Frequently Asked Questions

This document is intended for those interested in responding to the Minnesota e-Health Roadmaps to Advance the Minnesota Accountable Health Model Request for Proposals (RFPs) (http://www.dhs.state.mn.us/main/groups/sim/documents/pub/dhs16_183108.pdf). It includes questions from the April 22, 2014 Informational Webinar and others received by the Minnesota Department of Health (MDH), Office of Health Information Technology.

NOTE #1: The Minnesota e-Health Roadmaps to Advance the Minnesota Accountable Health Model Request for Proposals is for contracts. Any questions that referred to "e-health roadmap grant" were edited to "e-health roadmap contract" to prevent further confusion.

NOTE #2: Responders may submit proposals for one or more setting-specific e-health roadmaps but each setting-specific e-health roadmap requires its own separate proposal.

General Questions

1. **What are the four settings referred to in the RFP?**
   MDH desires to fund e-health roadmaps in each of these four settings: long-term and post-acute care, local public health, behavioral health, and social services. This could include funding an e-health roadmap for a specific sub-setting such as skilled nursing facilities, local health departments, home care providers, or chemical dependency providers.

2. **Is there an upper limit on the number of contracts?**
   There is no upper limit on the number of contracts.

3. **How many organizations do you anticipate will apply for this contract(s)?**
   MDH will send a list of Responders who have submitted an Intent to Respond, due May 16, upon request. The list may include the Responder's name, contact information and setting for which an e-health roadmap proposal may be submitted. This list will be posted at State Innovation Model Grant (http://www.mn.gov/sim).

4. **Is there any significance to the 18-month contract term? The RFP states the contract term is 18 months; are there any concerns regarding completing the e-health roadmap in a shorter timeframe (e.g. 12 months)?**
   All work for the contract must be complete within 18 months. Proposals can be submitted for a shorter contract term but the work plan must be achievable in the listed

timeline and environment and must complete all of the deliverables and associated tasks. MDH anticipates that the development and dissemination of the e-health roadmaps will take 18 months.

5. **Will an organization that is awarded a contract for development of the e-health roadmap also be eligible to submit a proposal for future RFPs that might address the build-out / implementation of recommendations from this initial stage of activity or be related to SIM-Minnesota Grant?**
   Contractors for the e-health roadmaps will not be excluded from submitting proposals for future RFPs that may implement the recommendations or be related to the SIM-Minnesota Grant.

6. **Where can I find more information on the Minnesota Accountable Health Model e-Health Grant Program and the Privacy, Security and Consent Management for Electronic Health Information Exchange RFP?**
   Information on the Minnesota Accountable Health Model e-Health Grant Program can be found on the SIM-Minnesota website (www.state.mn/sim) by clicking the RFP link on the right side of the webpage. The Privacy, Security, and Consent Management for Electronic Health Information Exchange RFP has not been released. To receive notices of any SIM-Minnesota RFPs, sign-up on the SIM-Minnesota website (www.state.mn/sim) by clicking on the Receive Updates link.

7. **Is the e-Health Roadmap RFP related to the activities in the following budget narrative of SIM-Minnesota:**

   C3 Health information exchange: behavioral health, social services MDH Contract #7.
   Approximate amount of contract: $200,000 per year
   Name of Contractors: Not identified
   Method of Selection: Competitive selection
   Period of Performance: 1-3 years
   Scope of Work: Contractor(s) will work with State to inventory current data collection, storage and exchange capability in selected behavioral health, social or support services organizations, research standards for exchange in those settings, develop models for potential linkage between behavioral health/social service and medical care providers, and assist in establishing a roadmap for electronic health record adoption and exchange within and across these settings.

   Yes, the Minnesota e-Health Roadmaps to Advance the Minnesota Accountable Health Model RFP does relate to the budget narrative of Minnesota's SIM Grant that is listed above.

8. **Could you explain health information exchange (HIE) in Minnesota and the role of State-Certified Health Information Exchange Service Providers?**
   There are various definitions of HIE, but for the purposes of this RFP HIE refers to the secure electronic sending and receiving of clinical health information in ways that the information can be understood by both the sender and the receiver of the information. Different approaches to HIE exist across the country such as EHR vendor-mediated, private-mediated (such as through a private business), or public-mediated (such as through government supported HIE services). Minnesota supports a market-based strategy for secure health information exchange that allows for private sector innovation and initiative and uses government oversight to ensure fair practices and compliance with state privacy protections. The government oversight includes the certification of HIE Service Providers.

