Blueprint for Data Quality Project Management
RFP# 03410-153-15

BIDDER QUESTIONS & DVHA RESPONSES

General Information:
Proposals are considered confidential during the bid review. Bidders should submit a redacted version of their proposal in the event we receive a public records request after the award has been made.

1. QUESTION: How many primary care physicians remain to be connected to the state's HIE?
   Answer: The total number of primary care physicians is unknown in Vermont. For the Blueprint participants and of those practices who have implemented EHRs, between 20 and 25 practices remain to be connected to the VHIE and the statewide clinical registry. While a small percentage of practices remain to be connected, data optimization work is planned for practices already connected in order to expose additional clinical data values in the CCDs.

2. QUESTION: Can we get a summary of the EHR vendors used by the primary care physicians and the data types the State is expecting from each?
   Answer: Neither the State nor VITL maintains a complete listing of EHR vendors used by primary care physicians in Vermont. As an estimate, there are over 25 different EHR vendors with installed systems in primary care practices or organizations in Vermont. These include, but are not limited to:
   - Allscripts Enterprise
   - AllscriptsPro
   - Amazing Charts
   - Athenahealth
   - Cerner
   - CPSI
   - eClinicalWorks
   - eMD
   - Epic PRISM
   - GE Centricity
   - Greenway
   - Health Precision
   - LSS
   - Medent
   - Meditech
   - MedFx
   - MedMD
   - NextGen
   - NueMD
   - PCC
   - Practice Fusion

- Practice Partners
- Practice Precision

The State expects the transmission of ADT, CCD, and VXU data types from these systems.

3. QUESTION: What is the State's capacity to work on multiple primary care physician connections concurrently?

   Answer: The State expects vendor capacity for eight (8) concurrent project slots.

4. QUESTION: Has the state done any analysis on the consistency of data within the current HIE and between practices? How are duplicates defined and what is the percentage of duplicates?

   Answer: No, the State has not performed analysis on the consistency of data within the current HIE and between practices; however, efforts are underway to perform this type of analysis on 2012 and 2013 data in the statewide clinical registry (DocSite). The current HIE uses probabilistic logic and matching algorithms. Duplicates are managed within the HIE system, and all Master Patient Index (MPI) tuning is done within the VHIE; however, the scope of work for this RFP involves MPI tuning and duplicate remediation strategies for the statewide clinical registry (DocSite). The percentage of duplicates within each HIE system varies and can be influenced by source EHR systems.

5. QUESTION: Are all in-scope primary care physicians ICD-10 ready?

   Answer: No.

6. QUESTION: What are the State's priorities for onboarding practice connection projects?

   Answer: DVHA's criteria for prioritizing onboarding practice connection projects include:

   - The practice/organization has an EHR that can connect to the VHIE and/or directly to DocSite (via flat file).
   - The practice/organization wants to participate in a data quality project and send data to the VHIE, statewide clinical registry, and immunization registry.
   - The practice/organization can provide staff willing to work on data quality and interface connectivity.

7. QUESTION: Can DHVA provide information regarding how many primary care practices DVHA estimates will be involved in this project, what size the practices are, and where they are located?

   Answer: Considering that both onboarding and data optimization projects are in scope for this RFP, it is possible that all Blueprint primary care practices within Vermont could be involved in this project during the total term of the contract (one-year base agreement with the option for two additional one-year extensions, so three years total). There are currently 123 active Blueprint primary care practices in the state. Practice size ranges from independent physician-owned practices of one or two doctors through large hospital-owned group practices. Blueprint primary care practices are located in every county in Vermont.

8. QUESTION: What is the source of funding for this project, federal or state?

   Answer: Global Commitment Funds

9. QUESTION: If federal funds are involved, what is the CFDA number?
   Answer: 93.778

10. QUESTION: Will the State of Vermont provide workspace for the winning vendor?
    Answer: No.

11. QUESTION: Does the DVHA have an anticipated amount of "Sprint" projects will need to be completed (i.e. how many primary care practices in Vermont that are not connected to the states HIT infrastructure)? (p. 4 1.1 Introduction)
    Answer: Refer to the responses to Questions 1, 3, and 7.

