lawsuits entered into, in the last three (3) years?
- b. Have any other lawsuits been filed against your organization with respect to your administrative services contracts in the last three (3) years?
- c. Is there any other currently pending litigation against your organization, regardless of filing date?
- d. If you have answered any of these questions in the affirmative, provide all identifying information, including court and case number for any lawsuit. For any lawsuit identified here, please describe the situation at issue, the current status, and the final outcome (if any). Please provide all relevant dates, such as filing date and date of judgment or settlement.

## **SECTION V. PROPOSAL EVALUATION**

### **A. EVALUATION PROCESS**

The evaluation of proposals will result in a recommendation for an award of a contract under this RFP. The Commission intends to use staff and a committee process to screen and score the responses. The full Commission will make the final selection of the Independent Consulting Firm at its April 27, 2007 meeting.

### **B. PROPOSAL EVALUATION CRITERIA**

The evaluation committee will use the following criteria (in decreasing order of importance) in evaluating the proposals and recommending an award:

#### **Technical Proposal Criteria:**

- (35%) Experience of the Offeror/staff/subcontractors with similar health reform modeling projects
  - experience of the Offeror and demonstrated capabilities of proposed staff.
  - experience of proposed subcontractor(s) and plan for managing the subcontractor(s).
- (30%) Proposed methodology for specifying and modeling the cost and coverage impacts of the current health care system and the health reform proposals. Proposed methodology for specifying and modeling the other impacts of health reform proposals, including the status quo.
- (10%) Quality of writing samples.
- (5%) Proposed two (2) work plans.
- (5%) Evaluation of budget allocations.
- (5%) Proposed method of coordination and communications with the Commission and with state agency staff and data stewards.

#### **Cost Proposal Criteria**

- (10%) Evaluation of price (two price estimates may be submitted, corresponding to the November timeline and the January timeline, respectively.)

## **Exhibit A Definition of Terms**

**Access** - the ability for all Coloradans to get timely, appropriate health care.

**Administrative costs** - those costs incurred by government, private insurers, providers, payers and others in the course of paying for, getting reimbursed for or providing care exclusive of the direct costs of care. Examples of administrative costs include billing, paying commission, operating payment systems, time spent seeking prior approval, etc.

**CDPHE** – [State of] Colorado Department of Public Health and Environment

**CFR** - Code of Federal Regulations.

**Contract** - The written, signed agreement resulting from the RFP for an Independent Consulting Firm.

**Contract Officer** – The person from the Commission overseeing day-to-day operations of the contract.

**Commission** - The Blue Ribbon Commission for Health Care Reform. (A copy of the legislation is available at [http://www.leg.state.co.us/Clitics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208\\_enr.pdf](http://www.leg.state.co.us/Clitics2006A/csl.nsf/fsbillcont3/2E0A3C9A1FEA527487257115005ECA5F?Open&file=208_enr.pdf)).

**Commission's fiscal sponsor** – Colorado Foundation for Families and Children (CFFC).

**Cost-sharing** - *Any contribution* (e.g., premiums, coinsurance, co-pays) consumers make towards the cost of their health care as defined in their health insurance policy.

**Cost-shifting** - the process of using revenues from one payer to subsidize other payers, such as the uninsured, the underinsured, and government payers.

**Coverage** - a third-party payer that will defray some or all of an individual's health care costs (e.g. commercial insurance, Child Health Plan Plus, Medicaid, etc.).

**DOI** – [State of Colorado] Division of Insurance

**Enhancements** - Components, services, or products that exceed the minimum functional requirements and would improve the quality of the services being procured by the Commission.

**Expansion of coverage** - more Coloradans have coverage.

**Expiration Date** - The date upon which the contract resulting from this RFP will expire due to the passage of time, unless terminated earlier or extended as provided herein.

**Independent Consultant/Independent Consulting Firm**- Vendor selected by the Commission to conduct a technical comparative analysis of the three to five proposals selected by the Commission.

**HCPF** – [State of Colorado Department of] Health Care Policy and Financing.

**Microsimulation**- Microsimulation is a method that allows predicting the changes in populations over time on the basis of empirical micro data. In contrast to widely used models at the macro level, micro models give information about distributions of demographic or socio-economic attributes. The starting point for a microsimulation is a microdatabase that represents a specific population. The objects of that database correspond to individual decision making units (e.g. persons, households, or enterprises) that are described by a set of relevant attributes (e.g. age, sex, income).

