

Missouri HIO - Questions and Answers - Technical Services Partner RFP

#	Question	Response
1	Is Missouri HIO interested in a community-wide implementation of <Name of specific EHR solution> at the provider level with connectivity to medical area trading partners and community stakeholders established by <Name of specific HIE solution>?	Please refer to the RFP scope of work (section 3 of the RFP) for a detailed description of what Missouri HIO is seeking in a Technical Services Partner. Your organization may propose a variation of this scope of work in your written response. If you propose a variation to the scope of work envisioned by Missouri HIO, please explain the variation clearly and note how the variation is expected to meet the needs of Missouri HIO stakeholders better than the current scope of work.
2	Can the Technical Services Partner suggest alternative phasing of the system components? For example, if the Master Person Index functionality is required to meet the functional requirements of Phase 1, how should the pricing and phasing sections of the response be altered? To be able to 'exchange patient care summaries among unaffiliated organizations' uniquely identifying patients with a MPI is required.	Please refer to the RFP scope of work (section 3 of the RFP) for a detailed description of what Missouri HIO is seeking in a Technical Services Partner. Your organization may propose a variation of this scope of work in your written response. If you propose a variation to the scope of work envisioned by Missouri HIO, please explain the variation clearly and note how the variation is expected to meet the needs of Missouri HIO stakeholders better than the current scope of work. The response does need to meet the baseline outlined in the scope of work.
3	Should the technology be available that you seek in phase 2 and beyond would it be helpful to turn that functionality on in phase 1	Your organization may propose a variation of this scope of work in your written response. If you propose a variation to the scope of work envisioned by Missouri HIO, please explain the variation clearly and note how the variation is expected to meet the needs of Missouri HIO stakeholders better than the current scope of work.
4	General, Could bidders include additional optional services that are not listed as RFP requirements? If so, where should we insert our response, and can Missouri HIO increase the corresponding page limit for the section when applicable? Additionally, where should we insert the corresponding cost proposal?	Respondents may provide variations to the requested scope of work within the response statement of work, pricing, and cost sections. Optional services should be clearly marked. Page limits may not be increased.
5	The top of page 11 references the fact that the state is constructing an Enterprise Service Bus that will provide the HIE with access to various state services. Which state services are to be accessible via the new ESB, and when do you expect it to be functional?	Some background information is available in the strategic plan. Additional information will be available in the Medicaid Management Information System (MMIS) plan to be released within the next week and posted on the Missouri Medicaid website.
6	If the creation of the EHR components are in scope for "left behind" providers, please provide clarification on the number of providers that are expected to use the EHR provided by the HIE.	Information unavailable. You may provide estimates and assumptions in your response.
7	It is stated in the RFP that the State Government is constructing an ESB to enable HIE with State services. Is there any information surrounding the architecture, security protocols, and services provided by the State's ESB? When is the projected implementation of this ESB?	Some background information is available in the strategic plan. Additional information will be available in the Medicaid Management Information System (MMIS) plan to be released within the next week and posted on the Missouri Medicaid website.
8	What functionality provided by the Phase 1 lab results delivery is not available to providers today?	Information unavailable. You may provide estimates and assumptions in your response.
9	Can you share with us the anticipated volumes of transactions for each Qualified Organization after the implementation?	Information unavailable. You may provide estimates and assumptions in your response.
10	Do you have figures available on the user base for each of the entities within the Qualified Organizations?	Figure 4 provides some of this information. Additional information unavailable. You may provide estimates and assumptions in your response.
11	In Phase 2 on page 13, the RFP describes the need to meet key use cases that support meaningful use. Who is responsible for creating these use cases?	Missouri HIO and TSP will lead effort with workgroups to define needed uses cases. Note that Operational Plan contains "Pull" high level use case. Stage 2 Meaningful Use requirements will also need to be factored into final Phase 2 planning as appropriate.
12	Page 15 describes the unidirectional push of patient care summaries. Will these care summaries be developed by EHR vendors as CCD or CCR documents?	CCD required; Missouri HIO would prefer support for both
13	Is there an opportunity to obtain more information regarding the Medicaid's Cyber Access platform?	Publicly available information regarding Cyber Access may be found on the Missouri Medicaid website http://www.dss.mo.gov/mhd/ehr/
14	Pg 9 par 2: How many Qualified Organizations have entered into a binding contract? How many have committed to entering a contract?	There are currently no Qualified Organizations contracted or committed to contracting
15	Page 12: What is the single "Private Network – Clearinghouse Based" that has 2,350 Docs in Missouri?	Gateway EDI
16	Page 13: Who 'qualifies' Qualified Organizations? Is there any further information on how these QQ entities will be finalized, 'qualified', etc. To the RFP response, it appears there are no repercussions if the 17 QQs don't appear or connect by 2012, 13 more in 2013, etc?	Qualified Organizations may be a variety of organizations or networks that have relationships with or provide services to providers. In the initial implementation of the Missouri HIO, access to patient information will be restricted to providers, regardless of the type of Qualified Organization through which a provider connects to the Missouri HIO. To see a list of potential Qualified Organizations please see page 3 of the Operational Plan Addendum. The Missouri HIO anticipates finalizing requirements for Qualified Organizations in 2011.
