

MedPAC's Response to questions

MedPAC/Solicitation #: MED21P210001 "Computer Programming, Data Analysis, and Related Support Services"

1. On pg. 48 it indicates "Cost broken down by task." In the cost template, the cost is not broken down by task. Will we need to add in columns to accommodate the different task/subtasks? Or will MedPAC update the template?

MedPAC's Response: Potential respondents should interpret "cost broken down by task" as used on p. 48 to mean the labor classifications and the other direct costs referenced on page 5. For the cost proposal, respondents do not need to separate costs by type of task or subtask listed on pages 9-16. The tasks and subtasks listed on pages 9-16 should guide respondents about the distribution of costs across the labor classifications on page 5 and other direct costs (ODCs) related to the secure data center. ODCs related to the secure data center may be listed on one line in the cost template. However, in the explanation of secure data center costs, MedPAC would prefer that respondents explain the total secure data center costs based on a stated cost per unit of storage (multiple speeds of access to stored data are allowed) and/or cost per user account for MedPAC analysts, and a reasonable assumption about storage units and user accounts.

2. Can MedPAC expand on what computer equipment, software/code, and data will be transitioned to the non-incumbent contractor?

MedPAC's Response: In the event of a transition, all SAS programs and documentation produced by the incumbent and all data owned by MedPAC would be transitioned to the non-incumbent contractor. These include several years of programs, documentation, and data. A website and associated database developed by the incumbent to manage tasks performed by the incumbent for MedPAC would also be transitioned. MedPAC does not anticipate transitioning computer equipment to a potential non-incumbent contractor.

3. What is the process through which a non-incumbent contractor would receive existing data (e.g., physical disk versus electronic transfer)?

MedPAC's Response: In the event of a transition, MedPAC's preference is for the efficient transfer of data in a manner that maintains proper security, with the understanding that the incumbent is FedRAMP compliant. The details of transfer should be worked out between the incumbent and a potential non-incumbent contractor.

4. How much data should the non-incumbent contractor expect to receive and store (e.g., number of years, gigabyte/terabyte estimate)?

MedPAC's Response: As noted in the RFP, MedPAC has more than 225 terabytes of data and associated files. MedPAC receives approximately 30-40 terabytes of additional data each year.

5. Does MedPAC have a preferred process for the contractor to access CMS claims, for example a physical disk versus electronic transfer from ResDac?

MedPAC's Response: Currently, MedPAC receives claims and other Medicare data directly from CMS as well as through a contractor. The preferred method of data transfer is electronic transfer.

6. What is the frequency of data updates from data custodians such as CMS?

MedPAC's Response: MedPAC generally receives files that cover one year of data. Data are received throughout the year with the highest volume received during the Summer months after calendar year claims have a significant amount of runout.

7. Page 10 of the RFP provides a list of data sets that will be used on this contract. Can MedPAC provide additional detail or examples on the proprietary data and other data that will be needed for MedPAC analysis (last two bullets of the list on page 10)

MedPAC's Response: On a few occasions, MedPAC has obtained non-Medicare claims from individual health care providers or insurers to assist with a specific task. It is possible that such proprietary data could take a form other than claims data in the future.

8. The RFP mentions SAS, STATA, Excel, and Tableau software tools for analytic activities. Are there any other analytic tools that are used on the project?

MedPAC's Response: As noted in the RFP, SAS is the primary data software used in analysis and MedPAC's existing analytic programs are in SAS format. STATA has been used on occasion when an analysis requires a specific statistical function (e.g., a potential contractor may re-run a program developed by a 3rd party that uses STATA due to statistical necessity). GIS mapping software has been used a few times in the past and is likely to be used occasionally during the course of the contract. In one instance PYTHON was used to prepare data prior to running through ArcGIS. On at least one occasion, SUDAAN has been used in analysis, but MedPAC does not anticipate any future need for use of SUDAAN. Excel is ubiquitous in MedPAC analyses. Tableau has not been used in the past, but MedPAC is continuously interested in improving graphic communications, and Tableau is candidate software for this goal. The software noted here and in the RFP are the primary software used in tasks under the contract.

9. Does MedPAC have all the necessary licenses for the software needed for the project or should that cost be budgeted into the proposal?

MedPAC's Response: The necessary licenses for software will be purchased by the contractor and reimbursed by MedPAC. For cost proposal purposes, respondents can include a reasonable assumption about software licenses.