**Model Refinement**- A refinement is an adjustment to the modeling specifications (assumptions) used in the modeling of a health reform proposal. A refinement is NOT a major design change.

**Model Specification**- Model specification describes the process by which a health reform proposal is translated into a format useful to modelers (e.g., target population is fully defined, all assumptions are made explicit, etc.).

**Notice of Termination** - A written notice issued by the Commission's fiscal sponsor to the Contractor terminating all or part of the contract.

**Offeror** - Any corporation, company, or organization submitting a bid to this RFP.

**Prime Contractor or Contractor** - The Offeror receiving an award under this RFP to perform the services and deliver the items required by this RFP and the resulting contract.

**Project Coordinator** - The Project Coordinator (Anita Wesley) of the Commission, an employee of Colorado Foundation for Families & Children.

**Proposer** - means the proposal author who will serve as the primary contact to the Commission and will be responsible for meeting the requirements described in this Solicitation.

**RFP** – Request for Proposals.

**Safety net providers** - are those providers that organize and deliver a significant level of health care and other health-related services to uninsured, Medicaid, and other vulnerable populations.

**Selected proposal** - one of the three to five healthcare reform proposals selected by the Commission for technical analysis by the Independent Consultant.

**Start Date** - The effective date of the contract for services and deliverables requested by this RFP.

**State** - State of Colorado.

**State Agency** – One of the agencies with the executive branch of the State of Colorado, including the Department of Health Care Policy and Financing, the Division of Insurance, and the Department of Public Health and Environment.

**Technical Advisors** - legislatively-appointed staff (Tracy Johnson and Sarah Schulte) to the Commission who provide technical assistance to the Commission regarding health policy issues.

**Transparency** - means when consumers have access to a full range of information about the quality and cost of their health care options.

**Termination Date** - The date specified by the Commission in the Notice of Termination that all or part of the contract resulting from this RFP is to be terminated.

**Exhibit B**  
**Pass/Fail Criteria**

Pass/Fail Criteria

**Name of Offeror:** \_\_\_\_\_ **Date Completed:** \_\_\_\_\_

To be completed by the Commission prior to bid review. All items below must be evident and satisfactory in the Offeror's response.

Item	Met	Not Met
<p>The following information regarding the Offeror:</p> <ul style="list-style-type: none"> <li>• Company's legal name and primary address</li> <li>• Date Offeror's entity was established</li> <li>• Ownership type (nonprofit corporation, public company, partnership, subsidiary, etc.)</li> <li>• The state under whose laws your company is organized</li> <li>• Name, title, telephone number, fax number, and email address of person the Department should contact</li> <li>• Name, title, telephone number, fax number, and email address of the person authorized to execute this proposal, and any subsequent contract that may be awarded (<i>This may be more than one person</i>)</li> <li>• Provide copies of the documents that authorize the person(s) above to bind the entity</li> <li>• Provide a list of the directors, executive officers, and Board of Directors</li> <li>• Organizational chart</li> </ul>		
A statement of compliance with Affirmative Action and Equal Employment Opportunity regulations that confirms that the Offeror does not discriminate in its employment practices with regard to race, color, religion, age (except as provided by law), sex, marital status, disability, political affiliation, national origin, or handicap, and complies with all applicable provisions of Public Law 101-336, Americans With Disabilities Act.		
A statement that any submitted response and costs shall remain valid for (180) days after the bid due date or until contract is approved, whichever comes first.		
Identification that the Offeror would be the prime Contractor and the name of the corporation or other legal entity submitting the bid, and any and all subcontractors, if any, that are needed in order to satisfy the requirements of this RFP. Include the percentage of work, as measured by percentage of total fixed price, to be performed by the prime Contractor. A statement that the Offeror will assume sole and exclusive responsibility for all of the Contractor responsibilities and work indicated in the RFP (including any and all addenda).		
A statement that the bid price is not greater than the maximum amount of funds.		
One original bid, identified as such, and seven copies of the bid.		
One completed transmittal letter.		
Two draft workplans that outline the overall project workplan, schedule, deliverable dates, roles (Offeror, staff, proposer, and Commission).		
A draft communications plan that describes the process for coordinating the workflow, providing feedback to the Commission (including summaries of the modeling iterations), and providing regular updates to staff for the purposes of project management.		
A preliminary data request for state data.		