17	Page 9: Who qualifies an Organization as a "Qualified Organization" and what is the process?	Qualified Organizations may be a variety of organizations or networks that have relationships with or provide services to providers. In the initial implementation of the Missouri HIO, access to patient information will be restricted to providers, regardless of the type of Qualified Organization through which a provider connects to the Missouri HIO. To see a list of potential Qualified Organizations please see page 3 of the Operational Plan Addendum. The Missouri HIO anticipates finalizing requirements for Qualified Organizations in 2011.
18	Page 10: Does a provider have to participate in the State HIE to receive Medicaid Meaningful Use payments?	No.

19	Re Connecting Standards: You state "that where HHS has not designated standards; where there are not existing standards Missouri HIO will establish standards and protocols" Where do you plan to seek out such standards and does Missouri HIO seek to become a standards body?	Missouri HIO does not intend to be a standards body. Missouri HIO will deviate from HHS and other broadly accepted standards only if no standards are available for needed functionality. As an example Missouri HIO intends to enable Provider Directory services and there no broadly accepted standards for these services today.
20	Would it be possible to provide a firm list of actual number hospitals and labs Missouri HIO wishes to connect? Can that list either contain names of hospitals and their respective bed sizes?	Information unavailable. You may provide estimates and assumptions in your response.
21	3.b Healthcare delivery landscape, p. 12, How many management companies operate the 300 FQHCs listed in Figure 4? How many are self-operated?	Information unavailable. You may provide estimates and assumptions in your response.
22	3. c. Implementation and operation of Missouri's HIO, p. 13, Has Missouri HIO identified candidate pilot implementation participants? If so, who are the participants and what drove their selection?	No
23	3.c Implementation and Operations, Phase 2, p. 18, What percent of the rollout targets specified in Figures 3 and 4 are expected to use this certified EHR solution that would be deployed by the statewide HIE solution?	Information unavailable. You may provide estimates and assumptions in your response.
24	Appendix A, Requirements Grid, row 64 Please provide what phase this should be?	Error - this is phase 2 requirement for MPI.
25	Page 19 references the term "Vocabulary Translation." Can you please clarify further what is meant by this? Is the expectation strictly related to message format translation/transformation or is it to include certain code sets?	Missouri HIO and TSP will lead effort with workgroups to define these services. At a minimum Missouri HIO desires format translations. Code sets and semantic translations are desired, coordinating with HHS/ONC (past HITSP) efforts that are pursuing vocabulary translations and have recently obtained libraries from Kaiser Permanente to facilitate these services.
26	Are the "value added services" for Phase 2 mentioned in the RFP the same as the functionalities listed on page 16 of the RFP or are there additional ones?	All phase 2 services are listed on page 16 of the RFP. Phase 2 services are also known as "value added services."
27	What is the meaning of "consume" as it relates to line 25 of Appendix A "consume, transmit and receive a HITSP Standard C32 CCD"?	"Consume" means ability to interpret this structure as needed. For example in Phase 2 orchestration of web services and combined results are desired, necessitating consuming incoming C32 CCD's from Qualified Organizations.
28	Pg 9 par 3: In the initial implementation of the Missouri HIO network, access to patient information will be restricted to providers, regardless of the type of Qualified Organization through which a provider connects to Missouri HIO. Could you please explain why lab technicians, clerks, nursing, billing, etc. who show a business need will not have access?	Access is restricted only to providers in phase 1 because consent may be assumed within an episode of care. Once consent management services are in place in phase 2, access may be expanded to include additional stakeholders. This is in line with HIPAA definition of a Provider and HIPAA rules apply regarding access.
29	Pg 14 par 1: Please clarify what is meant by "clinical information summaries" and "referral summary of care record", specifically, are you asking for an automated summation of data/information from different sources or are you asking for inclusion in the HIE and routing of free text entries identified somehow with metadata indication for type of document?	Minimal requirement for Phase 1 is to support Stage 1 Meaningful Use HIE requirements, for example for Exchange of Key Clinical Information. Refer to CMS Final Rule and ONC Standards for definitions. Phase 1 does not provide for HIE to automate or combine information. Respondents may submit alternative proposals with additional functionality provided they match delivery schedules to enable support for Stage 1 Meaningful Use.
