
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.

Estimated Contract Term: January 1, 2015 - June 30, 2016

Bidder's Phone Conference information:

Wednesday, September 24th, 11:30 am
Phone #: 1-877-273-4202
Pin: 7113308

Responses to Questions Received during Bidder's Conference on 9/24/14

Question: Is there one or multiple awards anticipated under this RFP?

Answer: For this RFP which relates to Phase I of the Telehealth project, there will only be one award made. For Phase II of the project, we anticipate multiple awards. The RFP for Phase II will be released after Phase I has been completed.

Question: Are vendors expected to obtain a location in Vermont or can work be performed remotely?

Answer: Vendors are not expected to have an office in Vermont but if the company does not have a Vermont presence, please identify in your bid how you would engage the HIT/HIE work group and other local members of the project's team.

RFP Section Reference: *N/A – General Questions*

Question: Is it acceptable for the electronic file to be submitted in .pdf format?

Answer: Yes.

Question: Can both the technical components and cost components of the proposal be included on the same CD?

Answer: Yes, this is the preferred method of submission.

Question: Is there a recommended page length?

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Answer: No, there is no recommended page length.

RFP Section Reference: *Chapter 1, Information for the Bidder*

Question: Does DVHA have an idea of who will participate in the telehealth/telemedicine steering committee, or will the contractor and DVHA work together to determine these participants?

Answer: The Steering Committee will be comprised of key VHCIP stakeholders including many who currently participate in the VHCIP HIE/HIT Work Group.

Question: The Scope of Work stipulates that the Contractor will "develop an RFP for telehealth pilot projects." Would the State consider the development of the RFP an "unfair competitive advantage in future AHS procurements" (Section 1.10 Conflicts of Interest) - thus precluding the Contractor from participation in the telehealth pilot projects?

Answer: Yes.

Question: Regarding the "statewide inventory of equipment and services", will conducting this inventory require understanding of telemedicine/telehealth services at each location by gathering information on equipment, staffing, work flows, populations served and specific services provided?

Answer: This will be determined by the steering committee with the Contractor. We encourage bidders to propose the information they believe would be most pertinent given the project's goals.

Question: Regarding "Professional Liability: Before commencing work on this Agreement and throughout the term of this Agreement, the Party shall procure and maintain professional liability insurance for any and all services performed under this Agreement, with minimum coverage of \$_____ per occurrence, and \$_____ aggregate." Can you please confirm that you are requiring Professional Liability insurance and, if so, at what level of coverage?

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Answer: Professional liability coverage is required of most contractors in the State of Vermont. Typical coverage is required at \$1,000,000 per occurrence and \$3,000,000 aggregate to be confirmed during contract negotiations.

Question: Assuming the delivery of a statewide telehealth/telemedicine strategy by 7/1/15 followed by the development of an RFP, is there a desired target date for the implementation of a telehealth/telemedicine pilot(s)?

Answer: Yes. September 1, 2015.

Question: Is there a target date for the establishment of service agreements with one (or more) vendors to support the future telehealth/telemedicine solution.

Answer: Yes. September 1, 2015.

Question: Please confirm that for the development of the RFP and the eventual implementation of a telehealth/telemedicine solution, based on the "Brief Summary of the State Innovation Model Grant Budget", that \$1,250,00 is dedicated to the "Telemedicine" (or "Enhanced telemedicine/health capabilities") initiative.

Answer: Yes, the total amount budgeted at this time for Telemedicine under the SIM grant is \$1,250,000. The Vermont Health Care Innovation Health Information Exchange Work Group will make recommendations to the VHCIP leadership on how those funds should be allocated, but the majority of the funds should be allocated to the actual telemedicine/telehealth pilots.

Question: Have contacts at DVHA and other State agencies been identified to work with the contractor on this project; if so who? Have individuals supporting the Blueprint for Health initiative been identified to support this project; if so, who?

Answer: Georgia Maheras is the contract manager for this project. Additional state and private sector individuals will be identified.

Question: For the development of the statewide telehealth/telemedicine strategy, does the scope of work and contractor responsibilities for the contractor include the identification and analysis of HIPAA, CMS and/or State requirements for the protection of individual privacy?

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Answer: No.

Question: For the purposes of clarity of terms in the RFP, does the State and DVHA have definitions that distinguish between telehealth and telemedicine or are the two terms to be used interchangeably?

Answer: Please distinguish between the terms in your proposal.