

Vermont Health Information Strategic Plan RFP #03410-136-14

Questions and Answers

Program Questions:

1. Please confirm if Part 1 mentioned on page 1 of the RFP corresponds to Phases 1 and 2 on the VISSP timeline presentation, and Part 2 corresponds to Phases 3 and 4?

Yes.
2. Has the State identified the State Project Leadership team for this project, and how many people/agencies/external organizations make up this team, and can you name these?

We expect a Leadership team of 5-8 people, including both internal and external key stakeholders; one of the first orders of business of the process will be to confirm and organize this team.
3. Has the State identified the Stakeholders for this project? How many diverse departments, agencies and organizations are considered stakeholders?

Yes, many stakeholders have been identified from diverse areas and backgrounds. One of the early steps will be to finalize and organize stakeholders by different levels of interest and engagement.
4. Do you anticipate that Vermont citizens are included in the stakeholders? If so, how do you anticipate collecting feedback from these citizens?

Not primarily as part of this process, though some survey work has already been done and/ or is planned by Vermont Information Technology Leaders (VITL) and others that can inform the process.
5. Can you estimate the number of people and organizations that will need to be interviewed for both the VHITP and VHISP?

There will likely be a mix of interviews and meetings. It is difficult to define a precise number. The RFP identifies a minimum of 10 for Part 2; a similar number can be assumed for Part 1, but in both Parts of the work, the actual number will be determined as the process progresses.
6. Do you have an estimate of how many people will be involved in reviewing and approving the deliverables?

The DVHA Project Officer will be ultimately responsible for approving deliverables, though they will likely be reviewed by the Leadership Team.
7. Do you have an estimate of the scope/size of this project based on your prior experience in developing the VHITP and other strategic plans?

This will be a high-level strategic planning process and not a highly detailed or technical one.

8. Do you have a target publication date for both the VHITP and VHISP? Are there any key drivers (statute/regulatory/other) for these dates?
Target dates are: December 31, 2014 for VHITP and July 1, 2015 for the VHISP.
9. Page 2 of the RFP mentions a separation of project management tasks for this project. Has a project administrator been assigned to this project? What percentage of time will this resource be allocated to this project?
The project management tasks listed as being excluded from this RFP will be performed by other state resources currently being identified and approved.
10. Where do you anticipate that this work will be performed, and where will key meetings be held - Williston, Waterbury, Montpelier, or elsewhere? Can some of the work be performed offsite at our own offices?
Key meetings will likely occur most often in Williston or Winooski. Offsite work will be appropriate as well.
11. When do you anticipate awarding a contract?
July 1, 2014.
12. Can the state provide clarification on the “program goals” mentioned in 2.A in the Scoring Criteria table in RFP Section 11?
The Scoring Criteria aligns with the goals and work as identified in the RFP.
13. Can the state provide clarification on the following scoring criterion listed in 2.A in the table in RFP Section 11: “the bidder will ensure that all included services will be readily accessible...”. What specific services is the state referring to, and what is the state looking regarding accessibility of these services?
We mean simply that services will be available as needed to perform the work and meet milestones. We are not referring here to accessibility related to the Americans with Disabilities Act or similar related provisions.
14. Can the state provide clarification on the following scoring criterion listed in 1.B in the table in RFP Section 11: “Indicate how this program fits into the organization's structure?” What specific program is the state referring to?
We mean how does this proposed work from the bidder fit into the bidder’s organization.
15. Can the state provide clarification on the following scoring criterion listed in 1.B in the table in RFP Section 11: “Organizational Quality – describe licensures or accreditations of the organization or other indicators of quality review that attest to the quality of bidder programs.” What specific programs or types of programs is the state referring to? Please clarify.
Bidders should provide any such information they think would be relevant to DVHA’s review of a proposal.
16. Page 2 of the RFP, Please Note, refers to certain Project Management tasks that will be covered under a separate agreement. Can you provide the scope of work that describes

these tasks? In particular, can you describe the role that staff working under the separate agreement will play in document creation and assistance with the work plan?

We do not have additional scope information at this time. We do not expect that the PM resource will necessarily have health reform or IT experience, so their work will be more administrative and less substantive.