30	Pg 22 Last par: Regarding HIPAA privacy laws, could you please provide a reference web site where applicable Missouri state laws, regulations, and case law from various sources related to patient privacy are listed and summarized.	A large amount of information regarding Missouri's current legal framework is available in the strategic and operational plans. Respondents should conduct additional research as needed.
31	Pg 25 Fig 8: For response level 5, in this context, what is meant by "usability"?	Usability is the effectiveness, efficiency, and satisfaction with which users can achieve tasks in a particular environment of the product or system.
32	Pg 27 par 1: Please give examples of the type of "user" referred to in "User Acceptance Testing".	Generally there are two categories of users. For services deployed through Qualified Organizations, the users will be technical personnel from the Qualified Organizations. For services deployed through portals or the Certified Integrated EHR, the users will be providers.
33	Regarding Requirements: Line 121 ("Quality Reporting and Analytics" section): Does this refer to "pseudonymizing" on-the-fly to "route clinical data to analytical service and quality aggregating/reporting organizations" (wording from line 120)? Anonymizing patient information could require removing nearly all meta-data depending on the purpose. For example, age and zip codes might be important for some uses of aggregated data (flu tracking for example), or age and sex for another purpose. Could you please clarify or give us some examples of use cases to help understand what is meant here.	"Pseudonymizing" is primarily intended for aggregations such as Quality Reporting and Public Health reporting. These services have different requirements for structure and timeliness of reporting. Missouri HIO and TSP will work with Missouri Public Health and other stakeholders to define these services.
34	Regarding Requirements: Lines 258/259: Please clarify how the terms "student" and "trained" are defined in these requirements.	Students are the users; trained means the users are capable of using the services/applications deployed effectively.
35	Appendix A Requirements Tab Line 221: "Ability to utilize operations management tools for oversight and process improvement activities." Please clarify, does this refer to the operations of the HIE Solution or something else?	"Tools" refers to those of the HIE Solution or third party tools as agreed to by Missouri HIO and TSP
36	Will Missouri HIO publish final privacy and security policies prior to bid deadline?	Yes, the Missouri HIO will develop statewide privacy and security guidance and respective policies; participants in the Missouri HIO must adhere to statewide privacy and security guidance. The Missouri HIO has developed interim/phase one privacy policies and is currently developing security policies.
37	Page 18 of the RFP refers to an EHR capability that will "require only standard web browsers for connectivity." Are there any restrictions or conditions to browser-based access? For example, what browsers and versions must be supported? Are browser plugins allowed?	Missouri HIO will work with TSP and stakeholders to define deployment platforms. With rapid expansion of mobile devices and browsers it is essential that solutions be available on platforms that users prefer. It is preferable to avoid any configurations that require additional downloads or installs but given the market state there are no current restrictions.
38	Appendix A, Requirements Grid, Help Desk, row 270, Please further define what is meant by "automatic end user open ticket notification/tracking etc."	This is functionality that allows an end user to keep track of a service ticket including end user notification regarding changes in the ticket
39	Appendix A, Requirements Grid, Help Desk, row 273, Please further clarify "executive dashboard access and reporting."	This is functionality that allows a manager to monitor key help desk metrics regarding service e.g., Number of service incidents in a given reporting period, call wait times, number of open service tickets.

40	Will Missouri HIO be procuring for Quality Assurance or IV&V services in the future? If so, when would that occur?	Missouri HIO currently has no plans to procure for these services.
41	What is the budget for services described in Phase 1 and 2 of the RFP?	Prospective Technical Services Partners should present pricing and cost information in line with proposed Statement of Work.
42	The event deadline schedule shows selection dates for of the finalist in 2010. I am assuming that the date should be 2011 and beyond?	The January and February dates in the Schedule of Procurement Activities should read 2011. Updated on 11/15/10 and reposted to website
43	Is it possible to get a Word doc version of the RFP? The MO HITECH website only has the PDF version of the information.	Word version added to website - http://dss.mo.gov/hie/action/index.shtml
44	Request for an extension	Missouri HIO appreciates the challenges the upcoming holidays bring to all respondents. The very short response period was set intentionally to meet aggressive deadlines and to work around the upcoming holiday period. When allotting time for response, Missouri HIO assumed that respondents would not work through the Thanksgiving holiday, though this decision is left to the discretion of each respondent. Missouri HIO will not be extending deadlines at this time.
45	Can you provide the Excel files for Appendix A and B for the Missouri Health Information Organization (Missouri HIO) RFP?	Appendix A and B posted in .xls format to the website 11/16/10
46	With regards to the 60-page limit on response. Is it front & back? Or single-sided?	Single sided
47	Does the Business Associate Agreement need to be executed and presented in RFP response? Or will it be executed upon vendor selection?	Business Associate Agreement will be executed upon vendor selection.
