

**DETERMINATION AND FINDINGS
FOR A
SOLE SOURCE EXTENSION OF A CONTRACT**

Contract No.: CW39002
Caption: EMR Planning & Implementation Support Services
Proposed Contractor: SciMetrika, LLC
Program: Department of Health, HIV, Hepatitis, & AIDS Administration (HAHSTA)

FINDINGS

1. AUTHORIZATION:

D.C. Official Code §2-354.04, 27 DCMR 1304, 1700, 1701, and 2005.2 (b)

2. MINIMUM NEED:

The Government of the District of Columbia, Office of Contracting and Procurement (OCP) on behalf of DOH HAHSTA seeks continuation of support services from SciMetrika, LLC, for one additional year in order to fully complete the development of a strategic business plan for implementation of a new DOH electronic medical records system; one that has the ability to bill third party payers. Requirements under this contact also include assessment of current practices of health services at the DOH STD and TB clinics.

3. ESTIMATED REASONABLE PRICE:

The estimated fair and reasonable price for a sole source extension of this contract is not to exceed \$100,000.00.

4. FACTS WHICH JUSTIFY SOLE SOURCE PROCUREMENT:

HAHSTA directly operates a STD and TB clinical program. The HAHSTA program provides clinical care to District residents for a range of sexually transmitted infections testing and treatment, and care and treatment for tuberculosis at no charge to patients. HAHSTA supports the clinical operations primarily with local funding and a small proportion of federal grant funds, which have experienced reductions. The CDC reduced the STD grant by 20% and the TB grant by 60%. These reductions created budgetary pressures on the clinical program. Many states in the country experienced similar reductions and either scaled back or eliminated their direct clinical programs. In 2010, the adoption of the Affordable Care Act (ACA) extended health insurance coverage to District residents, including increasing preventive health care services. HAHSTA conducted a survey of patients and found that more than 70% had either public (Medicaid) or private insurance. HAHSTA had a choice to either close the clinical program and redirect the available funds

to community providers or enhance the program by leveraging third party reimbursement. HAHSTA chose third party reimbursement for the sustainability and growth of the program. In order to facilitate such a significant change in the clinical program, HAHSTA sought to leverage the technical expertise of contractor support to guide the program through the process of conversion into a totally new billing environment; an environment with which HAHSTA had no prior experience in.

In 2012, HAHSTA conducted market research to assess the marketplace of prospective contractors which may be suitable for fulfillment of the subject requirements. HAHSTA considered DC Supply Schedule and found that none possessed the qualifications needed of the highly complex project. The Program reviewed the GSA Schedules and found several contractors with the expertise to conduct these services. It gauged the interest of several prospective GSA contractors: Accenture, Booz Allen Hamilton, Ernst & Young and others. All the firms declined interest as the scale of the project was too small in comparison to their federal projects. HAHSTA also contacted CDC and others in the STD field for potential vendor recommendations. CDC mentioned SciMetrika as a potential vendor. Later that year DOH issued solicitation, Doc78640, and invitations were sent to countless suppliers, of which included SciMetrika and at least ten CBE firms. Following a review and consensus scoring of technical proposals submitted in response to the solicitation, the best value determination was made to award the contract to the highest scoring offeror, SciMetrika, LLC.

The term of the contract was for three years, with one base year and 2 option years. The base year was awarded as a fixed-price, while each of the two option years consists of labor-hour unit pricing only. A major component of the contract was for SciMetrika's skilled technical experts to propose a strategy to implement a new DOH electronic medical records system.

Full completion of this project is crucial to the continued operation of HAHSTA's clinical program. Without SciMetrika's technical expertise, the entire project will be suspended. The project, which has proven to be multi-disciplinary and highly complex is currently about 75% complete. HAHSTA expects that one more year would be sufficient to complete the remaining requirements.