17. In Section 1 Background and Scope, Bullet 4 of Part 1 tasks (for the VHITP) indicate that the selected vendor will “work closely with project leadership, VITL staff, and other stakeholders to gather and solicit information. What is the estimated number of groups/individuals that we will be expected to meet with to help with budgeting?
See Questions 2-5.
18. The end of Section 1 indicates that certain Project Management tasks such as “meeting facilitation” and “document creation and logistics” are not included in the scope of services for this RFP. However, meeting facilitation is included under the tasks listed for Parts 1 and 2. In addition, our interpretation of the requested tasks is that the selected vendor will draft the VHITP and VHISP documents. Can DVHA please clarify the project management tasks that are not in scope of the RFP?
See Question 16; yes the selected vendor will draft the plan documents, not the PM. The PM would help with meeting minutes and other administrative documents and documents management.
19. Will DVHA provide a coordinator to help with the scheduling and coordination of interviews with State, VITL staff and stakeholders?
Yes, see Questions 16 and 18.
20. Will the interviews be held in a central location or several locations? If several, what locations?
Interviews are likely to happen both in State offices (Williston and Winooski) and at stakeholder locations.
21. Did the DVHA engage a contractor (in addition to VITL) to assist in the development of the current VHITP? If so, what is the name of that contractor?
No.
22. Since associated “Project Management tasks will be covered under a separate agreement” and include “document creation and logistics”, which documents does that include?
See Questions #16 and #18.
23. Please state the program goals if different from the production of the VHITP and the VHISP documents. Yes, those are the goals.

Technical Specifications

- Can we have some clarity on the current Technology landscape to get an overall understanding?
- Please provide details on the current Content/data Volumes in use?
- What is the current user base and the number of concurrent users supported ?
Are there any specific NFR's/SLA's to be addressed for different components of the system ?
- How are the current security processes, including encryption, authorization, authentication and PHI ?
Are there any challenges in the current security framework ?
- Are there any Performance/Usability/Scaling/Bottlenecks in the current implementation ?
- What are the complete set of responsibilities for Transformational service, routing service? Are we able to support all the required transformations in the industry? Are there any technical challenges in these two services in terms of performance?
- How is the report generation part being handled currently ?
- Are there any external interfaces that needs to be interacted with other than providers / patients?
- Is the Patient interface a web interface ? Are there any volume-of-traffic concerns for this ?
- We assume the broad scope for the engagement is Legacy modernization and rationalization, and need to come up with an Enterprise Architecture road map. Please clarify/confirm.
- Please provide some details about the legacy applications currently being used. What is the technology stack being used for legacy systems ?
- Is there any POC for De-Identification of PHI information for the purpose of annual reports ?
- Please elaborate the technical challenges being faced in inter-state exchange of data ?
- What is the Technology Vision for TO-Be systems ?
- What is the Technology used for pilot for PHR ?
- Does the state recommend any RIA frameworks like JQuery, ExtJs, Prototype to be used for the user Interface ?
- Is the current system already ICD-10 and 5010 compliant ?
- Would system-security features like HIPPA validations be inbuilt, or implemented through third party integration?
- As per the architecture diagram, please elaborate Clinical data repository 1 through n* , patient portal - would this be part of future work?
- Is Cloud migration already in place or planned ? Are there any challenges in this area ?
- Vendors' systems are currently challenged to transmit full Continuity of Care Documents (CCD) that include all C32 messages and most EHR systems cannot consume a CCD, they can only display it for reading / reference - Is there any plan to mitigate / approach this issue ?
- Adoption for HIE integration with state systems , public EHR portals, PHR gateways, connectivity to the National Health Information Network (NHIN) and support for

deployment of NHIN Direct - Is this already happening and to what extent, OR is it planned as part of this initiative ?

- Vermont has an expansive vision, the actual build out of HIT-HIE is a work in progress - Can you please throw some light on the work completed till date in this regard ?
- "The next phase of the HIE will be the implementation of bidirectional health information exchange between providers in a hospital service area, using the CCD" - Please elaborate on the concerns and challenges.
- Do we have any provider specific validations that need to be supported in HIE ?
- What EA (Enterprise Architecture) Framework and Tools are being used currently ?
- What is the number of systems / applications in-scope for the engagement?
- Please provide some clarity on the number of interfaces with internal/external systems that will be required.
- Please provide an idea of the Number of hospitals and public health registries with which integration is reqd.
- As of date, does the state have a defined:
 - SOA adoption strategy
 - Mobile Adoption strategy
- Does the state have a preference for Oracle product technology ?
If yes, Which Oracle suite of products are being used and what licenses does the state have ?
- Do we have any Compliance requirements from a middleware integration perspective?
- Are there any Architectural specifics you are looking at – in terms of to be Business/Data/Technology Architectures, and any Integration specifics with MDM, Portal and other interfaces?
- Apart from Patients, what are the different entities to be mastered (like Doctors, Address etc) inside the MDM Hub?
- Do you have any cleansing, standardization requirement?
- Is there any third party validation specific requirement?
- How do you rate the quality of master data in your organization?
- What are the different systems that hold master data? What are the different source systems source systems to be considered for initial data migration?
- Apart from master entities, do you have any requirement to maintain reference data (i.e. Product etc) inside MDM hub?
- Are you facing data quality issues because of limited validation resulting in data gaps and inconsistencies?
- Please elaborate your top 10 pain areas from MDM perspective
- Do you have any requirement to maintain Hierarchies?
- How do different channels access master data – through the legacy master or by connecting directly to the different systems?
- How many applications / databases do you wish to integrate in the proposed MDM implementation? Please provide a one liner description, data flow pattern and data quality of each application/database to be integrated
- Which of the above mentioned systems have duplicate information (if you are aware of)?
- What are the different mechanisms for data acquisition? Is it through nightly batch feeds/ Enterprise Application Tools/ Real time
- Do you use any Enterprise Application Integration (EAI) tools to integrate your systems?