10. Can MedPAC provide additional information on the legacy task management system, for example whether this is a commercial product or custom build? What documentation can the non-incumbent contractor expect to receive for the operation of this system? Will this system be transitioned to the non-incumbent contractor?

MedPAC's Response: The legacy task management system is a website with a database custom built for MedPAC. There will be no documentation other than the source code. We anticipate that the system will be transitioned to the non-incumbent contractor.

11. Can MedPAC describe the evaluation process for Contractor's technical performance?

MedPAC's Response: A panel of reviewers will review each technical proposal and score each on the four criteria noted under Evaluation of Technical Proposal in the Evaluation Factors for Award section of the RFP: Proposed personnel qualifications, corporate qualifications, management plan, and technical approach. A composite score for each reviewer will be calculated based on the weights noted in the RFP and these scores will be used as part of the overall proposal evaluation.

12. Can MedPAC provide any more details on the GIS requirements? Does MedPAC have a preference for specific geographic information software?

MedPAC's Response: MedPAC has used ArcGIS in recent analyses. The most common use of GIS software has been to calculate road miles between lists of street addresses. Such distances are relevant for certain Medicare payment policies.

13. Can MedPAC provide any specifics on what is meant by "developing editing routines for analytic file variables" in subtask 1.2?

MedPAC's Response: Contractors should develop/use editing routines to ensure analytic variables are used consistently across tasks and over time.

14. The RFP provides a monthly and annual level of effort estimate. What is the resource allocation for existing/repeating work versus new/ad-hoc work? What is the distribution of those hours under the incumbent's contract?

MedPAC's Response: The distribution of resources and hours between repeat and new work is not available, and may vary across years. During the period noted in the RFP when greater resources and hours are required (August through December), a large share of the work is updating prior year's analyses with new data.

15. Can MedPAC provide any details on specific deliverables and their timelines?

MedPAC's Response: Deliverables are considered to be the results of analytic tasks requested by MedPAC analysts, each with individual due dates and the contractor reports listed in the RFP: monthly progress and budget reports to the project officer and weekly task status reports to MedPAC analysts.

16. Is the new contractor expected to create a new and secured data center? Will the existing server be transitioned to the non-incumbent contractor?

MedPAC's Response: A potential non-incumbent contractor would establish and maintain a new secure data center or secure partition within an existing secure data center. Existing MedPAC data and files would be transferred to the secure data center during the transition period. Existing servers and other equipment would not transition.

17. Can MedPAC share more details on the simulation models described in Subtask 2.2? How many models currently exist?

MedPAC's Response: Subtask 2.2 refers to potential future work modifying the parameters of Medicare payment policies (e.g., inpatient and outpatient PPSs for hospitals, end-stage renal disease PPS for dialysis facilities, etc). Such analyses would need to "simulate" Medicare payments to providers and health plans under existing policies and under modified parameters such that distributional impacts of those modifications could be assessed across groups of beneficiaries, providers, or health plans. These analyses are developed on an as needed basis at the request of MedPAC staff. Current models use a series of SAS programs.

18. Will MedPAC provide all specifications for the simulation models? Does MedPAC anticipate new simulation models to be developed?

MedPAC's Response: MedPAC staff would provide all specifications for the simulation models. Models are developed on an as needed basis at the request of MedPAC staff when there is interest or evidence suggesting that modifications to payment policies would be beneficial.

19. Please confirm the solicitation number is "MED21P21-0001".

MedPAC's Response: Confirmed.

20. Will MedPAC consider granting a four-day extension to the due date?

MedPAC's Response: No, MedPAC will use the schedule noted in the RFP.

21. In the cost template, there is no line to breakout the performance-based incentive fee. Will MedPAC be updating the template to include this, or are we able to manipulate the cost template as needed?

MedPAC's Response: MedPAC intends that the fixed fee (second from bottom line in each cost template spreadsheet) portion of the cost-plus-fixed-fee contract will be subject to the withholding and performance measurements described in pages 6-7 of the RFP.

22. Please share the technical specification for the data processing server (e.g. RAM needed, CPU capacity, software, and tools required).

MedPAC's Response: Each respondent should develop a solution for data storage, processing, and access.

23. Please confirm that environment should be FISMA moderate compliant.

MedPAC's Response: Confirmed.

24. For MedPAC users' direct access to files (subtask 1.6), can you please share more details on the user access workflow and required permission structure? Will all MedPAC users require a similar level of access to the folder/files on the server? Or does the permission need to be tailored for each user/group?