Below are several risks to project implementation without approval of a contract extension:

- **Data migration.** Without SciMetrika's ongoing technical support, there will be delays in ensuring proper migration of the clinical records data. Errors and data problems will result in suboptimal clinical records in the Electronic Medical Record system. Any disruption in services could increase the potential for vital patient health information being misplaced.
- **Practice management.** SciMetrika has been designing and revising the appointment scheduling, patient registration, clinic workflow and other practice management business details. The lack of SciMetrika's technical support will further delay or risk ensuring an effective clinical practice process, which would disrupt patient care.
- **EMR training.** Without SciMetrika's technical support, it will be extremely challenging and likely result in delays and quality assurance problems in the customization of the

clinical records software. The customization includes developing clinic templates by patient types to ensure proper clinical care.

- **Business process.** This technical support contract is essential to ensure the training of staff on new clinical billing practices. This includes quality assurance on claims, claim denial procedures, claim revision practices, insurance verification and implementation of sliding scale fee schedule. This could impact the critical revenue necessary for the ongoing operation of the clinical program.
- **Insurance contracts.** Additional technical support is required under the existing contract for the development of private insurance payer contracts. SciMetrika has surveyed patients to determine the private plans for enrollment. SciMetrika has done the preliminary preparation of the contracts, which are not yet executed. Further delays would result in loss of potential revenue for clinic operations.
- **Clinician credentialing.** SciMetrika has developed the preliminary requirements under the insurance plans for clinician credentialing. Through the training planned for the project, the technical support contractor would be assisting and educating the HAHSTA staff to stand up ongoing clinic credential and certification procedures. Delays would result in ineligible claims for insurance payment, which would reduce projected revenue.
- **Meaningful Use Incentives.** SciMetrika has done the research and provided the requirements for Meaningful Use Incentives. The remaining tasks include training of staff to ensure meaningful use compliance, registration for incentives and compliance. The Incentives could generate as much as \$40,000 or more of revenue for the clinical program.

Subsequently SciMetrika has established itself as highly qualified for this particular project area: technical assistance to health departments on billing environments for direct clinical programs. As such, the City of Baltimore also selected SciMetrika for its similar projects. SciMetrika possesses the unique qualifications required under this contract. It has the rare match of public health, data analysis, program development and implementation and technology expertise that fits the project's multi-disciplinary requirements. It understands the dynamic between clinical care and public health impact, which is the focus of this project. It is current on health insurance, health information technology and best practice in public health clinical care. SciMetrika has met all contract requirements, has had consistent excellent performance evaluations and has made a substantial and cost efficient contribution to the advancement of public health care in the District.

The proposed contract extension modification is required to ensure continuity of operations and avoid interruption of these vital medical services to District clinics. Soliciting for a new contract for these services would require a substantial number of hours to gain the intellectual background knowledge and experience with HAHSTA clinical operations in order to become fully acclimated to the tasks identified to the extent that SciMetrika is already acclimated to at this point. Additionally, HAHSTA estimates that added cost to the District could be as high as \$126,000. SciMetrika however, has agreed to continue services under the current rates. It will not be economical to use any other method of procurement which could result in higher costs and a longer procurement period, causing unacceptable delays in a critical project that supports the District's STD and TB clinical program. There are no other vendors which can complete the remaining 25% of this project in one year timeframe.

5. CERTIFICATION BY AGENCY HEAD:

I hereby certify that the above findings are true, correct and complete.

Date

LaQuandra Nesbitt, MD, MPH
Director, Department of Health

6. CERTIFICATION BY CONTRACTING OFFICER:

I have reviewed the above findings and certify that they are sufficient to justify the use of the sole source method of procurement under the cited authority. I certify that the notice of intent to award a sole source contract was published in accordance with Section 404(c) of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Official Code §2-354.04) and that no response was received. I recommend that the Chief Procurement Officer approve the use of the sole source procurement method for this proposed contract.

Date

Shaivard Ahmad Shamloo, MBA, MSEE, CPCM
Contracting Officer

DETERMINATION

Based on the above findings and in accordance with the cited authority, I hereby determine that it is not feasible or practical to invoke the competitive solicitation process under either Section 303, 402 or 403 of the District of Columbia Procurement Practices Reform Act of 2010 (D.C. Law 18-371; D.C. Official Code § 2-354.02 or 2-354.03). According, I determine that the District is justified in the sole source extension method of procurement.

Date

George A. Schutter
Chief Procurement Officer