- Which the above mentioned systems publish their information to other systems or to the outside world?
- Do you publish the information in flat files/xml based messages or make real time calls to the outside world? What is the frequency of this outbound feed?
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- Please share a high level data flow diagram of the above mentioned data sources
- Is there any data governance body in the organization?
- After a MDM implementation what are the activities which you feel will need manual intervention/ data stewardship?
- Do you have a set of common data quality, business rules and data definition principles in your organization? If yes can you please mention the highlights
- What are the different workflows which you would like to have in the proposed MDM implementation.
- Please highlight the specific compliances which you want the proposed solution to address/enable.
- How do you manage and maintain changes in compliance norms? How does the system ensure that changes to these norms are reflected across different systems and channels and interpreted uniformly throughout?

These detailed questions about technology architecture and implementation, data governance, and related matters names some of the early work of this project. That being said, the results of this planning process will be a high-level strategic planning process and not a highly detailed or technical one.

We are making available for review another artifact that provides some good information on both the “As-Is” and “To-Be” health information landscapes in VT – the draft State Medicaid Health Information Technology Plan (SMHP). This draft is not yet final or approved, but will provide a good foundation for the VHISP development.

Proposal Format and Submission Information

1. Section 10.12.2 outlines that 7 copies of the proposal are required. Should these be bound/unbound?
Proposals can be bound or unbound. Often proposals come either bound or contained within a 3 ring binder.

2. On page 5, Criteria for Scoring chart: please explain what the last bullet point is referring to under "B. Bidder's Capacity to Perform". It refers to "experience managing contracts/grants..." and refers to the " Summary of Funding form on Appendix B", which does not seem to be included in the RFP.
Appendix B has been omitted from this RFP. Please disregard.
3. Will the state bar the vendor executing this contract from bidding on projects initiated as a result of updated strategic plan?
This is to be determined. It depends on how the development of the VHISP unfolds and the amount of involvement that the vendor has. The State owns the VHISP, so if there is a clear separation between the development of the VHISP and the projects initiated as a result of the updated VHISP, then a vendor may be qualified to bid.
4. Are you planning to hold a public bid opening on May 30th at 3pm? If so, where will this be held? The new date of the bid opening is June 13th at 3 PM. The public bid opening occurs at 312 Hurricane Lane, where the proposals are to be sent. If you plan to arrive for the bid opening at 3 PM, please speak with the receptionist who can direct you to the bid opening location.
5. Are there currently any firms that are restricted from bidding on this RFP?
No.
6. Should we include Schedule A within our proposal or in a separately sealed envelope?
Include Schedule A within your proposal
7. In order to include all parts of the proposal in one document neatly, may we submit our electronic copy in a PDF? Yes, your electronic version can be submitted as a PDF
8. The RFP doesn't explicitly mention a set of questions to be answered as part of the vendor proposal. Will the state specify a format to be followed ? Please see the scoring guide to determine how your proposal will be evaluated and the general categories to which the proposal shall be formatted.
9. Date of submission i.e. 30th May is just 7 calendar days from date of Answers i.e. 23rd May. An extension in timeline, at least till 6th June is sincerely requested. DVHA believes that May 30th is an appropriate timeline, but will grant a two week extension. Proposals shall be submitted by 3:00 PM June 13, 2014. This will be the new date of the Bid Opening.
10. Can both the technical components and cost components of the proposal be included on the same CD? Yes
11. Is there a minimum number of pages expected – or maximum number of pages allowed – in a response to this RFP? If so, what are those numbers?
No.