   In Minnesota, there are two types of HIE Service Providers
   - *Health Information Organization (HIO)* is a not-for-profit entity that offers a robust set of HIE options
   - *Health Data Intermediary (HDI)* is a for-profit entity that may offer a more limited set of HIE options

   For more information on HIE or State-Certified HIE Service providers, review the Practical Guide to Understanding HIE, Assessing Your Readiness and Selecting HIE Options in Minnesota (http://www.health.state.mn.us/divs/hpsc/ohit/hieguidance/planunderstand.html)

Proposal Instructions Questions

9. **Is it acceptable to submit the electronic version of the proposals on a CD instead of a USB drive?**
   The electronic versions of the proposals may be submitted on a CD, on a USB drive or as an attachment in an email to kari.guida@state.mn.us. All components of the proposal must be submitted by June 19, 2014, 4:00 p.m. Central Time.

10. **Can we submit a single proposal for all four setting-specific e-health roadmaps?**
    Responders may submit proposals for one or more setting-specific e-health roadmaps but each setting-specific e-health roadmap requires its own separate proposal.

11. **Can we submit a proposal for each setting?**
    Responders may submit proposals for one or more setting-specific e-health roadmaps but each setting-specific e-health roadmap requires its own separate proposal.

Funding Questions

12. **Regarding payment, can there be an agreed to work plan with milestones, which upon completion of each milestone payment can be received along the way?**
    The contract and work plan with milestones can be developed with payment received through the contract term for the completion of identified milestones.

13. **With the four settings included in this proposal, can you share what the weighting factor is for each? Are they equally weighted, e.g. 25% for each? Are funds distributed the same for each? (Repeat of Question #16)**
    There is no weighting factor associated with the four settings of long-term and post-acute care, local public health, behavioral health, and social services. Each proposal, regardless of setting, will be evaluated using the evaluation criteria in the RFP. MDH will award contracts based on a review of evaluation criteria conducted by MDH staff, Minnesota Department of Human Services staff, and stakeholders selected by MDH. MDH desires to fund an e-health roadmap in each of the four settings but reserves the right not to fund an e-health roadmap in each of the four settings if the proposals do not meet the criteria of the RFP. The amount distributed for each roadmap will be based on the cost proposal and negotiations with MDH.

14. **Can you clarify if the $600,000 is to be divided amongst the four desired settings?**
    There is up to $600,000 available to be distributed competitively through the e-Health Roadmap Request for Proposal (RFP). MDH desires to fund e-health roadmaps in each of the four settings of long-term and post-acute care, local public health, behavioral health, and social services but reserves the right not to fund an e-health roadmap in each of the four settings if the proposals do not meet the criteria of the RFP. MDH will award contracts based on the evaluation process conducted by an evaluation committee composed MDH staff, Minnesota Department of Human Services staff and stakeholders selected by MDH. The amount distributed for each roadmap will be based on the cost proposal and negotiations with MDH.

15. **Will the $600,000 be award to one contractor or several?**
    MDH may award one or multiple contracts for the RFP but the total of contracts will not exceed $600,000.

Proposal Evaluation Questions

16. **With the four setting included in this proposal, can you share what the weighting factor is for each? Are they equally weighted, e.g. 25% for each? Are funds distributed the same for each? (Repeat of Question #13)**
    There is no weighting factor associated with the four settings of long-term and post-acute care, local public health, behavioral health, and social services. Each proposal, regardless of setting, will be evaluated using the evaluation criteria in the RFP. MDH will award contracts based on the evaluation process conducted by an evaluation committee composed MDH staff, Minnesota Department of Human Services staff and stakeholders selected by MDH. MDH desires to fund an e-health roadmap in each of the four settings but reserves the right not to fund an e-health roadmap in each of the four settings if the proposals do not meet the criteria of the RFP. The amount distributed for each roadmap will be based on the cost proposal and negotiations with MDH.

17. **How do you score points for lowest cost when proposals may vary in the scope they are proposing?**
    The proposal should be for one setting-specific e-health roadmap that achieves the three deliverables in the RFP. The proposals will be scored based on a 100-point scale, using 10 different evaluation criteria, including the cost proposal. The cost proposal evaluation criteria are worth 30 points. The proposal with the lowest cost will receive all 30 points. Other price proposals will be scored proportionately utilizing the following formula: (price of lowest cost proposal/price of proposal being evaluated) x 30 available points.

