**STATE OF MAINE**

**Department of Health and Human Services**

*Office of MaineCare Services*



**RFP# 202509129**

**Consumer Assessment of Healthcare Providers**

**and Systems Annual Survey**

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| --- | --- | --- | --- |
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| *All communication regarding the RFP must be made through the RFP Coordinator.* | | | |
| **Submitted Questions Due Date** | September 24, 2025, no later than 11:59 p.m., local time | | |
| *All questions must be received by the RFP Coordinator by the date and time listed above.* | | | |
| **Proposal Submission Deadline** | **DATE:** | October 14, 2025, no later than 11:59 p.m., local time. | |
| **TO:** | [Proposals@maine.gov](mailto:Proposals@maine.gov) | |
| *Proposals must be received electronically by the Office of State Procurement Services by the date and time listed above.* | | | |

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PUBLIC NOTICE

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**State of Maine**

**Department of Health and Human Services**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

The State of Maine is seeking proposals to implement the annual Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Children, and to conduct data analysis based on survey results.

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

Proposals must be submitted to the Office of State Procurement Services, via e-mail, at: [Proposals@maine.gov](mailto:Proposals@maine.gov). Proposal submissions must be received no later than 11:59 p.m., local time, on October 14, 2025. Proposals will be opened the following business day.

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**RFP TERMS/ACRONYMS with DEFINITIONS**

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

| **Term/Acronym** | **Definition** |
| --- | --- |
| [**Agency for HealthCare Research and Quality (AHRQ)**](https://www.ahrq.gov/) | The federal agency responsible for producing evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable, and to work within the U.S. Department of Health and Human Services and with other partners to make sure that the evidence is understood and used. AHRQ oversees the Consumer Assessment of Healthcare Providers and Systems CAHPS Health Plan Survey Database (CAHPS Database), which is AHRQ's data repository for selected CAHPS Surveys. |
| [**CAHPS Health Plan Survey Database (CAHPS Database)**](https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html) | AHRQ's data repositories for the CAHPS Surveys. The primary purpose of the CAHPS Database is to facilitate comparisons of CAHPS Survey results by survey users. |
| [**Centers for Medicare & Medicaid Services (CMS)**](https://www.cms.gov/) | The federal agency within the U.S. Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer [Medicaid and the Children's Health Insurance Program (CHIP)](https://www.healthcare.gov/medicaid-chip/childrens-health-insurance-program/). |
| **Child(ren)** | Individuals aged zero to seventeen (0-17) years. |
| **Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey** | An annual satisfaction survey that provides valuable information to health payors and providers regarding the services received by patients of all ages. The CAHPS Survey identifies performance areas where health payors excel and ones where they need improvement, based on member feedback. Maine implements one (1) CAHPS Survey for Children per year. |
| **Department** | Maine’s Department of Health and Human Services |
| **Maine Integrated Health Management Solution (MIHMS)** | Maine’s automated Medicaid service claims billing system. |
| [**MaineCare**](https://www.maine.gov/dhhs/oms/mainecare-options) | Maine’s Medicaid program |
| **Respondent** | A parent or guardian of a Child who is a MaineCare member who provides information to the Child CAHPS Survey. |
| **RFP** | Request for Proposals |
| **Sample** | A group of people or things that are chosen out of a larger number and selected in such a way to be representative of the larger group. Data is collected on the Sample and analyzed to estimate the characteristics of the population. |
| **State** | State of Maine |
| **Technical Assistance (TA)** | The process of providing developmental support and facilitating communications and collaborations across the systems of researchers, policymakers, communities, and program providers, with the ultimate goal of bridging the gap among research, policy, and practice in the State. |

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

**PART I INTRODUCTION**

1. **Purpose and Background**

The Department of Health and Human Services (Department) is seeking to implement the annual Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey and to conduct data analysis based on survey results, as defined in this Request for Proposals (RFP) document. This document provides instructions for submitting proposals, the procedure and criteria by which the awarded Bidder will be selected, and the contractual terms that will govern the relationship between the State of Maine (State) and the awarded Bidder.