12. Is the physical address of Ms. Kelley -- as shown in section 3 -- the same address to which the physical package of response “components” should be delivered? **Yes, please send RFPs to the address listed for the Single Point of Contact**
13. Since the font size is required to be 12-point, is there a preferred font style? If so, what is it? **No**
14. Does the layout and order of the items contained in the “Criteria for Scoring” table indicate the construct and content of the response you expect to receive from respondents of this RFP? If not, please specify. **Yes**
17. Must responses to the RFP also be printed on both sides of paper? **The State prefers to have all received RFPs to be printed on both sides of the paper**
18. If the actual number of hours the winning Contractor will expend on the contract is to be determined later, what information do you expect the respondents to include in the “Paid Hours” column of Schedule A? **An estimate of the hours required to perform the functions listed within the RFP**
19. Since the “Budget Submittal Form/Summary of Costs” is identified as a “generic form designed to best fit all Program Proposals”, and some of the budget categories do not fit this type of contract, which fields do you expect respondents to complete? (For example, such items as Fringe Benefits, % of Salaries, Printing, Postage and Repair & Maintenance do not appear to be relevant in this instance.) **Leave those areas blank if they do not apply to your cost proposal**
20. If more than five position titles are proposed by a respondent, how should they be listed? **List them on an additional page labeled to indicated that it is an extension of a previous form**
21. In the “Paid Hours” block on Schedule A are you expecting total hours projected for the length of the project for each position title or some other number? Please clarify. **Please specify an estimate of hours required to complete the tasks listed in the RFP. It can be broken down by position if position rates vary.**

Pricing

1. Do you expect this contract to be awarded as a fixed price or time and materials contract?
Either is fine, though the original assumption was that it would be a time and materials contract with a not-to-exceed limit.
2. In engagements such as this, it is customary for consultants to offer a firm fixed price, would that be acceptable in this instance for this proposal as opposed to the current cost-based approach budget?
Either will be accepted.
3. What is the budget allocated by the State for this effort?

We prefer not to bias the bid process by including this information. We will mention that this RFP was issued as a Simplified Bid under the State's procurement guidelines in Bulletin 3-5, which allows for a contract to result with a maximum amount under \$100,000.

4. Will the contract awarded as a result of this procurement be funded in full or partially with federal funds and if so, can you identify the federal funding source(s) and provide the CFDA number? This agreement will be funded with matched funds. The CDFA number and funding information will be provided to the selected vendor once the agreement has been submitted and approval has been granted to utilize the anticipated funds.

Misc.

1. What does it mean that you will "establish a service agreement with a company"? Please define the term "service agreement" as used in this RFP or indicate where a description of that term can be found.
A service agreement is a contract with deliverables tied to payment. The State will be purchasing services from a vendor in order to perform the work detailed within this RFP.
2. The term "service agreement" is used. Do you anticipate negotiating Task Orders with the winning Contractor? We will negotiate a contract with the winning vendor
3. If the actual numbers of hours the winning Contractor will expend on the contract is to be determined later, how will this be approached? Through an amendment to this agreement
4. The requirement of the winning Contractor to engage in "project planning" in Phase 1 and in drafting a "project work plan" in Phase 3 would seem to indicate that the amount of hours will be determined at a later date. Please clarify.
The original assumption is that we will negotiate a time and materials contract with a not-to-exceed limit; if the limit is reached, an amendment to this agreement would be required
5. You indicate that "contracts arising from this request for proposal will begin as soon as possible." Please explain if you anticipate issuing more than one Contract or Task Order under this RFP and what they would cover. We anticipate that there will be one contract that results from this RFP and it would cover the services listed within the RFP
6. Do you anticipate that the PM tasks described will be awarded to the winning Contractor (doing the work specified in this RFP) or to a separate Contractor? Separate contractor or State staff.
7. Please define "catchment area" as used in this RFP. Catchment area refers to any section of the RFP. For example, if no pricing proposal is submitted, DVHA has the right to reject the proposal.

8. Please describe your process and criteria for evaluating the “Program Cost” portion of the scoring. [The Program Cost will be evaluated equally along with all other scoring criteria and is weighted as noted in the scoring guide.](#)
9. In the PowerPoint deck that accompanied the RFP, the second page seems to be an older, out of date, slide and the third page seems to be a newer, correct slide. What is the significance of including both charts? [That was a mistake; please disregard the slides with earlier start dates.](#)
10. Do you anticipate the winning Contractor will require access to PHI during the course of the contract term? [No.](#)
11. Do you anticipate requiring the winning Contractor to sign the Business Associate Agreement included in the RFP package? [If it is determined that PHI will be required to be accessed by the selected vendor, then the Business Associate Agreement will be required in order to perform the work.](#)
12. Do you anticipate the winning Contractor will require access to “accessing payments for services” data? [No.](#)
13. Do you anticipate the winning Contractor will require “secure access to the State’s systems and data”? [No.](#)