

Blueprint for Health Analytics 7/18/2014
RFP# 03410-148-15
BIDDER QUESTIONS & DVHA RESPONSES

General Information:

Proposals are considered confidential during the bid review. The vendor shall specify in their cover letter if they desire that any portion of their submittal be treated as proprietary and not releasable as public information. A redacted copy must be included for portions of submittal that are not proprietary. When redacting portions of the submittal, please highlight portions such that they are clear to DVHA (i.e., please do not use black marker because it will be more difficult to determine exactly what material the vendor is asking to be withheld. Instead, use yellow highlighting that will allow DVHA to understand what material the vendor proposes to be withheld. DVHA will then redact the material that it deems is exempt from public disclosure). Please refer to Section 1.10 of the RFP for details.

CHAPTER 1
INFORMATION FOR THE BIDDER

1. QUESTION: Will the bidder's conference, described in Section 1.6, only be by conference line or will there be an onsite location as well?

Answer: As specified in Section 1.6 of the RFP, the bidder's conference will only be by telephone conference line.

2. QUESTION: Section 1.5 Question and Answer Period, page 5: Regarding the Question and Answer Period, will bidders have an opportunity to ask new questions at the bidders' conference? Or will only previously submitted questions be addressed?

Answer: The purpose of the bidders' conference is to discuss and provide clarification on the posted RFP document and the posted questions and answers. As stated in Section 1.5 of the RFP, "Any question not raised in writing on or before the last day of the initial question period is waived." The State makes no commitment to provide a response to any questions not submitted in writing by the deadline for written questions. Responses to any new questions raised in the bidder's conference will be made at the discretion of the State. Further, in the event of any conflicts, written responses of the State, posted either before the bidder's conference or after, take precedence over any verbal responses made by the State during the bidder's conference and take precedence over the content of any records or transcripts of the bidder's conference.

3. QUESTION: Section 1.6 references an "Electronic Bulletin Board." Can you please tell us the web location of that bulletin board?

Answer: As specified in Section 1.15, the Electronic Bulletin Board can be accessed at <http://www.vermontbidsystem.com>.

4. QUESTION: Proposal due date – we request DVHA to extend the proposal due date from Wed 10/1 by a week. The response to Conference questions are due on Thur 9/25 and the proposals are due on Wed 10/1, there are only 3 business days in-between. Based on DVHA’s responses, we may need more time to adjust our responses and we will also need to factor-in the courier time.

Answer: No change in the proposal deadline is anticipated at this time.

5. QUESTION: Schedule A, B, C & D – Consulting companies normally propose professional consulting rates for the services requested in the RFP. Could the Department accept fully-burdened rates instead of providing details in Schedule A, B, C & D?

Answer: Fully-burdened hourly staffing rates, broken out by staff category, are required in Section 2.1 of Attachment B, "Program Costs", and must include "the total cost for each employee category as specified...[including]...any indirect rate that covers the administrative expenses, occupancy fees, utilities, repair and maintenance of equipment, office maintenance, audit and legal fees, insurance, telephone, postage, supplies, etc." Schedule A must be completed, at minimum, to include those same fully-burdened staffing rates, multiplied by an estimated number of hours, plus, on a separate line, estimated travel expenses for two on-site visits per year, to produce the required total bid amount, or "Total Costs" value. Section 2.1 of Attachment B of the RFP states that, "Because of the inherent unpredictability of the total workload, the bidder should provide the workload assumptions on which the total cost amount is based", which should be reflected in the "Paid Hours" column of Schedule A. Section 2.1 of Attachment B of the RFP further states, "All unit or rate pricing proposed in the bid must remain firm and constant during the entire contract period and any extension." Because of the inherent unpredictability of the total workload, the State will be paying particular attention to the unit or rate pricing proposed in the bid. As stated in the general instructions for Schedule A, "The Budget Submittal Form is a generic form designed to best fit all Program Proposals." For this particular program proposal, on lines where Schedule A asks for values already included in either the fully-burdened staffing rates or already included in the travel expenses, the bidder may, if they wish, simply enter statements to that effect, in the format of, for example, "Included in lines x through y." Schedule B should be used to explain and further detail, in narrative form, the staffing rates, workload assumptions, and travel expenses which went into the values entered on Schedule A. Schedule C is optional. Schedule D must be used to disclose, in narrative form, all related party relationships, including cost purpose and approval process, and all other potential conflicts of interest related to this RFP and contract. (See also the response to Question 34.)

6. QUESTION: Can we please get the RFP in a word document format.

Answer: Please find a Word version of the RFP posted at <http://dvha.vermont.gov/administration/3blueprint-analytics-rfp-draft.doc>.

7. QUESTION: Section 1.7, Instructions to Bidders - Will DVHA help point out what is meant by "one or more programs?"

Answer: The wording of Section 1.7 is generic to DVHA RFPs. Language in Section 1.7 referring to multiple program bids or multiple program proposals does not apply to this particular RFP. Please submit only one (1) proposal in response to this RFP.

8. QUESTION: Section 1.7 Instructions to Bidders, page 6: The instructions to bidders on page 6 refer to responding to one or more program RFPs described in the document. Could you please clarify what is meant by different program RFPs? Similarly, the instructions refer to one proposal in the catchment area – is this relevant to this RFP?

Answer: Please see the response to Question 7.

9. QUESTION: Section 1.7.8.2 Instructions to Bidders, page 7: Is the Program Costs section to be submitted in the same package as the other sections, or should it be in a separate sealed envelope?

Answer: The Program Costs section may be submitted in the same sealed package as the other sections. There is no requirement that it be in a separate sealed envelope.

10. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Out of 30 possible points, how many points are allocated to the second bullet item (Experience with DVHA or experience with a like government agency)?

Answer: Points are not specifically allocated to individual bullet items. Points are only allocated to the four, lettered sections, or categories, for which the total possible points are explicitly stated in the RFP.

11. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Is similar experience with a government agency mandatory? Is the bidder disqualified if similar experience is demonstrated with a non-governmental agency (like a HIE or HCCN)?

Answer: No, similar experience with a government agency is not mandatory. No, the bidder is not disqualified if similar experience is demonstrated with a non-governmental agency.

12. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Will the Department provide more information on the VHCURES dataset?

Answer: As stated in Section 1.1.1.3 of Attachment A of the RFP, "Further information about VHCURES can be found at: <http://gmcboard.vermont.gov/vhcures>." Information about the VHCURES 2.0 project can be found at <http://bgs.vermont.gov/purchasing/bids/GMCBclaims>.

13. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Does VHCURES, as an APCD, have commercial, Medicaid and Medicare claims data? Or is the bidder expected to receive multiple feeds across commercial, Medicaid and Medicare carriers?

Answer: VHCURES currently contains commercial, Medicaid, and Medicare claims data. The bidder, however, may be required to receive multiple claims feeds in the future.

14. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Does DVHA envision VHCURES to provide a single unique Master Member Identifier (MPI) for claims datasets across Commercial, Medicaid, and Medicare populations
Answer: That is the goal of the VHCURES 2.0 project, for which the RFP is posted at:
<http://bgs.vermont.gov/purchasing/bids/GMCBclaims> .
15. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – Does DVHA envision VITL as the HIE to be the single data source for Clinical Data OR would the bidder expect to see many more clinical data sources? If the latter is true please list possible clinical data sources.
Answer: There is no restriction that VITL's HIE will be the sole source of clinical data, though the use of that HIE as a conduit will be maximized as much as possible. Other possible clinical data sources might include, but not be limited to, data extracts from the statewide clinical registry (currently DocSite), which includes clinical data manually entered by specific provider groups as well as a subset of data interfaced from VITL's HIE, or data extracts obtained directly from healthcare organizations, such as hospitals or ACOs.
16. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection A, Quality of Bidder's Experience – What are some of the other datasets for healthcare utilization, expenditure and outcomes besides VHCURES, and clinical data sources mentioned above?
Answer: For examples, please refer to Section 1.1.4.6 of Attachment A of the RFP. The number, types, extent, and range of such datasets are not limited and are yet to be determined through iterative development of the Plan of Operations, as described in Section 1.1.2.4 of Attachment A of the RFP.
17. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 1, Information from the Bidder, Subsection B, Bidder's Capacity to Perform – Does DVHA require bidder to provide a hosted systems and tools infrastructure for the services provided in the RFP? OR will DVHA procure the necessary systems and tools recommended by bidder? For either option, how does DVHA expect bidder to provide costs for systems and tools infrastructure besides Services - the main cost items enlisted in the Program Costs section
Answer: The subject and goal of this RFP is a contract for analytic services. How the bidder accomplishes those analytic services will be the responsibility of the bidder. DVHA will not procure the necessary systems and tools for the bidder to provide analytic services.
18. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 2, Technical Proposal / Program Specifications, Subsection B, Program Cost, Schedule B, Detail of Expenses – Is it expected that the Bidder will hire local resources and domicile same in Vermont?
Answer: There is no requirement that the contractor will hire local resources or domicile same in Vermont.
19. QUESTION: Section 2.1, Scoring, Criteria for Scoring Table, Section 2, Technical Proposal / Program Specifications, Subsection B, Program Cost, Schedule B, Detail of Expenses – Is the Department expecting to

see the internal cost allocations to various resources? How does this relate to the RFP as a whole (what is the purpose of this question)?

Answer: Please see the response to Question 5.

20. QUESTION: Section 3, Contract Development, Subsection 3.2, Contract Stipulations – In the case of a joint proposal; will the combined qualifications and experience of all of the organizations bidding be considered? Conversely, will each respondent within a joint bid be evaluated separately for qualifications and experience?

Answer: In the case of a joint proposal, the qualifications and experience of all the organizations bidding under the proposal will be considered jointly.

21. QUESTION: Are there federal funds associated with this RFP and if so, can DVHA provide the CFDA number associated with those funds?

Answer: Global Commitment (GC): 93.778.

22. QUESTION: Can you please describe the ‘other DVHA-specified datasets related to healthcare utilization and outcomes’?

Answer: Please see the response to Question 16.

23. QUESTION: Please provide example of other DVHA-specified datasets. What is the size and frequency expected for these data sets?

Answer: Please see the response to Question 16.

24. QUESTION: What is the size and expected frequency of the data exports from the VHCURES APCD?

Answer: The size and expected frequency of data exports from the VHCURES APCD will change over time, but the expected frequency is, at minimum, quarterly. As stated in Section 1.1.1.3 of Attachment A of the RFP, "Further information about VHCURES can be found at: <http://gmcbboard.vermont.gov/vhcures>." Information about the VHCURES 2.0 project can be found at <http://bgs.vermont.gov/purchasing/bids/GMCBclaims>.

25. QUESTION: Will the Contractor be responsible for processing and storing all of the data from each source or will the data reside in outside databases and the Contractor will be responsible for retrieving the data as needed for the analytics and reports?

Answer: The Contractor will be responsible for retrieving the data as need for the analytics and reports, as described in Sections 1.1.3.1 and 1.1.4.1 of Attachment A of the RFP.

26. QUESTION: Are there any requirements or implications pertaining to the Vermont ‘Patient Consent to View’ policies or regulations?

Answer: Yes. Per Section 1.1.2.12 of Attachment A of the RFP, "under no circumstances shall the Contractor use the State of Vermont’s data in a manner inconsistent with federal and State laws, regulations and policies pertaining to the usage of such data." Please also refer to Sections 1.1.3.1 and 1.1.4.1 of Attachment A of the RFP.

27. QUESTION: Will data in the analytical reports be identifiable or de-identifiable? Is there a requirement to pseudonymize the data?
Answer: Data in the analytical reports, in general, must be non-identifiable, so yes, the contractor will need to de-identify data. Source datasets may include a mix of identifiable and non-identifiable data.
28. QUESTION: Is Contractor expected to provide a Master Patient Index or will patient records be linked between clinical and claims data?
Answer: Patient records will not necessarily be pre-linked between clinical and claims data. As described in Section 1.1.4.1 of Attachment A of the RFP, the scope of work will include "designation of key data elements, linking of person and organizational identifiers, and merging of data files." How the reliable linking and merging of datasets is done will be the responsibility of the contractor.
29. QUESTION: Will the ‘unplanned/ad hoc’ work be paid out on a case by case basis above and beyond contract value? Would this be at the labor category rates provided?
Answer: Please see the response to Question 5.
30. QUESTION: Is VBH open to a Software as a Service (SaaS) offering?
Answer: Please see the response to Question 17.
31. QUESTION: Is there an incumbent providing services to DVHA now for services requested in the RFP?
Answer: DVHA currently has a contract with Onpoint Health Data to provide Blueprint analytic services. A copy of that contract may be found, posted with all of the other current contracts of the Department, on the following web page: <http://dvha.vermont.gov/administration/contracts>.
32. QUESTION: Is a vendor currently providing these analytic services to the State? If yes, can you please provide the Vendor name? Is this vendor able to bid on this current bid?
Answer: Please see the response to Question 31. We do not release information on the eligibility of specific potential bidders prior to the RFP's Tentative Award Announcement.
33. QUESTION: Who will be responsible to elicit business requirements for reports and analyses requested by DVHA?
Answer: The contractor.
34. QUESTION: On the report example, “Practice Profile”, it states that the 3M Clinical Grouper is used. Will this software be provided to the contractor or is the contractor required to purchase the license?
Answer: Software or tools will not be provided to the contractor. The contractor will be responsible for obtaining any software, tools, or licenses required to provide analytic services. Measures currently used and anticipated for Blueprint analytics include 3M's Clinical Risk Groups (CRGs), NCQA's Healthcare Effectiveness Data and Information Set (HEDIS), HealthPartner's Total Cost of Care (TCOC) and Total Care Relative Resource Values (TCRRV), and Vermont Accountable Care Organization (ACO) clinical

quality measures (including those for Medicare, commercial payers, and Medicaid) (for examples, see http://gmcboard.vermont.gov/sites/gmcboard/files/Comparison_MSSP_VT_ACOMeasures101013.pdf and http://gmcboard.vermont.gov/sites/gmcboard/files/GateLadderModel_BCBSVT_%20VHP.pdf). The cost of any tools or licenses necessary to produce those measures should be included in the base hourly staffing rates presented in Attachment B and Schedule A of the RFP. (See also the response to Question 5.) In accordance with Section 2.1, 1.A ("Quality of the Bidder's Experience"), the bidder should state explicitly whether they are an NCQA-certified HEDIS measure vendor. If the bidder is not currently an NCQA-certified HEDIS measure vendor, then they should present two sets of base hourly staffing rates in Attachment B and Schedule A of the RFP, explicitly labeled: one for costs as a non-certified HEDIS measure vendor and one for costs if they were to become a certified HEDIS measure vendor. In addition to those base staffing rates, with and without HEDIS certification, the bidder may present add-on hourly staffing rates for other measures recommended by the bidder.

35. QUESTION: Please confirm if the award will be considered a grant.

Answer: No, the goal of this RFP is to enter into a contract.

36. QUESTION: Is there a maximum page limit for the proposal packet or any component of the proposal packet?

Answer: No.

37. QUESTION: Section 1.11.3, Page 3: This General Provisions section refers to a Vendor Information and Disclosures form with instructions in Template C. If that is a required component of the proposal, could you please provide additional detail on where a copy of the form and/or Template C should be found?