48	Does the technical service partner need to be on the State of Missouri approved vendor list.	No
49	Since the proposal is to be submitted in an electronic format, is there a specific software program type (pdf vs. word) or versions that need to be used?	Proposal may be submitted in MS Word document (version 2007 or older) -or- pdf document (Adobe version 9 or older) Appendices should be submitted in the MS Excel templates provided (Version 2007 or older)
50	Can bidder submit redacted copies to protect confidential information?	Yes, bidder may submit redacted copies in limited cases to protect protected health information or personally identifiable information. Instances may be when submitting screen shots or samples of reports with names of patients, providers, users, etc.
51	The prescribed response structure and format leaves little room for a narrative description of the proposed technical solution. Would Missouri HIO consider adding a 5 page section to the structure for a Solution Overview?	Please work within the suggested parameters.
52	The last bullet on the bottom of RFP page 40 ("for Technical Services Partners that are new to the space providing such providers") seems incomplete. Please clarify.	Error - please ignore.
53	Section 2(c). Will you please further explain the role that MAeHC will have in the procurement process?	Explanation will be provided during Q&A session on 11/23/10
54	Section 4(g). Will you please identify any consultants to whom Missouri HIO proposes to disclose RFP responses?	The Massachusetts eHealth Collaborative
55	Section 4(j). Will you please confirm that a Technical Services Partner may share the RFP with the subcontractors it proposes to engage to fulfill the requirements of the RFP?	Confirmed: A Technical Services Partner is defined as a lead organization and any proposed sub-contractors.
56	In RFP Appendix B, Personnel Rates tab, there are columns for Years 1 through 4, yet rates for seven years are requested. Should we add columns for Years 5-7	Please provide only 4 years of rates as the template indicates. Instruction on RFP page 49 requesting 7 years of rates are in error.
57	Are vendors allowed to bid as a primary on one RFP response and be a sub (secondary) on another RFP response?	Yes
58	9) Written proposal, c. Letter of intent, p.41, Should the letter of intent be included within the proposal as well as a standalone submission?	No.
59	Appendix A Vendor Business Associate Agreement This document is titled "Appendix A", however, there is also an Excel spreadsheet titled "Appendix A". Please clarify.	The Vendor Business Associate Agreement is Appendix A of the RFP. The MS Excel templates should be Appendix A and Appendix B of your response.
60	4. e., Communications with Missouri HIO, p. 28, When will answers to vendor questions be posted?	Majority of answers will be provided by Wednesday November 24, 2010. Some of the more complex questions may require additional time to answer. We will continue to accept questions up until December 3, 2010 at 9:00 AM (CST) to be posted by December 6. No questions will be accepted after December 3. Answers will be posted once (not on a rolling basis).
61	5) Overview of procurement process and key dates, p. 31, What is your criteria for establishing "finalists," i.e., top 2 scoring vendors, top 5 scoring vendors, etc.	Evaluation criteria are provided in the RFP. Responses will be evaluated and scored relative to this criteria. Finalists are to include those organizations which are closely grouped with the very top scores. Missouri HIO expects 3-5 finalists depending on the scores.
62	9. d. Transmittal Letter, p. 41, Is every subcontractor required to submit a transmittal letter, or only subcontractors providing 20% of services or more? Should the subcontractor's transmittal letter be submitted as an attachment to the prime contractor's transmittal letter? If not, how should it be submitted?	Every subcontractor is required to submit a transmittal letter. Subcontractor transmittal letters may be provided after the Lead respondent's transmittal letter.
63	9) f. Organizational information and references, p. 42, In order to demonstrate projects of similar scope and size, please confirm that it is permissible for vendors to indicate projects/customer contacts that can be used as references for this RFP from the list of HIE projects.	Yes, confirmed.
64	General, Are there limitations on the number of attachments vendors can include with their submission?	No. However, evaluators will only review the information requested in the RFP within the page parameters provided.

65	How many and what types of organizations/facilities are to be included as part of Phase 1 (routing of patient care summaries and lab results)? Based on the timing shown, Figure 3 on page 12 seems to represent the anticipated rollout plan for the Connectivity Pilots, Phase 2, and Phase 3 only.	There are two separate but related activity streams to be considered here: 1) The services offered 2) the rollout of services to Qualified Organizations: -The phases describe the services that will be made available to qualified organizations according to the high level schedule proposed in Figure 5. -The rollout plan, on the other hand, describes the on-boarding and integration of qualified organizations according to the high level schedule proposed in Figure 3. We encourage prospective technical services partners to propose a plan for how the detailed rollout will work.