Proposal Content

18. **Can the Responder use letters of support from previous state Medicaid clients to satisfy this requirement?**
    Letters of support from individual state Medicaid clients may be included but that type of letter alone does not satisfy all of the evaluation criteria for letters of support. Letters of support are part of Evaluation Criteria #2 and Evaluation Criteria #7. Evaluation Criteria #2, relating to Section C of the Mandatory Requirements, requires the responder to **include letters of support.** This meets one of the requirements of the prequalification evaluation. Evaluation Criteria #7, relating to Section F of the Mandatory Requirements, evaluates if the responder has the **necessary letters of support** from key stakeholders for the contract to be successful. The same letters of support should meet each evaluation criteria and need only to be submitted once as part of Section J.

19. **With regard to 'Proposal Mandatory Requirements', Section C and Section J call for the inclusion of 'letters of support.' Could you clarify the differences that apply to each section?**
    Letters of support are part of Evaluation Criteria #2 and Evaluation Criteria #7. Evaluation Criteria #2, relating to Section C of the Mandatory Requirements, requires the responder to **include letters of support.** This meets one of the requirements of the prequalification evaluation. Evaluation Criteria #7, relating to Section F of the Mandatory Requirements, evaluates if the responder has the **necessary letters of support** from key stakeholders for the contract to be successful. The same letters of support should meet each evaluation criteria and need only to be submitted once as part of Section J.

20. **In the development of the e-health roadmap deliverables, what constraints will need to be considered in terms of time needed to implement the e-health roadmap and funding available to accomplish the work effort?**
    The Minnesota e-Health Roadmaps to Advance the Minnesota Accountable Health Model RFP is intended for the development and dissemination not the implementation of e-health roadmaps.

21. **Does the numbered order of the Major Tasks #1-9 of the e-health roadmap require that the method to create the roadmap follow the steps in order, and that each previous step is complete before the next one starts? Put another way, does work on the use cases need to be completed before work on the (actual) roadmap begins?**
    The numbered order of the Major Tasks #1-9 of the e-health roadmap only lists the major tasks required by MDH to develop the e-health roadmap. The responder's proposed work plan can include a different and/or concurrent order, but the work must be achievable and include all of the deliverables and associated tasks. The final timeline will be finalized through negotiations with MDH and documented in the contract and project plan.

22. **Is there a requirement to incorporate any of the existing State-Certified Health Information Exchange Services Providers, such as Community Health Information Collaborative (CHIC), Emdeon, IOD, Sandlot Solutions, and Surescripts?**
    The State-Certified Health Information Exchange Service Providers (http://www.health.state.mn.us/divs/hpsc/ohit/certified.html) are not required to be part of the setting-specific key stakeholders (Major Task #1) but the evaluation conducted by the contractor (Major Task #2) or other tasks may involve their

engagement or participation. In addition, any laws, mandates, or resources relating to the State-Certified HIE Service Providers should be considered when developing the e-health roadmaps (Major Task #3).

23. **For Major Task #5 of the e-health roadmap, does the one use case include at least one of the scenarios listed in a through I, or all of them?**
    At least one use case should involve any one of the scenarios listed in a through i.

24. **Relating to Major Task #7 of the e-health roadmap, is it required that the roadmap include recommended actions for all of the stakeholders identified for each "priority use case?"**
    The development of the e-health roadmap should include recommended actions necessary to achieve **each** "priority use case". This should include recommended actions for **all** stakeholders identified throughout the process.

25. **Relating to Task #1 of Required Additional Tasks:**

    a. **Does MDH have a project plan template that you require the contractor to use? Does MDH have a project an example of a project plan that contains all these elements?**
       MDH can provide project plan templates that contain all or the necessary components or the contractor can use their template that incorporates the components of schedule, scope costs, resources, quality and risk. This can be provided during the contract negotiations.

    b. **Could you explain how and where quality appears in the project plan? Can you provide an example of how this has been done to your satisfaction in previous projects?**
       Quality for the propose of this contract includes the quality management processes, identified by *A Guide to the Project Management Body of Knowledge* (*PMBOK Guide*), of quality planning, quality assurance and quality control. MDH has a template for quality management plans that aligns with PMBOK and is used to identify quality standards. This tool can be used during the development of the project plan and implemented during the contract.

       An example of a quality standard for this RFP is that the technical editing of all materials occurs prior to review by MDH or stakeholders. Technical editing includes the correction of grammatical mistakes, misspellings, mistyping,

incorrect punctuation, inconsistencies in usage, poorly structured sentences, wrong scientific terms, wrong units and dimensions, inconsistency in significant figures, technical ambivalence, technical disambiguation, statements conflicting with general scientific knowledge, correction of synopsis, content, index, headings and subheadings, correcting data and chart presentation, and correcting errant and missing citations. In addition, acronyms and abbreviations are spelled out at a least once and are included in a glossary list of terms. Version control for documents is managed and includes at least a date version reference.