12. QUESTION: The DVHA states that "A replicable model for addressing technical needs and data requirements of each Blueprint community (HAS) shall be put forward and implemented"

    Could the DHVA clarify this statement, or provide a more clear timeline of when this model will be implemented? This implementation effort may impact the Project Plan developed by PCG (p. 32 1.1 Technical Proposal – Program Summary and Goals)
    Answer: DVHA is seeking services from a vendor who has experience leading at a program level and providing direction at an operational level community-based data quality optimization projects with the goal of achieving data accuracy and consistency in end-to-end transmission (EHR through HIE to clinical data repository). Community-based means working directly with practices or organizations on evaluating the quality of demographic and clinical data in the EHR source systems and developing mutually acceptable strategies to cleanse the data, in addition to working with these organizations, in concert with the EHR, HIE, and clinical repository vendors, to build interfaces and verify data flow. As a result, it is expected that bidders would provide, as proof of their expertise and past experience on projects of this nature, the model used during previous successful projects, including project plans, agendas for community-based project calls, recommended reporting activities for data verification, and other supporting materials. In terms of a timeline, DVHA would expect readiness to undertake projects using the proposed model immediately upon contract execution, planned for July 1, 2015.

13. QUESTION: Under task 3 (Project Management for Onboarding of New Blueprint Data Quality Initiatives), how many HIE partners remain to 'onboard' under this task? How many of these providers and facilities have an existing EMR solution?
    Answer: Refer to the response for Question 1. The number of providers and facilities without existing EHR solutions cannot be accurately quantified in Vermont.

14. QUESTION: What is the expected travel component for supporting the onboarding of HIE partners under task 3?
    Answer: Refer to section 2.1.3 of the RFP, which states "DVHA shall reimburse the Contractor for reasonable and necessary travel expenses incurred in the performance of this contract. This travel estimate covers the costs associated with two on-site visits per year." The majority of the work involved in these projects tends to be conducted remotely (via teleconference, virtual meeting, and so on). Prior approval of the Blueprint management team is required for any proposed travel expenses.

15. QUESTION: For work on data quality and the master patient index under task 4, will access to the existing statewide clinical data repository be provided by the analytics vendor, along with analytic tools, or is it expected that the vendor would supply their own data storage and analytic tools?

    Answer: The services DVHA is requesting under this contract are not analytic in nature. The current Blueprint analytics vendor does not host the statewide clinical data repository. Rather, the current vendor hosting the statewide clinical data repository (DocSite) is Covisint. Covisint will provide access to the master patient index and to DocSite for data quality work within the scope of this RFP. DVHA does not anticipate a need for data storage capability or analytic tools on the part of the vendor selected to perform the scope of work for this RFP.

16. QUESTION: Under Task 1 (Program Management), what individuals and organizations are included in the Sprint Management Team?

    Answer: Membership on the Sprint Management Team includes the Director of Technical Client Engagement and the Assistant Vice President of Program Implementation at Vermont Information Technology Leaders (VITL), a Blueprint Assistant Director (DVHA/State of Vermont employee), and full representation from the contractors currently fulfilling the scope of work for this RFP.

17. QUESTION: Under all tasks, what is the expectation of being onsite vs. remote for regular weekly/quarterly meetings and project meetings?

    Answer: Generally, DVHA expects that, given appropriate expertise, project management acumen, and strong oral and written communication skills, the vendor should be able to attend or conduct most meetings remotely (via teleconference, virtual meeting, and so on). Occasionally, an onsite presence will be requested, though all travel and related expenses require prior approval by the Blueprint management team. Refer to Question 14.

18. QUESTION: Are there any expected VHIE infrastructure changes associated with this effort?

    Answer: Other than usual maintenance and upgrades, no major VHIE infrastructure changes are planned by VITL at this time.