66	Will Missouri HIO leverage a web portal viewing environment provided by the Technical Services Partner for presenting aggregated patient information back to the user, or will qualified organizations utilize their own viewing environments?	Missouri HIO envisions use of a Certified Integrated EHR Solution (aka web portal viewing environment, EHR Light) for use only by providers that are not part of Qualified Organizations.
67	Is it a fair assumption that the scope of work involves connectivity up to the qualified organizations only and the internal connectivity within the qualified organization is already present?	Missouri HIO and TSP will not be responsible for connectivity beyond the qualified organization gateway. Scope of work does involve connectivity to Providers that are utilizing the Certified Integrated EHR Solution.
68	Please confirm that the Technical Services Partner is to propose a solution to meet the requirements of Phase 1 and Phase 2 as part of this response and that additional phases (i.e. Phase 3) are not required.	Yes. Statement of work, staffing, and pricing should all be based on phase 1 and phase 2. However, Missouri HIO expects the successful partner to work with Missouri HIO to define and execute later phases 3 and beyond.
69	What are the expectations from the Technical Services Partner around Ready For Use (RFU) certifications? Which entity is responsible for providing the certification?	RFU certifications is an opportunity for a Technical Services Partner to certify that the appropriate infrastructure, function or feature is in place to begin/support rollout by Missouri HIO. The Technical Services Partner is responsible for providing certification. Essentially this is a time-out for the Technical Services Partner to make sure they have tested and quality checked everything before wide scale implementation and to state confidence in the product's readiness and ability to perform as required.
70	For the customer support center, what is the average volume of tickets expected per month?	Information unavailable. You may provide estimates and assumptions in your response.
71	Once the implementation is over, what is the overall scope of services Missouri HIO is expecting from the implementer? Since Missouri HIO is looking for a subscription based strategy, can the Technical Services Partner continue to charge Missouri HIO based on some usage parameters after the implementation? The pricing model presented in Attachment B does not seem to line up with a subscription based service.	Question 1: The requested scope of services is presented in RFP. Question 2: Yes, the Technical Services Partner can continue to charge Missouri HIO based on some usage parameters after the implementation. Comment: Please present pricing in the Appendix B. If you would like to present additional pricing information in a different format, you may do so.
72	What is the scope of the Provider Directory function described on page 15: a. What data fields are required? b. Will the directory contain provider credentialing details (i.e. licensure)? c. Is the vendor responsible for consolidating existing professional provider directories?	Information unavailable. You may provide estimates and assumptions in your response.
73	By onsite technical support as referenced on page 25, will the technical services partner be required travel to Jefferson City or to the Qualified Organizations?	Yes
74	Are there consequences for not meeting an SLA?	Service levels have been provided to set respondent expectations and to inform estimates. Final Service Level Agreement terms will be determined as part of contract negotiations with a chosen Technical Services Partner.
75	Page 16 describes the need for the Technical Service Partner to authenticate not just Qualified Organizations, but individual users. Since the Qualified Organization have direct access to the user, what liability does the TSP assume for terminated and other non-authorized users?	Missouri HIO and TSP will implement processes and technologies to support needed authentication. Missouri HIO does not anticipate authenticating individual connections from within a Qualified Organization, only specifying policy guidance that Qualified Organizations must implement.
76	How many end users and administrators, as referenced on page 26, have to be trained? What is the scope of training required for these individuals?	Information unavailable. You may provide estimates and assumptions in your response.
77	The RFP state that only providers will be allowed access in the initial stage, at what stage does integration with MO Medicaid occur?	Phase 1. Providers access to Medicaid is very valuable. Medicaid may be able to receive data in compliance HIPAA and Missouri laws and regulations.
78	Can you define or clarify the connectivity pilot described on page 13 as to the scope of this activity and the number of users to be included in the pilot?	Information unavailable. You may provide estimates and assumptions in your response.
79	Does the EHR as a last resort have to be web based only or can we offer a certified hosted EHR solution?	Missouri HIO is seeking a Certified EHR Solution that is integrated with the HIE solution. Missouri HIO is open to variations on the model presented in the scope of work.
80	Pg 10 par 1: Participation in the Missouri HIO network will also enable electronic access to Missouri state government information and services, including Medicaid data; this data will not otherwise be electronically available. Does this imply that the Technical Services Partner must include / provide this access, or will Missouri HIO provide this access?	TSP will connect with Missouri state government systems as with any other Qualified Organization. Missouri is in the process of deploying an ESB and is working to make the ESB the single connection point for all state systems.
81	Pg 11 par 1: A "Missouri Protocol Bus" will provide the service registry for Missouri HIO services. Does this imply that the Technical Services Partner must include / provide this bus, or will Missouri HIO provide this bus?	TSP will provide the service registry.