The Department is dedicated to promoting health, safety, resiliency, and opportunity to all Maine Residents. The Department’s Office of MaineCare Services (OMS) is Maine’s Medicaid program, jointly funded by the federal and state governments. MaineCare offers free or low-cost health insurance and other health benefits to Maine residents who meet specific eligibility requirements, based on income, disability, or age.

OMS has administered the annual health plan CAHPS Survey for the Child Medicaid population for several years. This Child CAHPS Survey is one of the few MaineCare member surveys that OMS collects, providing extremely useful data regarding the experience of MaineCare members who are Children regarding their MaineCare coverage and overall healthcare. The survey is conducted with the parents or guardians of eligible Child MaineCare members. Completion of the Child CAHPS Survey is also a component of the [Core Set of Children’s Health Care Quality Measures](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources), which is submitted annually to the Centers for Medicare & Medicaid Services (CMS).

As a result of this RFP, the awarded Bidder shall provide professional services, subject matter expertise, and project management for the implementation of the Child CAHPS Surveys, as well as subsequent analyses and reporting. Target populations for this work include Child MaineCare members aged zero to seventeen (0-17) years, their parents/guardians, and MaineCare providers. The Department anticipates the Child CAHPS Survey results will influence and benefit MaineCare programming and policy decisions.

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

Bidders must have a minimum of two (2) years’ experience in the last five (5) years administering surveys via telephone, video conferencing, or in-person with the following target populations: parents or guardians of Children, with or without disabilities or special healthcare needs, and current or former Medicaid recipients.

1. **Contract Term**

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

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

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

|  |  |  |
| --- | --- | --- |
| **Period** | **Start Date** | **End Date** |
| Initial Period of Performance | 12/1/2025 | 11/30/2027 |
| Renewal Period #1 | 12/1/2027 | 11/30/2029 |
| Renewal Period #2 | 12/1/2029 | 11/30/2030 |

1. **Number of Awards**

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

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

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

1. **General Requirements**
   1. Provide Technical Assistance (TA) to the Department and Department-identified stakeholders.
   2. Respond to and resolve all requests for TA from the Department or its interested parties within two (2) business days, or when identified, an agreed-upon timeline between the awarded Bidder and Department.
   3. Meet monthly with the Department to discuss contract management, administration, progress, and deliverables.
   4. Include the Department in all communications related to the services outlined in this RFP and the resulting contract, including but not limited to:
      * + 1. Other Department contracted individuals or organizations;
          2. Community interested parties**;** or
          3. Other related parties.
2. Provide data analysis, information extraction, or information findings upon the Department’s request.
3. Comply with applicable Department [Privacy and Security of Health Information](https://www.maine.gov/dhhs/privacy) policies.
4. Obtain and maintain insurance as outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_4.22.2025.pdf), under Rider B-IT, Section 19. Insurance Requirements.
5. Implement risk assessment and vulnerability scanning policies and procedures for collecting sensitive information electronically (PII, PHI, and/or other confidential data), at a minimum, to be equivalent to MaineIT policies for:

[Rules of Behavior (PL-4)](https://www.maine.gov/oit/sites/maine.gov.oit/files/inline-files/RulesofBehavior.pdf);