Answer: Please use Schedule D: Related Party Disclosure as an opportunity to certify that there are no personal or business interests that present a conflict of interest with respect to the RFP and resulting contract. Additionally, if applicable, the Vendor must disclose all potential conflicts of interest and describe the precautions it will take to ensure that there will be no actual conflict of interest and that its fairness, independence, and objectivity will be maintained.

38. QUESTION: What is the anticipated amount of this contract?

Answer: The anticipated amount of this contract is undetermined. A basic goal of the competitive bid and contract negotiation process is to determine the monetary amounts of the contract.

39. QUESTION: Is this project funded with grant funds?

Answer: Global Commitment (GC) funding is a blend of State and Federal dollars. The funding split is based on the current Federal Medical Assistance Percentage (FMAP) rate. Please see question 21 for the CFDA number.

40. QUESTION: Is there an incumbent contractor? If yes, can Vermont share who the incumbent contractor is?

Answer: Please see the response to Question 31.

41. QUESTION: What is the anticipated level of effort?

Answer: Please see the response to Question 5. Specific tasks and deliverables are yet to be determined and will be determined through iterative development of the Plan of Operations, as described in Section 1.1.2.4 of Attachment A of the RFP.

42. QUESTION: Does the Department have a preference for the printing of the Program Proposal (single sided or double sided)?

Answer: Double-sided is preferred, but not required.

43. QUESTION: Is there a page limit for this response?

Answer: Please see the response to Question 36.

44. QUESTION: Should the technical and cost proposals be submitted as 2 separate documents or 1 combined document?

Answer: The technical and cost proposals may be submitted as 1 combined document.

45. QUESTION: 3.2 Stipulations: Are stipulations in RFP Section 3.2 binding if not objected to via the bid submission?

Answer: As stated in Section 3.2 of the RFP, "Failure to note exceptions will be deemed to be acceptance of the Standard State Provision for Contracts and Grants as outlined in Attachment C, E and F of the RFP. If exceptions are not noted in the RFP but raised during contract negotiations, the State reserves the right to cancel the negotiation if deemed to be in the best interests of the State of Vermont."

46. QUESTION: Does DVHA have an existing analytic platform that it would like the bidder to use? Or is the bidder expected to bring its own analytic tools? If the bidder is to utilize an existing tool, will licenses be provided by DVHA?

Answer: Please see the response to Question 34.

47. QUESTION: What is DVHA's preferred set of analytic tools? ETGs? CRGs? HCCs? CDPS? etc.

Answer: Please see the response to Question 34.

48. QUESTION: How much has DVHA budgeted for this project?

Answer: The DVHA budget for this contract is undetermined. A basic goal of the competitive bid and contract negotiation process is to determine the necessary budget for this contract. Propose the most competitive cost that you can offer for the services (scope of work) outlined within the RFP.

49. QUESTION: How much of the Blueprint for Health Analytics program will be funded by federal funds?

Answer: Please see the response to Question 39.

50. QUESTION: Who is the incumbent contractor?

Answer: Please see the response to Question 31.

51. QUESTION: If the bidder intends to staff the contract in Vermont, can DVHA provide office space to co-locate staff with DVHA program sponsors and stakeholders? If not, are there any facility requirements (location etc)?

Answer: No, DVHA has no plans to provide office space to co-locate staff with DVHA program sponsors and stakeholder. Office space will be the responsibility of the contractor. There are not facility requirements.

52. QUESTION: Does the state anticipate awarding more than one contract under this RFP?

Answer: The State does not anticipate awarding more than one contract simultaneously under this RFP. Related to this, in the case of joint proposals, as stated in Section 3.2 of the RFP ("Contract Stipulations"), "If two or more organizations' joint proposal is apparently successful, one organization must be designated as the Prime Bidder. The Prime Bidder will be DVHA's sole point of contact and will bear sole responsibility for performance under any resulting agreement."

53. QUESTION: Has DVHA used a contractor to conduct these services (or a subset of these services) in the past? If so, please describe the services and the contractor.

Answer: Please see the response to Question 31.

54. QUESTION: Several of your references in the RFP are unique academic research centers and not consulting firms, we would like to clarify if you are receptive to proposals from consulting firms or is your preference to use an academic center or university for this work?

Answer: The State is receptive to proposals from consulting firms.

55. QUESTION: DVHA issued an RFP relative to analytics for the State Innovation Model Grant in the earlier part of 2014. Who was awarded that work and how is that work different from the work contemplated in this solicitation?

Answer: This question appears to be related to an RFP and contract issued by the Green Mountain Care Board (GMCB). Please refer to the Lewin contract and associated RFP on the GMCB contracts website: http://gmcboard.vermont.gov/Contract_Grants. The focus of that RFP and contract was to "provide statewide analytic services to support Vermont's State Innovation Model (SIM) grant activities, with an initial focus on analyses to support the Accountable Care Organization (ACO) Shared Savings Program (SSP)."

CHAPTER 2

INFORMATION FROM THE BIDDER

56. QUESTION: Under Section B, “Bidder’s Capacity to Perform” on page 11, the second bullet requests resumes for each proposed team members. Will summary bios that include professional credentials, schooling, and experience suffice, or do you prefer full resumes?

Answer: We would prefer full resumes.

57. QUESTION: Provide a description of the organizational structure of the bidder: Does the state want this description to focus on the organizational components that will be responsible for fulfilling the work under this contract or the larger organization?

Answer: Please focus on the organizational components that will be responsible for fulfilling the work under this contract, but disclose parent organizations or parent organizational components.

CHAPTER 3

TECHNICAL PROPOSAL/PROGRAM SPECIFICATIONS

1.1. TECHNICAL PROPOSAL

1.1.0 Program Summary and Goals

58. QUESTION: Section 1.1.0 (and elsewhere), Page 30: The RFP states that the goal “is to obtain services for the Blueprint Program related to data analysis and reporting regarding healthcare spending, healthcare utilization, healthcare quality measurement, and healthcare outcomes (healthcare analytic services).” For budgeting purposes, could you please provide either a list of the DVHA’s desired measures or an indication of the scope/quantity of the different expenditure, utilization, and quality (claims- and/or clinical-based) measures that may be required of the contractor?

Answer: Please see the responses to Questions 16, 5, and 34.

1.1.1 Background of VHCURES

59. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.1.1 - Has GMCB made a decision on the vendor(s) for VHCURES 2.0? If so can DVHA share who the vendor is?

Answer: From Section 5.4 of that RFP: "The Office of Contract & Purchasing will notify all bidders in writing of selection of the Apparently Successful Bidder(s). The Office of Contract & Purchasing will also notify all bidders when the contract resulting from that RFP is signed by posting to the Electronic Bulletin Board (<http://www.vermontbidssystem.com>)." Contracts of the Green Mountain Care Board are also posted at: http://gmcbboard.vermont.gov/Contract_Grants.

60. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.1.1 - Given the expected contract period, does DVHA envision the selected vendor for this RFP to get data from VHCURES 1.0 or VHCURES 2.0? If it is the former, how much of the scope of work in this RFP is expected to be a duplicate of current work being done by Truven Health Analytics under a contract with GMCB. If it is the later, how much of the scope of work in this RFP is expected to be a duplicate of expected work to be done by the VHCURES 2.0 Vendor?

Answer: Given the length and uncertainty of the timeline for development of VHCURES 2.0, the bidder should be prepared to obtain data from both VHCURES 1.0 and VHCURES 2.0. The State is committed to minimizing duplication of work across contracts.

61. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.1.1 - Is this RFP a restructuring of the VHCURES 2.0 RFP?

Answer: No. The VHCURES 2.0 RFP is for development of a data repository and for collection and hosting of claims data. The Blueprint Analytics RFP is for data analytic services, for which one of the data sources will be extracts from VHCURES.

62. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.1.2 - Will the Department please provide volumetrics related to the data in VHCURES database

Answer: VHCURES contains claims data from all significant commercial, Medicaid, and Medicare payers for dates of service in calendar year 2007 forward for approximately 500,000 Vermonters in any given quarter. For specific, or more detailed, questions about VHCURES, please refer to resources at the Green Mountain Care Board: <http://gmcboard.vermont.gov/vhcures>.

63. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.1.2 - How many years of historical claims data will be provided

Answer: VHCURES currently contains data for dates of service for calendar year 2007 and forward.

64. QUESTION: What is the relationship of this RFP with the VHCures 2.0 APCD RFP? Are vendors who bid on VHCURES 2.0 APCD excluded from submitting a proposal for this procurement? Will a vendor be removed as a contender for VHCures APCD RFP if they win this pursuit or vice versa?

Answer: The Blueprint Analytics RFP and the VHCURES 2.0 APCD RFP are generally independent of one another. A vendor may bid on both projects.

1.1.2. DVHA Expectations and General Contractor Responsibilities

65. QUESTION: Section 1.1.2.2 of the RFP states the vendor shall “not sell the research, analyses, and reports generated under the terms of this contract.” We foresee using research, analysis and reports that have been generated outside this engagement, i.e. our already existing intellectual property. Albeit, we will run these analysis and reports with Vermont data. Please clarify this statement pertains to analysis and reports that

includes Vermont data and not potentially underlying analysis and reports that the vendor will require to meet the needs of other clients.

Answer: The Contractor shall not sell the research, analyses, and reports generated under the terms of this contract. If the research, analyses, and reports are not generated under the terms of the contract, and if the source data was not obtained under the terms of the contract, then the restriction does not apply.

66. QUESTION: Data transformations such as assessment of, and reporting on, the completeness and quality of the data files, designation of key data elements, linking of person and organizational identifiers, and merging of data files requires hosting services and hardware. How should vendors provide pricing for any hosting of software and data to perform this data transformation and hosting services to provide reports to insurers, employers, providers, purchasers of health care, state agencies, regulators, consumers and policy makers?

Answer: Please refer to responses for Questions 5, 17, and 34.

67. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.2.3 - What is the expected number of users of these reports? Does the Department anticipate that static reports will be published on the web site or is there an expectation for dynamic reports/dashboards?

Answer: The minimum expectation is that the contractor will provide static reports to the Blueprint, which will then distribute the reports as it wishes. Additional distribution capabilities, however, may be considered advantageous in the bid review.

68. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.2.4 - While we understand that initial requirements are geared towards ACO, MU, and PCMH programs, as well as Cost & Utilization analytics; will DVHA please provide information regarding additional analytics that are being contemplated?

Answer: Please refer to the responses for Questions 16 and 41.

69. QUESTION: 1.1.2.4: How often does the state anticipate a change in the Plan of Operations? As often as weekly?

Answer: At times, revisions to the Plan of Operations may be made as often as weekly, in response to analytic findings, and in response to the highly dynamic environment of healthcare reform policy and measurement in the state.

70. QUESTION: Pages 32-33, Section 1.1.2.7.2: For the bi-annual meetings, how many hours and/or days are expected of the Project Manager to be on-site

Answer: Up to one business day for each on-site meeting.

71. QUESTION: 1.1.2.7.2: Is the Contractor expected to secure meeting space as well or will meeting space be available in state buildings?

Answer: Meeting space for meetings with Blueprint staff in Vermont will be arranged by the State.

1.1.3 Responsibilities of DVHA

72. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.3.1 - Does VHCURES also hold a repository of Medicare data or would that be an additional data source?

Answer: Please see the response to Question 13.

73. QUESTION: Will DVHA facilitate the acquisition of data from other states for the comparison group evaluations?

Answer: Yes, as it would any other DVHA-specified supplemental datasets, as described in Sections 1.1.3.1 and 1.1.4.1 of Attachment A of the RFP.

1.1.4. Data Analysis and Reporting Services

74. QUESTION: In Section 1.1.4, “Data Analysis and Reporting Services,” when the frequency of reporting or analytic services is not specified, is it acceptable to state a recommended schedule and price according to that recommended schedule?

Answer: Yes, but please also refer to the response to Question 41.

75. QUESTION: Is it a correct assumption that the State is looking to a Contractor to produce reports and analysis on the State’s behalf, or is the State also looking to license an analytic system for direct access to the data?

Answer: The State is looking to a contractor to produce reports and analyses on the State's behalf.

76. QUESTION: Will the dataset(s) to be used include pharmacy and behavioral health and substance use information as well as medical?

Answer: Yes; the All-Payer Claims Dataset includes pharmacy, behavioral health, and substance use information on the claims.

77. QUESTION: Section 1.1.4.1 Data Acquisition and Preparation, page 34: What frequency of database updates/refreshes should bidders assume in scoping the solution? Quarterly? Semi-Annual? Etc.

Answer: VHCURES updates are quarterly.

78. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.1 - Besides VHCURES what are the other data sets that the Department is contemplating?

Answer: Please refer to Section 1.1.4.6 of Attachment A of the RFP, as well the response to Question 16.

79. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.1 - Based on the documentation provided in GMCB, reasonably extensive data quality checks are already being implemented. Given this, does DVHA contemplate recreating these data quality checks?

Answer: Given that a data extract is a new, derived product, data quality checks will still need to be done on the data extracts received by the Blueprint Analytics contractor.

80. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.1 - Does DVHA have a preference towards any particular EMPI software or is the Department open to suggestions from the bidder?

Answer: Please see the response to Question 28.

81. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.1 - There is a reference made to Section 3.1 which does contain any verbiage related to "state specified data extracts in industry-standard formats via data-transfer transfer agreements". Is the reference actually to Data Use agreements made in Section 1.1.3.1 under Technical Proposal? If so, can DVHA share any more information on "industry-standard formats" for data extracts from non-VHCURES data sources?

Answer: We will not define "industry-standard formats" any further. Examples, however, would include, but not be limited to, .csv files, other delimited-text files, fixed-width text files, or Excel spreadsheets.

82. QUESTION: Section 1.1.4.1: Section 3.1 Data Transfer Agreement is referenced -Section 3.1 of this proposal is the Contract Term. Can you please clarify which section is the Data Transfer Agreement?

Answer: That should have read, "Section 1.1.3.1" of Attachment A of the RFP.

83. QUESTION: Section 1.1.4.1: Section 2.1 "...security of that data in compliance with Section 2.1 is referenced. Section 2.1 of the proposal is the 'Scoring' section. Can you please clarify which section is the Security section we should be using?

Answer: That should have read, "Section 1.1.2.1" of Attachment A of the RFP.

84. QUESTION: Section 1.1.4.1: What are the 'other state-specified data extracts'?

Answer: Please refer to Section 1.1.4.6 of Attachment A of the RFP, as well the response to Question 16.

85. QUESTION: Section 1.1.4.1: What are the 'industry standard' formats that will be required for the extracts of the 'other state-specified data extracts.'?

Answer: Please refer to the response for Question 81.

86. QUESTION: Section 1.1.4.1: Are we to assume that the reference made to the 'Contractor's analytics systems or software' is a Software as a Service (SaaS) offering?

Answer: No. Please see the response to Question 17.

87. QUESTION: Section 1.1.4.1: Can you provide details or examples of what is required for the ‘drill downs’? Does DVHA expect to be able to drill down in a type of web application or does an excel pivot table meet expectations?

Answer: Please see the responses to Questions 17 and 67.