82	Pg 12 par 1: Should we use the assumption that a Qualified Organization will represent a normalized method of communicating from all of their participants or should we expect that they could be sending the same information in multiple formats based on how they received it?	Missouri HIO and TSP will lead effort with workgroups to define standardized interfaces at a minimum. It is desired to offer further interfaces and format translation to leverage investment in Missouri HIO services and ease integration for Qualified Organizations.
83	Pg 12 par 2: Is it expected that project components are to be implemented based on "Qualified Organizations" or by providers in each "Qualified Organization"?	Missouri HIO and TSP will not be responsible for connectivity beyond the qualified organization gateway.
84	Pg 12 Fig 3-4: Are there any estimates on message rates, sizes and types on a per day basis to help with server sizing?	Information unavailable. You may provide estimates and assumptions in your response.

85	Pg 14 par 5: Who will be responsible for identify verification? Will the technical platform simply need to allow for a workflow that includes this step or will the technical services partner need to provide identify and credential verification services?	TSP will be responsible for node authentication of Qualified Organization gateways, including identity management. TSP will also be responsible for identify management and authentication of individual connections through "Certified Integrated EHR". TSP may offer voluntary value added identity management and authentication services to individual connections within Qualified Organizations if desired.
86	Pg 16 par 1: What is meant by "verifying credentials"? Verifying from what source/sources and by what criteria?	Missouri HIO anticipates use of a PKI solution for authentication, requiring certificate verification and possibly further credentials for additional factors. Missouri HIO and TSP will work with stakeholders to define credentials, sources and criteria. Missouri HIO anticipates the use of standard PKI approaches use as certificate revocation lists.
87	Pg 17 par 3: What is the source per patient of the formulary and eligibility data and how that will be updated? Do they expect to get this information from payers?	Missouri HIO anticipates that eligibility and formulary services will be integrated with payers and Medicaid either directly or through third party clearinghouses.
88	Pg 18 par 4: Certified Integrated EHR Solution for providers as a "connection of last resort" – does the Technical Services Partner provide an EHR or just connect to an existing EHR (i.e., Medicaid's CyberAccess platform) or simply deliver / receive PHR data? What elements of an EHR are needed?	TSP will be responsible for providing Certified Integrated EHR, whether their own or through a third party relationship. EHR must be HHS/ONC Certified so that providers can qualify for Meaningful Use incentive payments.
89	Pg 21 par 1: Are there any restrictions on location of both data center facilities? Is there a requirement to have both the primary and DR sites in the state of Missouri?	No
90	Pg 21 Last par: Project management staff are . . . Certified". Certified by whom for what?	Missouri HIO would like assurance that project managers are properly trained. A certification like PMI provides this assurance. Missouri HIO is open to any certification that proves that a project manager is trained in project management.
91	Pg 23 par 1: What are the sources of rules/guidelines for identifying gaps in care, method of maintenance of the rules, and format for inclusion in computable form? Who or what entity will be the recipient of notifications of gaps that are identified and to whom or what source will queries be made to verify that the perceived gaps are actual or represent incomplete electronically available data? What method will be used to affirm that recommended/required care has been given but is not reflected in an electronic feed to the HIE?	Missouri HIO and TSP will lead effort with stakeholders to define these services.
92	Pg 24 par 1: Regarding the need for support for all routine reporting as well as ad-hoc reporting: Is this expected to include the creation of reports or will it be focused on maintaining an environment to support the reporting efforts?	Both
93	Pg 26 par 2: What do they mean by "end users" in reference to "workflow redesign"?	Generally there are two categories of users. For services deployed through Qualified Organizations, the users will be technical personnel from the Qualified Organizations. For services deployed through portals or the Certified Integrated EHR, the users will be providers.
94	Pg 26 par 2: Regarding training, is it intended for us to train every end user or would this be a train the trainer approach where we would train the trainers at both Missouri HIO as well as the end user locations? If an end user comes through a Qualifying Organization, will the training be performed to the end users at the ultimate user site or someone who is associated with the Qualifying Organization?	Missouri HIO is open to "train the trainer" programs or direct training depending on the number of users to be trained.
95	Pg 46 par 1: What impact to the SLA is there with internet connectivity? Meaning we somewhat guarantee connectivity over internet by providing two links from separate providers (although 99.9% availability is difficult to provide on internet), but we cannot control the quality of the individual "Provider's" internet.	Information unavailable. You may provide estimates and assumptions in your response.
96	Pg 46 par 1: Regarding the requirement for a 2-sec response time on all "major transactions". What will be monitored for that measurement? Just the clinical viewer or also message processing?	Message processing is included. Where there is dependence on outside services Missouri HIO and TSP will work to define SLA requirements for time out/retry, etc.