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

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

1. Comply with all State and Federal laws regarding the protection of confidential and/or sensitive information that is collected or maintained by the awarded Bidder, including, as applicable, notification to individuals in the event of unauthorized access or disclosure.
2. Comply with all confidentiality requirements outlined in the State of Maine [IT-Service Contract](https://www.maine.gov/dafs/bbm/procurementservices/sites/maine.gov.dafs.bbm.procurementservices/files/inline-files/IT%20Service%20Contract%20%28IT-SC%29%20Template%20%28locked%29_4.22.2025.pdf), under Rider B-IT, Section 30. Confidentiality.
3. The State does not consume the awarded Bidder’s application, but the awarded Bidder will consume one/more State application(s).
4. **Survey and Related Materials**
   1. Attend at least two (2) survey content and related materials planning meetings with the Department, within thirty (30) calendar days of the start of the initial period of performance, to determine the development and customization of the survey and survey implementation.
      1. Develop a customized Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey questionnaire and related materials, adhering to the Federal guidelines set forth by the [Centers for Medicare & Medicaid Services (CMS)](https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources) and [Agency for HealthCare Research and Quality (AHRQ)](https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html).
      2. Provide a forty-one (41) item questionnaire with an additional thirty-eight (38) item [Children with Chronic Conditions module](https://www.ahrq.gov/cahps/surveys-guidance/item-sets/children-chronic/index.html), and up to four (4) Department-customized topic modules.
      3. In collaboration with the Department, develop a pre-notification postcard and e-message script for distribution to the Sample eligible population.
   2. Assist the Department with verifying a final survey format that meets the [CAHPS Health Plan Survey Database (CAHPS Database)](https://www.ahrq.gov/cahps/cahps-database/hp-database/participate.html) criteria prior to implementation.
   3. Submit the final survey draft and related materials (e.g., pre-notification postcard and e-message script) to the Department for approval forty-five (45) calendar days prior to survey implementation.
   4. Mail out the pre-notification postcard to the Sample eligible population at least two (2) weeks prior to the start of conducting surveys.
   5. Upload the survey into an online modality at least two (2) weeks prior to the start of conducting surveys.
5. **Representative Sample**
   1. Attend at least one (1) representative Sample planning meeting with the Department within thirty (30) calendar days of the start of the initial period of performance to discuss the Sampling strategy.
   2. Within ten (10) calendar days of the representative planning meeting, establish the representative Sample plan, which includes, but is not limited to:
      1. Confirmation of the required elements in the Department-provided Sample frame data file;
      2. A random Sample strategy consistent with effective Sample size to achieve an acceptable level of unit reliability for each subgroup, following any oversampling guidelines and/or specifications;
      3. Identifying the eligible random Sample from the Sample frame data file pulled from the Maine Integrated Health Management Solution (MIHMS) system; and
      4. Conducting quality checks on the Sample frame.
   3. Provide monthly reports to the Department regarding survey response rate, to include recommendations for improving the response rate if data suggests a lack of progress toward achieving the target Sample size.
   4. Utilize strategies for data collection to achieve, at a minimum, a twenty-five percent (25%) response rate.
      1. This should result in at least one thousand (1,000) completed surveys.
6. **Survey Implementation**
   1. Begin conducting surveys annually, no later than February 1st, upon Department approval.
      1. Surveys must be completed annually, no later than May 15th.
      2. Administer the Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey via online link and telephone.
7. **Child CAHPS Survey Customer Support, Management, and Administration**
   1. Customer Support
      1. Provide customer support to address Respondent questions within one (1) business day via a toll-free telephone, voicemail, and/or email.
      2. Implement a quality assurance system for ensuring Respondent questions are responded to in a courteous, reliable, accurate, and timely manner.
   2. Management and Administration
      1. Develop a project management approach within thirty (30) calendar days of the start of the initial period of performance, which includes:
         1. A project management plan is inclusive of, at least, a high-level project schedule, an approach to project knowledge/information management, and template(s) to track action items, dependencies, risks, issues, and decisions.
         2. A risk management plan that at least facilitates the identification, assessment, tracking, escalation, and resolution of technical or operational issues or risks, and documents mitigation strategies.
            1. Notify the Department of issues within forty-eight (48) hours of identification.
            2. Work closely with the Department to clearly document and resolve the issue.
            3. Implement and maintain a tracking system to log issues raised by the Department and the resolution of those issues.
            4. Update the project work plan as needed or requested by the Department.
         3. Regular written project status reports, delivered on a monthly basis, to minimally include overall project health, the status of in-progress and upcoming activities, milestones/deadlines, open action items, review of risks and issues, and new decisions.
         4. Regular project status meetings, with the Department, on a schedule mutually agreed upon.
         5. Documenting and tracking all changes to the approved deliverables.
8. For each change, define and document the change, its benefits, and, if necessary, its impact on the project schedule and budget.
9. Ensure no work associated with a documented change begins without first receiving written authorization from the Department.
10. **Survey Data** 
    1. Create, implement, and provide a protocol or quality control plan no later than two (2) weeks prior to conducting surveys, to ensure data quality checks are performed and completed correctly and efficiently.
       1. Perform quality checks on the final data file.
    2. Provide the survey results data file to the Department annually, in a Department-approved format (e.g., CSV, Excel) that is CAHPS Database compatible (e.g., CSV), two (2) weeks prior to the AHRQ deadline in June.
    3. Address all Department requests within two (2) calendar days for corrections to the final data file.
    4. Use relevant Statistical Analysis Software (e.g., SPSS, SAS, or R) for result evaluation and report development.
    5. Collect unique, de-identified survey data meeting all data protection and security requirements.
    6. Transfer data using a secure, Department-approved electronic method.
11. **Reporting**
    1. Provide a final summative report of the Child CAHPS Survey results no later than sixty (60) calendar days following the finalization of the full data set, which includes but is not limited to:
       1. A summary of Statewide results;
       2. Introduction;
       3. Methodology, including response rates;
       4. Demographics and Respondent characteristics;
       5. Survey results for each item set, making comparisons including but not limited to:
          1. MaineCare results to national results;
          2. MaineCare’s CAHPS results from the current year to the previous year;
          3. MaineCare patient experience with chronic care services results to national results;
          4. Families of Children with special health care needs to families of Children without such needs; and
          5. Further demographic analyses, like age, race, county of residence within Maine, and rural vs urban.
       6. Summary of any open-ended responses; and
       7. Conclusions and recommendations.
    2. Provide a presentation, including a PowerPoint slide deck, no later than ninety (90) calendar days following the finalization of the full data set, summarizing and highlighting responses and trends identified in the Child CAHPS Survey.
    3. Assist the Department in submitting the Child CAHPS survey results into the Database using a compatible file (e.g., CSV) by the AHRQ annual submission deadline in June.
12. **Performance Measures**
13. Perform all services proposed in response to this RFP by achieving all Performance Measures listed in **Table 1**.
    1. Submit data to support the performance measure utilizing **Appendix I** (Performance Measure Report Template) or via a third-party data source, as indicated within the performance measure data source column of **Table 1**.