26. **Could you clarify how often MDH will require the contractor to engage in and incorporate direction and feedback from MDH (Required Additional Tasks, Task #3)? How many hours do you anticipate these reviews will require?**
    The contractor will be required to engage with and incorporate direction and feedback from MDH on methodology, engagement strategies, use cases and all other activities as agreed upon in the contract. This will happen during the development of the project plan, the review of the monthly written progress reports and at other points as identified by MDH and the contractor. Proposals should incorporate their estimated time for these reviews. The actual hours required will be dependent on the contractor's ability to meet milestones in the project plan and deliverables in the RFP and achieve the quality standards.

27. **What is meant in Task #4 of Required Additional Tasks "work with SIM-Minnesota project evaluation staff to develop and participate in the SIM-Minnesota project evaluation"? How many hours do you anticipate these reviews will require?**
    All SIM-Minnesota funded projects are required to participate in the SIM-Minnesota project evaluation. MDH, DHS and Center for Medicare & Medicaid Innovation (CMMI) are identifying the components of the SIM-Minnesota project evaluation necessary to evaluate the Minnesota Accountable Health Model and SIM-Minnesota Grant. Most of these activities should be identified in the project plan and may be dependent on the setting the contractor is working with. It is expected that the SIM-Minnesota project evaluation activities (Task #4, Required Additional Tasks) will not exceed a total of 20 hours for the entire contract.

28. **How many hours do you anticipate "participate in MDH provided or identified trainings, meetings and technical assistance" (Task #5 of Required Additional Tasks) will require?**
MDH, DHS and CMMI are identifying the trainings, meetings and technical assistance necessary to meet the goals of the Minnesota Accountable Health Model and SIM-Minnesota Grant. Most of these activities should be identified in the project plan and may be dependent on setting the contractor is working with. It is expected that Task #5 of Required Additional Tasks will not exceed a total of 20 hours for the entire contract. Note this is in addition to community engagement, dissemination of e-health roadmaps and findings and project management tasks.

29. **Could you further define expectations for "Collaborate with other contractor(s), should more than one contract be awarded, and MDH-identified partners on intersecting issues" (Task #6 of Additional Required Tasks)?**

    a. **Does MDH have the expectation that the collaboration would result in a single, unified roadmap with a single graphic representation or is the collaboration expected to take into account another view of the results, without changing the maps developed by separate recipients significantly?**
    Collaboration is not expected to result in a single, unified roadmap that includes multiple settings. The collaboration is to assure that each contractor can benefit from lessons learned from other contractors and settings.

    b. **Does MDH have an expectation for numbers of hours (or percentage of total effort) that would be required to be spent on collaboration?**
    It is expected that this activity will not exceed a total of 40 hours for the entire contract.

    c. **Is there an expectation that the collaboration would result in sharing the methodologies used to develop the roadmaps?**
    The collaboration could involve the sharing of methodologies used to develop the roadmaps. The methodologies will also be included in the Lessons Learned and Evaluation Report.

    d. **Would MDH facilitate the cooperation between various contractors?**
    MDH will facilitate the cooperation and collaboration between various contractors.

30. **Could you further define expectations for "collaborate with any other contractors, grantees or partners associated with the SIM-Minnesota Grant and the Minnesota Accountable Health Model" (Task #7 of Additional Required Tasks)?**
    MDH and its contractors, grantees and partners will leverage the learnings from each other through all the SIM-Minnesota Grant activities. It is expected that lessons learned from one activity could be of use to or influence the direction of another activity. For example, processes and lessons learned from the Minnesota Accountable Health Model e-Health Grant Program could be beneficial to the development of the e-health roadmap.

31. **Is there an expectation to involve the 15 Accountable Communities for Health funded by SIM-Minnesota Grant in the development of the e-health roadmap?**

    Clarification: Up to 15 Accountable Communities for Health (ACHs) may be funded through the SIM-Minnesota Grant.

    The Accountable Communities for Health have not been selected yet, and selection is not anticipated until the end of 2014. There is not an expectation that ACHs will be involved in the development of the e-health roadmap. However, engagement of stakeholders is a major task in the development and dissemination of the e-health roadmaps. This engagement may include providers that are members of an ACH and also members of the setting for which the contractor is developing an e-health roadmap.