19. QUESTION: What version of Medicity is being utilized?

    Answer: VITL currently runs Medicity v7.2.2.

20. QUESTION: What version of Covisint is being utilized?

    Answer: Vermont is currently running DocSite version 2014.8.2.

21. QUESTION: What version of HL7 is required for data load?

    Answer: EHR vendors need to be able to send an HL7 3.5 message through the VHIE, and then the VHIE sends messages to the statewide clinical registry.

22. QUESTION: What data types are required? Assuming Patient Demographics, Lab Results, Pathology Results, Radiology Reports, Transcribed Reports, Immunizations and Continuity of Care documents.

    Answer: Patient Demographics (ADT), Immunizations (VXU), and clinical data via Continuity of Care documents (CCD). Additionally, the use of flat files directly from an EHR system to the clinical data repository is also in place for several practices/organizations.

23. QUESTION: Can the IT integration work be done remotely?
    Answer: DVHA is not requesting IT integration work as part of the scope of services of this RFP.

24. QUESTION: Can internationally sourced resources be utilized?
    Answer: Due to the sensitive nature of the data being seen, handled, and reported on, for services performed pursuant to the contract resulting from this RFP the selected vendor will have to ensure that any data or other regulated information that is viewed, obtained, generated, and stored under this contract will not be viewed, located, moved, transmitted, or disclosed in any way outside of the United States of America. Much of the information or data reviewed under this agreement constitutes protected health information (PHI) of United States citizens, or is otherwise governed by HIPAA or another applicable State or federal law. The vendor would need to ensure appropriate data-security provisions, including compliance with the foregoing requirements, were followed by any international resources relied on in the services of the contract resulting from this RFP.

    Additionally, given the need for strong project management and communication skills for the data quality initiatives within the scope of work for this RFP, including conducting most project meetings remotely, international resources must have exceptional English language skills and be able to be well understood by the practices, organizations, and other vendors with whom they will be working.

25. QUESTION: How was the attestation process performed for past Sprints?
    Answer: At the end of the Blueprint "Sprint" project, after work to improve the quality of the data in the EHR source system has been completed and the interfaces to the VHIE and into DocSite have been turned on, the current vendor runs reports out of DocSite on the practice's/organization's patient demographic and clinical data. After reviewing these reports and comparing them to the reports run from the EHR source system, the lead clinician on the Sprint team attests to the quality and consistency of the data by signing an attestation form (Appendix C of this RFP). It is the responsibility of the vendor to collect these attestation forms, which mark the completion of each data quality or data optimization project, as part of the scope of work of this RFP.

26. QUESTION: Could the Department please clarify the following with respect to Program Costs:

    Schedules A, B and C require a summary of program costs, the detail of expenses, and a narrative regarding the administrative costs allocation methodology. Consulting firms typically propose hourly rates for professional services contracts of this nature. Could you please confirm that a table that includes proposed hours and hourly rates by staff member is sufficient and could be provided in lieu of Schedules A, B and C?

    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, "Due to 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 extensions." Due to 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.

27. QUESTION: If hourly rates are not sufficient in lieu of the itemized Schedules:
    - If a bidder has an indirect rate agreement with the federal government, may the bidder's full, approved indirect rates be used to calculate the summary of costs in Schedule A?
    - If yes, can the budget category names in Schedule A be changed to reflect the bidder's categories as approved in their indirect rate agreement?

    Answer: Indirect rates shall not exceed 10%, unless the bidder has a federally approved indirect rate. Yes, if the bidder has a federally approved indirect rate, the budget categories may be adjusted.

28. QUESTION: Is Capitol Health Associates currently performing this work for DVHA?

    Answer: Yes.

29. QUESTION: Will Capitol Health Associates be eligible to bid on this work for DVHA?

    Answer: Yes.

30. QUESTION: What is the planned budget 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.

31. QUESTION: May we submit our electronic copy in PDF?

    Answer: Yes, however, the file format must be text enabled and searchable.