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 1**  **Mandatory Performance Measures** | | | |
|
| **Performance Measure** | | **Assessment Cycle** | **Supportive Documentation and Performance Measure Data Source** |
| *Office Goal/Initiative: Improve the survey response rate.* | | | |
| **a.** | Increase the Survey response rate by 2% annually. | Annually | **Appendix I** |

# **Reports**

* 1. Track and record all data/information necessary to complete the required reports listed in **Table 2**:

|  |  |  |
| --- | --- | --- |
| **Table 2 – Required Reports** | | |
| **Name of Report** | | **Description or Appendix #** |
| **a.** | Performance Measure Report | **Appendix I** |
| **b.** | Status Report | Provides at minimum, updates on overall project health, the status of progress and upcoming activities, milestones/deadlines, open action items, review of risks and issues, and new decisions. |
| **c.** | Final Report | A final summative report of the Child CAHPS Survey results |
| **d.** | Survey Results Presentation | Presentation, including a PowerPoint slide deck, summarizing and highlighting responses and trends identified in the Child CAHPS Survey |

# Submit all the required reports to the Department in accordance with the timelines established in **Table 3**:

|  |  |  |  |
| --- | --- | --- | --- |
| **Table 3 – Required Reports Timelines** | | | |
| **Name of Report** | | **Period Captured by Report** | **Due Date** |
| **a.** | Performance Measure Report | Annually | Fifteen (15) calendar days after the previous month |
| **b.** | Status Report | Monthly | Fifteen (15) calendar days after the previous month |
| **c.** | Final Report | Annually | Sixty (60) calendar days following the finalization of the full data set |
| **d.** | Survey Results Presentation | Annually | Ninety (90) calendar days following the finalization of the full data set |