88. QUESTION: Section 1.1.4.1: “Comparison group data will be drawn from another, similar state, such as Maine or Minnesota” will Blueprint for Health be providing this data or is the contractor required to get this data?

Answer: Please see the response to Question 73.

89. QUESTION: Section 1.1.4.2: Is DVHA using any current attribution models or any vendors providing such services? What are the attribution models and/or vendors

Answer: Please refer to the methodology documented at <http://dvha.vermont.gov/advisory-boards/payer-implementation-work-group>.

90. QUESTION: Section 1.1.4.2: Can you please provide which link on the referenced webpage provides additional details on the ‘Patient Attribution’?

Answer: There are multiple. In particular, please refer to <http://dvha.vermont.gov/advisory-boards/vermont-attribution-algorithm-2-8-13.pdf> and <http://dvha.vermont.gov/advisory-boards/1microsoft-word-beneficiaryassignmentalgorithmreformatted10-19-11.pdf> and <http://dvha.vermont.gov/advisory-boards/specifications-for-cht-patient-counts-3-7-12.pdf> and <http://dvha.vermont.gov/advisory-boards/pppm-payment-methodology-by-payer-1-31-13.pdf>.

91. QUESTION: Section 1.1.4.2: On page 35, section 1.1.4.2, the RFP states that "comparison group data will be drawn from another similar state, such as Maine or Minnesota." Does this imply the Contractor should plan for selecting, acquiring and analyzing a second APCD?

Answer: Yes, the contractor should be prepared to receive and analyze data extracts from multiple All-Payer Claims Datasets (APCDs). Please also refer to the response to Question 73.

92. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.2 - How does DVHA expect the attribution to change for under utilizers (i.e., members without any claims or members who have recently moved to Vermont)?

Answer: Blueprint attribution methodology could be revised in the future, but there are no current plans for specific revisions.

93. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.2 - Is the Department envisioning static reports or is the Department interested in providing a dynamic portal to data consumers?

Answer: Please see the response to Question 67.

94. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.2 - What is the granularity (patient level or state level or some intermediate level) of data from similar states?
Answer: Patient-level is the goal.
95. QUESTION: Section 1.1.4.2, Page 35: This section states that “the contractor will construct member attribution to Vermont Blueprint practices, and determine non-Blueprint comparison group(s) for evaluations.” Should the contractor assume that member-level attribution will be provided for the commercial, Medicaid, and Medicare populations, or should the contractor instead assume that performing the member-level attribution on commercial, Medicaid and Medicare data is part of this scope of work? (The wording of the deliverables suggest that the contractor may be only evaluating the member attribution, not producing the attribution from claims.)
Answer: The contractor will be expected to perform member-level attribution on commercial, Medicaid and Medicare data as part of this scope of work.
96. QUESTION: Section 1.1.4.2, Page 35: This section states that “comparison group data will be drawn from another similar state.” Should the contractor assume that the non-Vermont comparison group data will be provided to the contractor, or is the contractor instead expected to acquire, standardize, and process this comparison data to produce (1) attribution to primary care and (2) the expenditure, utilization, and quality measures for the commercial, Medicaid, and Medicare populations? If the latter, should data access fees and/or the processing of this non-Vermont data be included in the budget?
Answer: The latter. Please see responses to Questions 73, 16, 5, 17, and 34. All fees should be included in the hourly staffing rates.
97. QUESTION: Page 35:Section 1.1.4.2 If Maine and Minnesota (or other comparable states) data are intended to be used for comparison groups, can Vermont clarify if there is already a mechanism in place to receive data for these states?
Answer: The contractor will be expected to provide a mechanism to receive such data. Please see also the response to Question 73.
98. QUESTION: Page 35: Section 1.1.4.2 How often will patient attribution need to be evaluated in order to support the needs of this contract?
Answer: Patient attribution will need to be run (recalculated) at least quarterly.
99. QUESTION: 1.1.4.2 Patient Attribution: Please clarify if a satisfactory comparison data set from another state has already been established? If not, please describe the contractor’s role in the development of this comparison group data.
Answer: Satisfactory comparison datasets will need to be newly established. Please see the response to question 73.

100. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.3 - Is the Department envisioning static reports or is the Department interested in providing a dynamic portal to data consumers?
101. **Answer:** Please see the response to Question 67.
102. QUESTION: Page 35: Section 1.1.4.3 How often will the statewide Blueprint evaluation and reporting activity be performed (e.g., quarterly)?
- Answer:** Attributions will need to be recalculated at least quarterly. Other analyses will be conducted continuously, per the iterative Plan of Operations.
103. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.4 - Does this mean the vendor will get detailed VHCURES claims data sets from 2007? If so should the vendor maintain detailed historical data (VHCURES and non-VHCURES) since 2007? Is it a requirement for the vendor to store all such detailed data sets OR only aggregated data to support trend analysis from 2007 onwards?
- Answer:** The contractor will have the opportunity to receive VHCURES data since 2007. Aggregated data alone is unlikely to be sufficient to conduct the range of analyses described in this RFP. The time range of data needed for each analysis will depend on specifications worked out in the iterative Plan of Operations, as described in Section 1.1.2.4 of Attachment A of the RFP.
104. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.4 - Can DVHA provide more information on the level of granularity of Drill Downs (Program - ACO/PCMH/Grant, Service Area, Organization, Department, Payer, Provider, Practice, Patient/Member levels)?
- Answer:** Yes; to include all of the above.
105. QUESTION: Section 1.1.4.4: “Drill downs, additional analytics, new metrics, and new displays will be added based on findings and DVHA’s needs to support Vermont’s healthcare reform efforts.”
- Answer:** Yes.
106. Does “will be added” refer to the current platform in use? If so, please specify this platform and vendor. Or is the expectation that these “new” items will be added to a platform the bidder would bring to the contract? In either scenario, is the bidder responsible for system updating costs? Are costs to be passed through to DVHA or included any pricing submission by the bidder?
- Answer:** Please refer to Section 1.1.2.4 of Attachment A of the RFP, and to responses for Questions 5, 17, and 34.
107. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.5 - Is the provider to practice information to be interpreted solely based on claims data or would there be any additional data feed(s)?
- Answer:** Practice profiles may include inputs beyond claims data. Please see the response to Question 16.

108. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.5 - Can DVHA provide more guidance on its prescribed Total Resource Use Index outcomes and associated regression analyses?
Answer: Where Section 1.1.4.5 of Attachment A of the RFP said, "An example of a Vermont Blueprint for Health healthcare organizational (practice) profile produced in the past is presented in Appendix C", it should have read, "Examples of Vermont Blueprint for Health healthcare organizational (practice) profiles produced in the past are presented in Exhibits I and II." For further information on the Total Resource Use Index, please refer to <https://www.healthpartners.com/tcoc>.
109. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.5 - Is Appendix C the same as Exhibit 1?
Answer: Yes; please see the response to Question 108.
110. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.5 – It appears the Health Status categories displayed in the Practice Profile uses 3M CRG. Could the DVHA confirm if they have licenses for 3M CRG? If not is 3M CRG the preferred Risk Grouper for the scope of work in this RFP?
Answer: No, DVHA does not have and will not provide licenses for 3M CRG. Please see the response to Question 34.
111. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.5 - Does DVHA need other identification of Potentially Preventable ER visits, Admits, Readmits, Hospital Acquired Complications and High Cost Outpatient services such as MRIs / CT Scans / PET Scans?
Answer: Please see the response to Question 108.
112. QUESTION: Section 1.1.4.5, Page 36. One of the bullets in this section states that the healthcare organization profiles will consist of “two (2) annual profile runs, with a 6-month lag period on the claims being used for these annual profiles.” The section’s lower deliverables area lists “practice profiles ... for each calendar year.” Could you please confirm that the expected deliverable consists of two profiles each year for each organization covering different time periods (e.g., one for CY2014 and another for July 2013 –June 2014)?
Answer: Yes.
113. QUESTION: Section 1.1.4.5, Page 36: Could you please confirm that this section’s reference to the Total Resource Use Index (RUI) measure should be based on HealthPartners’ Total Cost of Care system?
Answer: Yes, please refer to <https://www.healthpartners.com/tcoc>.
114. QUESTION: Section 1.1.4.5: For the reports listed in the profile production, who is the target audience for these reports? Are the reports delivered to the provider or ACO directly?