A description of three (3) to five (5) successful projects that are similar to the scope of work in this RFP. This description of current and recent contracts should detail activities outcomes and demonstrate that the Offeror has at least five years experience in the types of areas described in this contract. To exceed no more than five pages in length.		
A current client list (active clients within the past three (3) years) of at least five (5) clients, but no more than ten (10) clients. Include with the name of the client, primary and secondary contact people and contact information.		
A list of any previous state contracts, including contact information. Include a description of the fulfillment/termination of those contracts.		
A description of staff and subcontractor roles that clearly defines lines of supervision/authority, and is no more than five pages in length.		
Staff bios and resumes/C.V.'s indicates at least five years experience in the types of areas described in this contract.		
Two relevant reports produced for another client (preferably, a state client) is submitted.		
A description of the Offeror's litigation history. The Commission reserves the right to fail an Offeror based on substantive performance issues, such as substantial litigation.		
Executive Summary		
Technical Proposal		
Cost Proposal		

Refer to Bid Review Yes No

**Exhibit C:  
DRAFT WORK PLAN**

The draft work plan must provide two alternate timelines with different end dates: November 30, 2007 and January 31, 2008. The latter (January) end date would allow time for the Commission to modify/create its own proposal and require an anticipated legislative amendment to extend the work of the Commission. The draft work plan must also consider the following interim deadlines that the Commission has established. If an interim deadline cannot be met, it must be highlighted and a rationale provided.

**Legislated timeline (November 30, 2007 end date)**

If the Commission is not given an extension to complete its work, the following timeline will be used:

- Commission selects Independent Consultant to perform technical analysis of selected proposals—April 2007
- Commission reviews reform proposals that meet the requirements of this solicitation and were received by the deadline for submitting proposals—April-May 2007
- Commission selects three to five proposals for technical analysis—May 2007
- Commission submits proposals to Independent Consultant for analysis—May 2007
- Proposers and Technical Advisors work with Independent Consultant to specify and refine proposals—May-September 2007
- Regular updates on the interim modeling results are provided to the Commission in between each iteration of the modeling—May-September 2007
- Independent Consultant submits results of technical analysis to Commission—September 2007
- Commission reviews technical analysis and public input—October--November 2007
- Commission develops recommendations and final report—November 2007
- Commission submits report to General Assembly—November 2007

**Alternate timeline (January 31, 2008 end date)**

If Commission is given until January 31, 2008 to complete its work, the following timeline will be used:

- Commission selects Independent Consultant to perform technical analysis of selected proposals—April 2007
- Commission reviews reform proposals that meet the requirements of this solicitation and were received by the deadline for submitting proposals—April-May 2007
- Commission selects three to five proposals for technical analysis—May 2007
- Commission submits proposals to Independent Consultant for analysis—May 2007
- Proposers and Technical Advisors work with Independent Consultant to specify and refine proposals—May-July 2007
- Independent Consultant submits a preliminary report summarizing the technical analysis to Commission—July 2007
- Commission reviews technical analysis-- July 2007
- Commission develops or refines lead proposal—July-August, 2007
- The Commission and Technical Advisors work with Independent Consultant to specify and refine lead proposal—September – November, 2007
- Regular updates on the interim modeling results are provided to the Commission in between each iteration of the modeling—May-November 2007
- Independent Consultant submits results of technical analysis of lead proposal to Commission—November 2007
- Commission develops recommendations and final report—November 2007-January 2008
- Commission submits report to General Assembly—January 2008

**Exhibit D:  
State Data Request Form**

**State Data Sources**

<b>Name of Data Source</b>	<b>How Used in the Model? (Please describe)</b>	<b>Description of Data Needed (Specify desired variables or measures, e.g. per capita costs)</b>	<b>Alternate Data Source (If securing access to the preferred state data source is not possible)</b>
Colorado Household Survey (2001)			
Medicaid claims, eligibility data, expenditure data			
Division of Insurance data (e.g., premiums, products, insurer information)			
State employee health plan data			
Colorado hospital data			
Safety net programs			
Other (please specify)			

If the Offeror does not need access to any of the above-listed data sources, the Offeror shall describe below how the modeling methodologies reflect Colorado-specific demographics, employer-sponsored, small group, and individual insurance markets, public program characteristics, business environment, geography, behavioral responses and health care costs.

If the Offeror does not need access to any of these data sources, the Offeror must describe how the modeling methodologies will produce cost and coverage estimates that conform to state budgeting conventions.

**Exhibit E:  
Draft Contract**

See attachment document.