**PART III KEY RFP EVENTS**

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

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

1. **Proposal Submission**
   1. **Proposals Due:** Proposals must be received no later than 11:59 p.m. local time, on the date listed on the cover page of the RFP.
      1. Any e-mails containing original proposal submissions or any additional or revised proposal files, received after the 11:59 p.m. deadline, will be rejected without exception.
   2. **Delivery Instructions:** E-mail proposal submissions must be submitted to the Office of State Procurement Services at [Proposals@maine.gov](mailto:Proposals@maine.gov).
      1. Only proposal submissions received by e-mail will be considered. The Department assumes no liability for assuring accurate/complete e-mail transmission and receipt.
         1. Proposal submission e-mails that are successfully received by the [proposals@maine.gov](mailto:proposals@maine.gov) inbox will receive an automatic reply stating as such.
      2. E-mails containing links to file sharing sites or online file repositories will not be accepted as submissions. Only e-mail proposal submissions that have the actual requested files attached will be accepted.
      3. Encrypted e-mails received which require opening attachments and logging into a proprietary system will not be accepted as submissions. Bidders should work with their Information Technology team to ensure that the proposal submission will not be encrypted due to any security settings.
      4. File size limits are 25MB per e-mail. Bidders may submit files separately across multiple e-mails, as necessary, due to file size concerns. All e-mails and files must be received by the due date and time listed above.
   3. **Submission Format:**
      1. Bidders are to insert the following into the subject line of their e-mail proposal submission: **“RFP# 202509129 Proposal Submission – [Bidder’s Name]”**
      2. Bidder’s proposal submissions are to be broken down into multiple files, with each file named as it is titled in bold below, and include:

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

*PDF format preferred*

**Appendix A** (Proposal Cover Page)

**Appendix B** (Responsible Bidder Certification)

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

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

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

*PDF format preferred*

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

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

**Appendix F** (Litigation Form)

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

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

*PDF format preferred*

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

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

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

*Excel format preferred*

**Appendix H** (Cost Proposal)

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

**PART IV PROPOSAL SUBMISSION REQUIREMENTS**

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

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

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

**Proposal Format and Contents**

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

* 1. **Proposal Cover Page**

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

* 1. **Responsible Bidder Certification**

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

* 1. **Eligibility Requirements**

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

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

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

* 1. **Overview of the Organization**

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

* 1. **Subcontractor**

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

* 1. **Project Team Organizational Chart**

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

* 1. **Litigation**

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

* 1. **Financial Viability**

Bidders must provide the following information for each of the past three (3) tax years:

* + 1. Balance Sheets
    2. Income (Profit/Loss) Statements
  1. **Certificate of Insurance**

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

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

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

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

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

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

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

**Section IV Cost Proposal and Budget Narrative** (File #4)

* 1. **General Instructions**
     1. Bidders must submit a cost proposal that covers the entire contract period starting 12/1/2025 and ending on 11/30/2030.
     2. The cost proposal must include the costs necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements.
     3. No costs related to the preparation of the proposal for the RFP, or to the negotiation of the contract with the Department, may be included in the proposal. Only costs to be incurred after the contract effective date that are specifically related to the implementation or operation of contracted services may be included.
  2. **Cost Proposal Form Instructions**

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

**PART V PROPOSAL EVALUATION AND SELECTION**

Evaluation of the submitted proposals will be accomplished as follows:

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

|  |  |  |
| --- | --- | --- |
| **Section I.** | **Preliminary Information**  Proposal materials to be evaluated in this section: all elements addressed in Part IV, Section I of the RFP. | **No Points – Eligibility Requirements** |
| **Section II.** | **Organization Qualifications and Experience** Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section II of the RFP. | **35 points** |
| **Section III.** | **Proposed Services**  Proposal materials to be evaluated in this section: all elements addressed above in Part IV, Section III of the RFP. | **35 points** |
| **Section IV.** | **Cost Proposal**  Proposal materials to be evaluated in this section:all elements addressed above in Part IV, Section IV of the RFP. | **30 points** |