Section 1.1.4.5: If yes, what is the mechanism to deliver the reports to the provider or ACO? Is there a provider portal or website the contractor is expected to deliver to or is the contractor expected to create such a mechanism?

Answer: The Blueprint will determine the target audience for the reports and deliver the reports accordingly. Please also see the response to Question 67.

115. QUESTION: Section 1.1.4.5: For the multi-level profiles for practices, parent-organizations, and the HSAs, about how many do you expect that to entail?

Answer: As of 6/30/14, the Blueprint included 123 PCMH practices, 23 parent organizations, 14 HSAs, and 3 ACOs. A statewide profile is also required.

116. QUESTION: Section 1.1.4.5: Will you want them all done at the same time (every 6 months?) or could they be staggered, as long as all organizations individually are profiled every six months?

Answer: We are seeking to have them all done at the same time. As a consequence, the expectation is that the contractor will automate the process of profile generation as much as possible.

117. QUESTION: Section 1.1.4.5: Will these profiles cover only six months or the entire year?

Answer: The profiles will cover an entire year, but be run every 6 months. Please also see the response to Question 112.

118. QUESTION: Section 1.1.4.5: How do the annual profiles mentioned in the third bullet differ from those in the bullet above? Are they supposed to cover the entire state?

Answer: The two bullets describe the same profiles. Please also see the response to Question 115.

119. QUESTION: Section 1.1.4.5: On page 36, the RFP states that the contractor will produce "multi-level profiles done at the practice, parent-organization, and VT DOH HSA levels." Will DVHA provide access to information about PCMH and ACO entities (e.g., participating practices) and/or facilitate access to VHCURES vendor(s) to ensure an accurate profiling process?

Answer: Yes, as described in Sections 1.1.3.1 and 1.1.4.1 of Attachment A of the RFP. DVHA will provide information on PCMH eligibility and individual provider associations with those practices (practice rosters).

120. QUESTION: 1.1.4.5 Profile Production:

- a) How many practices are anticipated to be included in the practice profile reports?
- b) How many parent organizations are anticipated to be included in the profile reports?
- c) How many profiles are anticipated through Vermont DHHS?
- d) How many profiles are anticipated through Blueprint Health Service Area

Answer: Please see the response to Question 115.

121. QUESTION: Page 36: Section 1.1.4.5 Can Vermont clarify what is meant by use of regression analysis for measures? Many measures can be a direct result of regression analysis, but are not typically associated with direct measures.
Answer: Please see the response to Question 108. Beyond that, the contractor will be expected generally to have the capability to conduct regression analyses for outcomes measurement.
122. QUESTION: Page 36: Section 1.1.4.5 If there is a current mechanism in place for the dissemination of profiles, can Vermont please share what the current mechanism is? If there is not a current mechanism of dissemination, can Vermont share what methods of dissemination would be preferred
Answer: Please see the response to Question 67.
123. QUESTION: Page 36: Section 1.1.4.5 How often should practice profiles for each Blueprint practice be produced? How often should parallel profiles for each parent organization, HSA, and a statewide aggregate be produced?
Answer: Please see the responses to Questions 112, 115, and 116.
124. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 - Will the Department please provide any volumetric information for the clinical data to be sourced from Vermont's statewide clinical data repository?
Answer: Please see the response to Question 62.
125. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 - What are the types of data that are available from this repository besides admission, discharges and lab results?
Answer: Clinical data from Electronic Health Record (EHR) systems and from direct data entry by Community Health Team staff, inclusive of SASH, tobacco treatment specialists, and self-management workshop leaders.
126. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 - What is the priority of these additional data integrations? Does the Department expect the integration of these additional data sets to be delivered in the first year?
Answer: The priority of the additional data integrations will come after analyses of VHCURES claims data, but will be high. Yes, integration of additional data sets is expected to be accomplished in the first year.
127. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 – Besides NCQA HEDIS(R), what are the other clinical quality measures DVHA refers to by "NCQA?"

Answer: In Section 1.1.4.6 of Attachment A of the RFP, the bullet, "To include HEDIS, NCQA, and CMS clinical quality measures," should have read, "To include HEDIS, NQF, and CMS clinical quality measures."

128. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 - Besides ACO clinical quality measures, Is DVHA referring to Meaningful Use Stage 1 or 2 measures by "CMS clinical quality measures"? Can DVHA provide more guidance on CMS set of measures
Answer: Please refer to the CMS.gov website. (One starting point is <http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html>.)
129. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.6 - Can DVHA provide more information on Supplemental data sets and topical areas mentioned in 1.1.4.6
Answer: Please see the responses to Questions 16 and 41.
130. QUESTION: 1.1.4.6 Will the state provide unique patient identifiers that will allow linking information across state data sets
Answer: No. Please see the response to Question 28.
131. QUESTION: 1.1.4.6 Integration and Analysis of Complementary Non-Claims Datasets: What sort of data is expected to be included in "Complementary Non-Claims Datasets"?
Answer: Please see the responses to Questions 16 and 41.
132. QUESTION: 1.1.4.7 Does the cost of procedures include the insurer's payment plus any beneficiary copayments or deductibles?
Answer: In general, the reportable cost of procedures will be dependent on the data available from healthcare claims.
133. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.7 - In terms of HEDIS measures, is the Department contemplating claims only measures or is the Department contemplating hybrid measures as well?
Answer: The Department is contemplating hybrid measures to the degree that electronic clinical data is available. Please refer to Section 1.1.4.6 of Attachment A of the RFP.
134. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.7 - Does DVHA or the State have a subscription to NCQA Quality Compass? If not will the State acquire this license or does the State expect the bidder to do so?
Answer: Please see the responses to Questions 5, 17, and 34.

135. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.7 - Does the State receive Medicaid EHR Incentive Program results sent from eligible professionals and hospitals? OR will DVHA provide a list of EPs and EHs that are participating in this program?
Answer: Yes, DVHA has access to Medicaid EHR Incentive Program attestation data.
136. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.4.7 - Can DVHA provide more information on MAPCP Demonstration project?
Answer: Please refer to <http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Medicare-Demonstrations-Items/CMS1230016.html> and http://www.cms.gov/Medicare/Demonstration-Projects/DemoProjectsEvalRpts/Downloads/mapcpdemo_Solicitation.pdf.
137. QUESTION: Has DVHA already acquired reporting /BI/analytical tools and platforms for this work? Should the recommendation for this be considered in scope?
Answer: Please see the responses to Questions 17, 34, and 67.
138. QUESTION: We see the deliverables covering reporting in various forms including spreadsheets, slide decks, technical documents and dashboards/reports with drill downs etc. Are these expected to follow standard formats/templates or customized for user groups/community
Answer: As much as possible, we would like to standardize the reports, but some customization will likely be necessary for various purposes and various audiences.
139. QUESTION: Has any preliminary analysis been done and do we have a ball park number of reports in each category?
Answer: Organizational profiles have been produced for 2012 and 2013 data. Please see responses to Questions 41, 16, 112, 115, and 116.
140. QUESTION: Approximately, what percentage of this engagement is expected to be need-based, on-demand analytics versus standard periodic reports/deliverables?
Answer: That is as yet to be determined. Please see the response to Question 41.
141. QUESTION: Is there any expectation of a mobile platform to render the reports ? If yes, then
- How many users are going to access the reporting services?
 - Do we need User level data security requirements?
 - Please provide details for support timings.
 - Please provide resolution SLA?
 - How many types of user roles we will have to access the application?
- Answer:** Please see the response to Question 67.