97	Regarding Requirements: Line 86 ("Value Added Services" section): What is meant by "Ability to verify medication history"? Verify in what way, in comparison to what? What source of data/information would be used to "verify" what?	Missouri HIO and TSP will lead effort with stakeholders to define these services. Respondents may refer to the multistate Medication Management RFI led by Tennessee that Missouri participated in: http://news.tnanytime.org/ehealth/ for background.
98	Regarding Requirements: Line 249, ("Training & Organizational Change Management" section): Is this training expected for system administrators or clinician end users?	Generally there are two categories of users. For services deployed through Qualified Organizations, the users will be technical personnel from the Qualified Organizations. For services deployed through portals or the Certified Integrated EHR, the users will be providers.
99	Regarding Requirements: Line 260 ("Training & Organizational Change Management" section): For which and what type organizations are "change management" being requested? At the Missouri HIO organization level? The IDN or hospital or clinic level?	Primarily for Qualified Organizations, secondarily for Missouri HIO.
100	Is CyberAccess considered a PHR to be integrated?	CyberAccess is not a PHR
101	Is it the State's preference that the solution be hosted in Missouri?	The State does not have a preference as to the physical hosted location of the solution.
102	Page 12, Please clarify the start dates for Medicaid and Clearinghouse Based Private Networks based on Figure 3. Based on the figure it looks as if Medicaid is to start in Q3 2011 and Clearinghouse is to start in Q1 2012. Please confirm.	Figure 3 represents current estimated timing. Please use this information for all estimates. Actual timing may vary.

103	3) Scope of Work, a. Overview of approach, p.9, "In the initial implementation of the Missouri HIO network, access to patient information will be restricted to providers, regardless of the type of Qualified Organization through which a provider connects to Missouri HIO." Later in the RFP, Missouri HIO states that Phase 2 "will facilitate bidirectional interfaces with personal health records". Does "initial implementation" refer only to Phase 1 activities? Or does Missouri HIO not expect non-providers to access the network through a PHR?	"Initial implementation" refers to phase 1. Phase 2 includes bi-directional interfaces with personal health records.
104	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p.9, Vocabulary Translation - "Message transformation in and out of various formats will also be provided, for example from X12 EDI formats to Web services/SOAP formats" The section is entitled "Vocabulary Translation" but focuses on syntactic issues. Will there be a requirement to provide vocabulary translation, e.g., local lab codes to LOINC?	Missouri HIO and TSP will lead effort with workgroups to define these services. At a minimum Missouri HIO desires format translations. Code sets and semantic translations are desired, coordinating with HHS/ONC HITSP efforts that are pursuing vocabulary translations and have recently obtained libraries from Kaiser Permanente to facilitate these services.
105	3) Scope of Work, a. Overview of approach, p.10, "Note that the State Government is constructing an enterprise service bus (ESB) to enable HIE with State services." Are any details available on the architecture, technology, or capabilities of the State Government ESB?	Some background information is available in the strategic plan. Additional information will be available in the Medicaid Management Information System (MMIS) plan to be released within the next week and posted on the Missouri Medicaid website.
106	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p.13, "Phase 1 (by June 2011), Designed to meet ONC requirements and implement foundational technologies that will support robust, sustainable HIE across the state." PIN 001 identified e-prescribing, lab results delivery, and summary record exchange as ONC priority requirements for statewide HIE. However, this RFP identifies "route patient care summaries" and "route lab results" as Phase 1 objectives, and does not include any mention of e-prescribing. Is e-prescribing part of the Phase 1 implementation? Does Missouri HIO have a plan for providing e-prescribing functionality at the state level?	Missouri HIO plans to support and facilitate e-prescribing through the existing infrastructure and networks that currently provide e-prescribing services and connectivity among providers and pharmacies. Missouri HIO plans to coordinate with the Missouri HIT Assistance Center to ensure its approved products are certified to provide e-prescribing services and that the Center supports e-prescribing implementation and utilization. Missouri HIO does not anticipate implementing e-prescribing services in phase 1.
107	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p.18, "Certified Integrated EHR Solution for providers as a "connection of last resort:" In support of the "no provider left behind" concept, Missouri HIO will provide an EHR of last resort." Will all providers accessing clinical information provided by Missouri HIO be required to use an EHR for that access, either their "native" system or the EHR of last resort? In other words, is there a requirement to provide a separate, standalone, web based viewer independent of the EHRs?	Web portal/viewer is required - see Requirements #92.