* 1. **Scoring Process:** The evaluation team will use a consensus approach to evaluate and score Sections II & III above. Members of the evaluation team will not score those sections individually but, instead, will arrive at a consensus as to assignment of points for each of those sections. Section IV, the Cost Proposal, will be scored as described below.
  2. **Scoring the Cost Proposal:** The total cost proposed for conducting all the functions specified in the RFP will be assigned a score according to a mathematical formula. The lowest bid will be awarded 30 points. Proposals with higher bid values will be awarded proportionately fewer points calculated in comparison with the lowest bid.

The scoring formula is:

(Lowest submitted cost proposal / Cost of proposal being scored) x 30 = pro-rated score

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

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

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

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

**PART VI CONTRACT ADMINISTRATION AND CONDITIONS**

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

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

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

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

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

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

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

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

* 1. Payments and Other Provisions

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

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

**Appendix A** – Proposal Cover Page

**Appendix B** – Responsible Bidder Certification

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

**Appendix D** – Qualifications and Experience Form

**Appendix E** – Subcontractor Form

**Appendix F** – Litigation Form

**Appendix G** – Response to Proposed Services

**Appendix H** – Cost Proposal

**Appendix I** – Performance Measure Report Template

**Appendix J** – Submitted Questions Form

**APPENDIX A**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**PROPOSAL COVER PAGE**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

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

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

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

**APPENDIX B**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**RESPONSIBLE BIDDER CERTIFICATION**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

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

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

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

**APPENDIX C**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## ELIGIBILITY TO SUBMIT A BID

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

|  |  |  |
| --- | --- | --- |
| **Bidder’s Organization Name:** |  | |
| **Eligibility Certification**  Bidders must have a minimum of two (2) years’ experience in the last ten (10) years administering surveys via telephone, video conferencing, or in-person with the following target populations: Child MaineCare members, MaineCare providers, and DHHS offices and staff, in order to be eligible to submit a bid. | | |
| 1. Does the Bidder have a minimum of two (2) years’ experience in the last five (5) years administering surveys via telephone, video conferencing, or in-person with the following target populations: parents or guardians of Children aged 17 years or younger, with or without disabilities or special healthcare needs, and current or former Medicaid recipients? | | Yes or  No |
| 1. Which projects meet the eligibility requirements as described in the Bidder’s response to **Appendix D**? | | Project One  Project Two  Project Three |

**APPENDIX D**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## QUALIFICATIONS and EXPERIENCE FORM

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

|  |
| --- |
| **Present a brief statement of qualifications and describe the history of the Bidder’s organization, especially regarding skills pertinent to the specific work required by the RFP and any special or unique characteristics of the organization which would make it especially qualified to perform the required work activities. You may expand this form and use additional pages to provide this information.** |
|  |

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

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

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

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

**APPENDIX E**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## SUBCONTRACTOR FORM

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

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

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

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

**APPENDIX F**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## LITIGATION FORM

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

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

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

**APPENDIX G**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

## RESPONSE TO PROPOSED SERVICES

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

****

**APPENDIX H**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**COST PROPOSAL**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

Bidders must submit a cost proposal that includes the cost necessary for the Bidder to fully comply with the contract terms, conditions, and RFP requirements. The proposed cost must be presented as a fixed amount.

The Cost Proposal Form will be used to score the cost proposal as defined in Part V, B.3. of the RFP.

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

****

**APPENDIX I**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**PERFORMANCE MEASURE REPORT TEMPLATE**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

**The performance measure report template may be obtained in an Excel (.xlsx) format by double clicking on the document icon below.**



**APPENDIX J**

**State of Maine**

**Department of Health and Human Services**

*Office of MaineCare Services*

**SUBMITTED QUESTIONS FORM**

**RFP# 202509129**

**Consumer Assessment of Healthcare Providers and Systems Annual Survey**

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

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

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

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