142. QUESTION: For creating models, will existing algorithms be made available to analytics team?
Answer: As much as possible, the State will seek to facilitate the transfer of existing knowledge and methods to the contractor, as we seek to minimize the duplication of effort and expenditures. The contractor, however, should be prepared to independently create or replicate methods and models as necessary.
143. QUESTION: What will be the data refresh frequency for analytical models? Is it daily, weekly or monthly?
Answer: This will depend on the analyses and on the frequency of data update availability from source systems.
144. QUESTION: Is it going to be an incremental data load or complete data refresh for the analytical models?
Answer: This will depend on the dataset. Historically, VHCURES data extracts have been complete data refreshes to reflect retroactive claims adjustments from payers.
145. QUESTION: Is patient attribution or other analytical algorithm(s) expected to be built as part of this?
Answer: Yes. Please also see the response to Question 142.
146. QUESTION: What is the frequency of patient attribution refresh in the current process?
Answer: Please see the response to Question 98.
147. QUESTION: Are there any compliance or regulatory reporting needs for CMS?
Answer: Yes. Attribution and outcomes reporting is conducted in part for reporting on the MAPCP Demonstration project.
148. QUESTION: Does this include working on online data for any analysis/reporting relevant to HIX?
Answer: It does not at present, but it could at some future date. Please see the response to Questions 41 and 16.
149. QUESTION: What is the format in which source data will be provided?
Answer: Please see the response to Question 81.
150. QUESTION: What will be frequency of the data feeds?
Answer: Please see the response to Question 143.
151. QUESTION: Will best practices identified by analytics be passed back into the system? Is a data flow required to be developed for that?
Answer: Yes, that is the goal of the Blueprint program. For distribution methodology, please see the response to Question 67.

152. QUESTION: How many years of data are expected to be loaded as part of history? And what would be the acceptable down time for loading this data for the initial historical migration?
Answer: This will vary by data source and by analytical needs. For VHCURES, the largest data source, please see the response to Question 62.
153. QUESTION: Is there a Data quality policy in place for source systems?
Answer: That will likely vary by data source. The contractor should not rely solely on external data quality checks. Please see the response to Question 79.
154. QUESTION: What is the expected rate of data growth?
Answer: This is unknown. For VHCURES, the largest data source, please see the response to Question 62.
155. QUESTION: Please give an approximate number of fields in source file
Answer: This will vary by data source. Please see the responses to Questions 41, 16, and 12.
156. QUESTION: What is the time period of data that we are looking at for analytics and reporting?
Answer: Please see the response to Question 152.
157. QUESTION: Does DVHA need to provision for Disaster Recovery set up? If yes, then
a) What is the criticality of this application?
b) What is the expected time of service restoration in case of disaster?
Answer: Please see the response to Question 17.
158. QUESTION: We assume that all the government as well as private clinics/hospitals/facilities/ACO's are in scope for this. Please confirm.
Answer: Yes.
159. QUESTION: Can you provide a view around avg. number of patients over a 12 month period, number of claims being filed monthly?
Answer: Please see the response to Question 62.
160. QUESTION: Are there any major initiatives/movements that are likely to impact the scope/progress of this RFP's services?
Answer: Yes. Healthcare reform in Vermont is highly dynamic and can involve major changes quickly. Please refer to the response for Question 41.
161. QUESTION: Do we need to work on client platforms/systems due to data access restrictions or data could be moved to vendor servers or Cloud platforms?

Answer: Please see the response to Question 17, and please refer to Section 1.1.2.1 of Attachment A of the RFP.

162. QUESTION: What database platforms are being used to store the VHCURES data
Answer: Historically, SQL Server has been used, but that is subject to change. The contractor should have no expectations regarding the database platforms of potential data sources.
163. QUESTION: The subsection (1.1.4.7) mentions "An example of a Vermont Blueprint for Health healthcare organizational (practice) profile produced in the past is presented in Appendix C.", we could not locate Appendix C in the document..Our understanding is we are referring to example in Exhibit 1.
Answer: Yes, and now please also refer to Exhibit II, as well.
164. QUESTION: The subsections (1.1.4.7) in these sections mentions about the Comparison group data, Vermont's statewide clinical data, data related to cost of procedures in different facilities/provider types,HEDIS data for various healthcare providers at state level and national level. How does DVHA plan to enable access to these data assets to the vendor?
Answer: Please see the response to Question 73.
165. QUESTION: 1.1.4.7: Additional Analytics and Reporting on Complementary Healthcare Topics to Support Blueprint and Overall Vermont Healthcare Reform Efforts: the actual cost and impact of the legislation". Is there any specific legislative change we are referring to here on which estimation has to be done.
Answer: It appears that this question relates the bullet, "Estimating the cost of potential legislative changes affecting Medicaid, and later calculating the actual cost and impact of the legislation." This is to be determined. Please see the response to Question 41.
166. QUESTION: Page 37: Section 1.1.4.7 How many analytic requests should we anticipate per year under the Additional Analytics section? Should the bidder assume that all of the activities listed under this section will be performed for purposes of budgeting?
Answer: Yes. Please refer to responses for Questions 5, 41, 16, 112, 115, and 116.
167. QUESTION: "The Contractor will be responsible for obtaining and maintaining national and industry-standard code lookups". We understand this refers to healthcare claims codes. Does the client prefer any recommended website for referring to the code looks-ups?
Answer: The State has no preference for lookup sources, as long as the information is accurate.
168. QUESTION: The subsection mentions "Evaluating the effect of health reforms on cost, quality and access to care in a state". Is there any specific health reform we are referring to here on which evaluation has to be done?

Answer: This could potentially encompass any of the healthcare reforms being conducted in Vermont. Please see the response to Question 41.

169. QUESTION: The subsection mentions "Estimating the cost of potential legislative changes affecting Medicaid, and later calculating

Answer: This could potentially encompass any of the healthcare reforms being conducted in Vermont. Please see the response to Question 41.

1.1.5. Subcontractor Requirements

170. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment A – Specification of Work to be Performed, Item 1.1.5.1 - Would the subcontractor provisions apply when a bid is presented jointly by more than one vendor?

Answer: Yes. Please see the response to Question 52.

171. QUESTION: Are subcontractor letters binding?

Answer: Deviations from those letters could be the basis for terminating the contract or terminating an offer to enter into contract negotiations.

2. ATTACHMENT B PROGRAM COSTS/PAYMENT PROVISIONS

2.1. PROGRAM COSTS

172. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment B – Program Costs / Payment Provisions, Item 2.1 - Will the Department please share the amount budgeted for this project

Answer: Please see the response to Question 48.

173. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment B – Program Costs / Payment Provisions, Item 2.1 - Will the department describe the roles and number of FTEs available from the department for this project?

Answer: Departmental commitments of FTEs to this work will be minimal and will be the subject of the iterative Plan of Operations. Please see the response to Question 41.

174. QUESTION: Page 39 Section 2.1.1 & 2.1.3: Should Sections 2.1.1 and 2.1.3 be included after the Budget Submittal Form and before Schedule B: Detail of Expenses in the proposal?

Answer: No, Sections 2.1.1 and 2.1.3 of Attachment B should be submitted in the order in which they are listed in the RFP.