MedPAC's Response: Permissions should be role-based and tailored to the needs of each specific group. The MedPAC analysts should be included in a role that has 1) read-only access to the source and derived files used for analytics 2) access to a separate folder/partition that can only be accessed by MedPAC analysts, and 3) shared folder/partition to share programs/data/files with contractor staff. These MedPAC-specific areas should be included in the backup plan and disaster recovery plan.

Several MedPAC analysts perform some programming independently from the computer services contractor. Direct access to data files for analysts should include read access to all source and necessary derived data files (e.g., claims and other Medicare files) and a folder directory in which to save MedPAC analyst specific programs, documentation, and analytic datasets. Folder permissions can be similar for all MedPAC users. All data, documents, and folders must only be accessible to MedPAC analysts and contractor staff assigned to work on the MedPAC contract.

25. We have experience in providing similar services to Government organizations. But we don't have any specific references with Medicare. Can we still participate in this solicitation?

MedPAC's Response: Respondents with such experience are permitted. MedPAC notes that "Experience with Medicare and other health care data" and "Analyzing Medicare files" are important aspects of the technical evaluation criteria.

26. Can you please provide the list of data sources/data sets?

MedPAC's Response: The list of data files on page 10 is meant to convey that MedPAC has and is likely to utilize nearly all Medicare data sources produced by CMS (publicly and not publicly available), and some non-Medicare data sources. A potential contractor is likely to be asked to regularly analyze Medicare claims (100 percent SAFs for all provider types and MedPAR files), enrollment files (CME file or MBSF), cost reports (all provider types), quality indicator data sources (post-acute care assessments, CAHPS, and HEDIS), and risk score files. Several publicly available data sources are also commonly used, including enrollment summary reports, wage index files, geographic crosswalks (FIPS county, SSA county, CBSA, etc), and others.

27. What are the data sources and types? What is the size and Interval/frequency of incoming data?

MedPAC's Response: See responses to questions 3 and 26. Most files are received annually. MedPAC receives about 30-40 terabytes of data each year. As Medicare enrollment grows and new files are produced by CMS, the amount of data that MedPAC receives increases each year.

28. Will data be provided in a final clean format, or will the contractor be responsible for the data cleaning/file formatting?

MedPAC's Response: File cleaning (i.e., imputing missing values, formatting variables, etc) is not a significant task for the computer services contractor. Most files, including those that are used most often are received in a final, clean format. Based on transfer method, some files need to be converted from a smaller, transport format to a SAS dataset format. When SAS formatting is necessary, MedPAC often receives SAS code for proper formatting. The contractor will be responsible for performing diagnostics, validating that the received file is complete, and documenting the process. Some files may require a small amount of additional preparation, such as merging with a beneficiary identifier crosswalk to facilitate linking with other data files.

29. Is the data migration in the subtask 1.1 - "Source File Installation & Verification - a one-time migration? Also, does the vendor need to do the subtasks 1.1 - 1.4 regularly or just one time?

MedPAC's Response: The receipt of files described in subtask 1.1 describes the annual receipt of data files, mostly from CMS and a contractor, and occasionally from other sources. Depending on MedPAC's analytic needs, including the potential for receiving partial-year files, MedPAC receives more than 50 batches of file transfers annually. Data are received throughout the year with the highest volume received during the Summer months after calendar year claims have a significant amount of runout.

30. Any specific preference in technologies other than tableau?

MedPAC's Response: See question 7 for a broader context. Tableau has not been used by MedPAC in the past, but is a candidate software for achieving MedPAC's goal of improving graphic communications. An alternative to Tableau will be considered for this goal.

31. What is your expectation on the technical approach – general Staffing approach or Solution approach (including Architecture)?

MedPAC's Response: Respondents must propose to provide, with subcontractors if necessary, all services, hardware, software, and physical environment necessary to complete all tasks.

32. Does the vendor need to complete and submit Attachment B along with the proposal response?

MedPAC's Response: Respondents do not need to submit Attachment B along with the proposal response. The RFP states that within 7 days of receiving notice of award, the contractor shall forward their financial information, in writing, to MedPAC to facilitate contract payments (Attachment B).

33. What is the overall budget associated with the project?

MedPAC's Response: The overall budget should be based on an assumption of 12,000 labor hours per year and secure data center costs.

34. To accomplish the project, Do we need to allocate any full-time onsite resources at your office?

MedPAC's Response: Allocating resources for onsite programming support is allowed, where it is possible, but is not required of respondents. In the past, MedPAC has made an office and computer equipment available for an onsite programmer a few days per week.

35. Whether companies from the outside USA can also participate in this solicitation? (like, from India or Canada)?

MedPAC's Response: No. Companies responding to the RFP should be located within the United States.

36. What are the responsibilities of the Clerical Staff to be proposed in this project?

MedPAC's Response: Respondents need not allocate effort and expenses to the clerical staff labor category; however, respondents may allocate effort and expenses to the clerical staff labor category if it makes sense for their organizational structure.

37. Can delivery any/all parts of service be delivered remotely?

MedPAC's Response: Yes, all tasks can be performed, and all deliverables can be executed remotely.

38. Are there specific categories which are identified for delivery at physical location in person?

MedPAC's Response: The only task that may require delivery at a physical location is the transfer of data from MedPAC to the contractor (when MedPAC receives physical media from a 3rd party) so that the contractor may upload to the secure data center. Such situations are not preferred, but occasionally data are delivered to MedPAC on physical media and files are too large for electronic transfer to the secure data center. In-person delivery between MedPAC and a contractor is generally not required, but could be an alternative to shipping physical media.

39. Is the ask here for the vendor to bring in a resource through whom we provide the services, or the vendor also has to bring in hardware & software required?

MedPAC's Response: The use of subcontractors is allowed. Collectively, the contractor and subcontractors should be able to provide the secure data storage (hardware, software, and physical environment included) and the statistical computing services required to complete all tasks.

40. Can we offer only competent resources to deliver on the requirement and not the hardware & software?

MedPAC's Response: Respondents must propose to provide, with subcontractors if necessary, all services, hardware, software, and physical environment necessary to complete all tasks.

41. Will lack of presence in healthcare field preclude us from participating in this RFP?

MedPAC's Response: Respondents without healthcare experience are permitted. MedPAC notes that "Experience with Medicare and other health care data" and "Analyzing Medicare files" are important aspects of the technical evaluation criteria.

42. Will our proposal be considered if we address the data and analytics requirements from a digital point of view without familiarity with large Medicare databases?

MedPAC's Response: Respondents without Medicare experience are permitted. MedPAC notes that "Experience with Medicare and other health care data" and "Analyzing Medicare files" are important aspects of the technical evaluation criteria.

43. Is it required that all the vendor personnel working on this project to be a U.S. citizen?

MedPAC's Response: It is not required that all vendor personnel working on this contract are a U.S. citizen.

44. How soon after contract award is a FISMA ATO required?

MedPAC's Response: MedPAC does not require an ATO. However, MedPAC requests documentation confirming the FISMA moderate environment which should include but is not limited to the contractor's specifications of the secure data center, method for data transfer, redundancy, backup process, access method, security measures, disaster recovery plan, and management of protected health information and personally identifiable information. Non-incumbents must provide such documentation within 3 months of the contract award date. The contractor (incumbent or non-incumbent) must update documentation annually.

45. Can MedPAC clarify if the estimated 20 MedPAC users are Government staff and do not include contractor staff?

MedPAC's Response: The 20 MedPAC users are employed by MedPAC. The contractor should plan for additional user accounts on the secure data center for contractor analysts.

46. Will MedPAC provide SAS licenses to contractors?

MedPAC's Response: The necessary licenses for software will be purchased by the contractor and reimbursed by MedPAC. For cost proposal purposes, respondents can include a reasonable assumption about software licenses.

47. Are there any individual files that exceed 1 or 2TB in size?

MedPAC's Response: The largest data transfers that MedPAC receives include annual claims data for physician or outpatient claims. These files are routinely divided into quarters or months such that no individual files exceeds 1 terabyte; however, analyses of annual physician or outpatient claims data may require managing source data or derived files that exceed 1 terabyte.

48. Is there a current incumbent on this work? If so, please provide the name/or contract number.

MedPAC's Response: The incumbent is DLH Corp / Social & Scientific Systems, Inc.

49. Would MedPAC be able to provide an update on the timeline for the MedPAC DA procurement/RFP?

MedPAC's Response: MedPAC will use the dates listed on page 40 of the RFP for the procurement process, and the dates listed on page 1 of the RFP for the contract period.