175. QUESTION: Page, 39, Section 2.1.4: Please confirm whether this will be a cost reimbursement or fixed price contract.
Answer: Please see the response to Question 5.
176. QUESTION: Is RFP Schedule A (Program Cost) required to be submitted as a sealed envelope/container separate from the bidder's response to the technical components of the solicitation?
Answer: No. Please see the response to Question 9.
177. QUESTION: Is a firm fixed price offer acceptable to DVHA?
Answer: Please see the response to Question 5.
178. QUESTION: If a firm fixed prices is acceptable to DVHA, is Schedule A required?
Answer: Please see the response to Question 5.
179. QUESTION: Will salary information provided in Schedule A be considered confidential by the State and not be distributed through any State open record laws?
Answer: Please refer to the "General Information" statement at the beginning of this document and to Section 1.10 of the RFP for details.
180. QUESTION: Are bidders permitted to include a "fee" on Schedule A? If so, what are the requirements or caps in that regard?
Answer: Please see the response to Question 5.
181. QUESTION: Would it be possible for DVHA to provide vendors with the budget you have established for this contract? Providing the budget to the potential competitors will help us ensure that the solutions we propose will be affordable
Answer: Please see the response to Question 48.

2.2. CONTRACT VALUE/QUANTITY

2.3. INVOICES

182. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment C – Customary Provisions for Contracts and Grants, Item 9 - Is this requirement applicable to all subcontractors of Prime Bidder based on fiscal year and contract monies received by Subcontractor before fiscal year end?
Answer: The goal of this RFP is to enter into a contract and not a grant.

183. QUESTION: Chapter 3, Technical Proposal / Program Specifications, Subsection 1, Attachment C – Customary Provisions for Contracts and Grants, Item 10 - Is this requirement applicable to Subcontractors as well as the Prime Bidder?

Answer: Yes, this requirement is applicable to any subcontractor receiving contract monies or doing work under the contract, regardless of at what time the contract is executed. Under no circumstances shall the Contractor enter into a sub-agreement without prior authorization from DVHA. Please also refer to Section 3 of Attachment F.

APPENDIX A REQUIRED GENERAL FORMS

184. QUESTION: Would we need to purchase the 3M Clinical Risk Grouper system for risk adjustment as used in the profile example, or could we use our current ACG system?

Answer: Please see the response to Question 34.

APPENDIX B REQUIRED COVER SHEET AND REPORTING FORMS

185. QUESTION: Is this a cost reimbursement contract (as cost detail is required on Schedule A)? If not, is this a fixed labor rate by position and travel reimbursement contract with a “Not to exceed” (assumptions included)?

Answer: Please see the response to Question 5.

186. QUESTION: Does the contractor stop work if the “Not to Exceed” is met? What is the contractor’s obligation at that point (retention of staff for example)?

Answer: The contract will have a Maximum Amount for payment that cannot be exceeded without a contract amendment. If payments reach the Maximum Amount, then, yes, all services and expenditures under the contract must stop. Based on requested scope of work and the iterative development process, the contractor is expected to estimate hours (and thus cost) for each requested project. This information shall be submitted to the contract manager and any designees prior to beginning work on the project. Additionally, invoice review will occur monthly to achieve visibility into contract spend down over time. If needed, projects will be prioritized in order to ensure completion of desired work within budget.

187. QUESTION: Can the contractor bid fixed labor rates for the two option years or are rates negotiated at the end of the original term (1/1/2015 – 12-31-2015)?

Answer: Please see Attachment B, Section 2.1 of the RFP: "All unit or rate pricing proposed in the bid must remain firm and constant during the entire contract period and any extension." Please also see response to Question 5.

188. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs - Is the Department contemplating a cost+ type of bid. If not, why is this information required?
Answer: Please see the response to Question 5.
189. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs - How does the Bidder indicate license/subscription fees in this form?
Answer: Please see the responses to Questions 5, 17, and 34.
190. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs - Do each of the Prime and Subcontractors submit their individual Budget's or can this be a single consolidated submittal from Prime?
Answer: This should be a single, consolidated submittal from Prime.
191. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs – Can DVHA provide more guidance on what they mean by Direct Operating and Indirect Allocations?
Answer: Please see the response to Question 5.
192. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs – If vendor is providing an all-inclusive hourly labor rates and is expected to conduct work off-site with required onsite travel expenses, should they still submit Direct Program Costs Salaries section?
Answer: Please see the response to Question 5.
193. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs - In the Budget Submittal Form, how does DVHA want bidder to show costs for the following. Should they be treated as Direct Operating or Indirect Allocations? a) Subcontracted professional services, b) Subcontracted cloud hosting services, c) License/Subscription cost of various Analytics Software and associated query/reporting/analysis tools
Answer: Please see the response to Question 5.
194. QUESTION: Appendix B, Required Cover Sheet and Reporting Forms, Schedule A – Summary of Costs – Are Schedule B & C required to be submitted, if bidder is providing hourly labor or unit costs and is expected to do all the work offsite except when needed on-site work will have associated travel expenses?
Answer: Please see the response to Question 5.
195. QUESTION: Schedule A appears to be more related to a Cost Plus type contract since a labor category rate sheet is requested also, can you please specify if the contract is Time & Materials or Cost Plus?
Answer: Please see the response to Question 5.

196. QUESTION: It is stated that the period of performance is 1/1/2015-12/31/2015 but the contract has 2 option years that the Blueprint for Health could renew. For Schedule A, is the bidder to fill out for one year or for 3 years? Are the rates proposed in the labor category list to be firm for the 3 year period or just the first year?

Answer: Please see the response to Questions 5 and 187. The bid should be for the stated base term of the contract, which is 1/1/2015-12/31/2015.

197. QUESTION: Appendix B, Page 51: Can you please confirm that schedules B, C, and D are to be included in the proposal packet? If yes, could you please provide additional detail on (a) any wanted structure for these pieces and (b) clarification on what specifically is meant by “related party” for Schedule D?

Answer: Please see the response to Question 5.

198. QUESTION: Page 44, Rate Sheet: Where should the Rate Sheet form be included in the proposal?

Answer: The Rate Sheet should be included in the RFP response in the order listed in the RFP.

199. QUESTION: Page 44, Rate Sheet. On the Rate Sheet, what amount should be entered on the Proposed Rate line? Should it tie to the Total Costs line on the Budget Submittal Form or should it be hourly staff rates?

Answer: See the response to Question 5. On the Rate Sheet, enter the "Total Costs" value from Schedule A, followed by the following text: "(annual)".

200. QUESTION: Page 50, Budget Submittal Form: Can the Bidder insert additional lines for budget categories not included on the Budget Submittal Form?

Answer: Yes. Please see the response to Question 5.

201. QUESTION: Page 50, Budget Submittal Form Line 22 – Administration, states that it may not exceed 13%. If a Bidder has an approved indirect rate letter from a Federal agency with rates higher than 13%, can they use those rates?

Answer: Please see the response to Question 5. The goal of this RFP is to enter into a contract and not a grant.

202. QUESTION: Page 51 / Form A Detailed Instructions: The instructions reference Lines 22-26 – Indirect Allocations, but the form only has lines 22-25 for Indirect Allocations. Should there be an additional line?

Answer: Please see the response to Question 5. The goal of this RFP is to enter into a contract and not a grant.

203. QUESTION: Page 50, Budget Submittal Form: Where should a Bidder's fee be included on the Budget Submittal Form?

Answer: Please see the response to Question 5.

**EXHIBIT 1:
PRACTICE PROFILES EXAMPLE**

204. QUESTION: Exhibit 1, Practice Profiles Example - Are these mock-ups or real live production reports? If these reports are live reports, what is the technology used to surface this information?

Answer: Exhibits I and II: These are existing, static reports, created in part manually. The contractor should plan to select and implement their own technology. Please also see the responses to Questions 17 and 34.

205. QUESTION: Who currently produces the profiles?

Answer: Please see the response to Question 31.