108	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p. 18, "Multiple simultaneous consent policies" With multiple simultaneous policies being served, the probability of conflicting policies is high; will Missouri HIO serve as the remediation authority for such conflicts and pass the resolution to the technical vendor?	Yes, the Missouri HIO will develop statewide privacy and security guidance and respective policies; participants in the Missouri HIO must adhere to statewide privacy and security guidance. The Missouri HIO has developed interim/phase one privacy policies and is currently developing security policies.
109	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p. 20, "These services will be securely hosted by the selected Technical Services Partner" Are there any issues if the hosting facility is not located in Missouri?	No, there is not an issue with the hosting facility being located outside of Missouri.
110	3) Scope of Work, c. Implementation and operation of Missouri's HIO, p.25, Figure 8 Are these fixed and firm SLA requirements? Are the times calculated per incident or averaged over a predefined period, e.g., 12 months?	Service levels have been provided to set respondent expectations and to inform estimates. Final Service Level Agreement terms will be determined as part of contract negotiations with a chosen Technical Services Partner.
111	3.C. Phase 2 Services, pp. 16,17, Detail for each of these Phase 2 services is referenced on page 17, except for the following bullet points: -Send patient care summary to physician that populates physician's EHR -Incorporate structured lab results into physician's EHR. Is this because these two services are part of Phase 1 services, Route patient care summaries and Route Lab results? Should these be included in Phase 1, Phase 2 or both?	These services should be provided in Phase 1 and Phase 2 with an important distinction. In phase 1 patient care summaries and structured lab results are to be routed from one provider to another as indicated in figure 6. In phase 2 these services are expanded to include vocabulary translation, as indicated in figure 7, enabling the patient care summaries and structured lab results to populate a provider's EHR.
112	General, Please confirm that Missouri HIO will be responsible for the recruitment/outreach of the provider community (including all providers and all facilities) for participation/connection to the HIE. In addition, please confirm that the State will be responsible for obtaining and maintaining the Business Associate and data sharing agreements with connecting entities.	Yes, confirmed.
113	Appendix B, Pricing and Cost Information, Can Missouri HIO define the exact time periods for these 4 years?	Figure 5 provides Missouri HIO's current schedule estimate. According to this schedule, the project is to start before the end of Q1 2011
114	Although the State of Missouri has set up a 501C3 for its Statewide HIE, should the 501C3 dissolve will the State require bidders to transfer any software licenses purchased under this RFP back to the State of Missouri. In other words, will the State of Missouri retain rights of ownership of the software licenses?	Contracts will be between a selected Technical Services Partner and the Missouri Health Information Organization, which is an independent 501(c)(3) organization. In the event that the Missouri Health Information Organization should be dissolved, no assets acquired under the contract will be transferred to the State of Missouri.
115	Regarding paragraph 7) n. on page 37, please clarify the applicability of your definitions of source code and source code escrow as they would relate in a hosted SaaS environment.	Missouri HIO would request that the Vendor escrow the source code as insurance against the failure to meet the Vendor's maintenance and support obligations in the same manner as in instances where the software is actually delivered to a client.

116	Our organization has an issue with the confidentiality terms.	In the event that a bidder has a major issue with the confidentiality terms, the bidder may propose its own confidentiality agreement to accompany the RFP response.
117	9. d. Transmittal Letter, p. 41, Should bidders interpret the rights of Missouri HIO to mean the requirements of the RFP? Can Missouri HIO please clarify what other rights, if any, it is asking bidders to acknowledge and agree to?	Yes. Missouri HIO is asking bidders to agree only to the rights of Missouri HIO outlined in the RFP.
118	Page 20, (approx middle of page) Incomplete sentence , is anything missing? "In order to maintain system availability, the Solution....."	Error - please ignore.

Missouri HIO - Questions and Answers - Technical Services Partner RFP - December 3 Question Round

#	Question	Response
119	If a provision included in the Terms & Conditions session is not applicable to Technical Services Partner's proposal, what is the best way to represent that and still meet the requirement of the transmittal letter to include "An unequivocal statement which acknowledges and agrees to all of the rights of the MHIO, including the procurement rules and procedures, terms and conditions, and all other rights and terms specified in this RFP."	Please note this in the transmittal letter.
120	Will there be a period of negotiation regarding Terms and Conditions of contract?	The final contract between the chosen Technical Services Partner and Missouri HIO will include a TSP's RFP response as part of the contract. Therefore, a Technical Services Partner that requires any significant change to the Terms and Conditions should clearly note such in the RFP response. There will be a formal contract negotiation period between a selected Technical Services Partner and Missouri HIO to finalize the contract, including Terms and Conditions.
121	Organization Information requirement to provide "Description of any relationships the Technical Services Partner, or its subcontractors, may have or have had with MHIO, the MHIO Advisory Board, or the Statewide HIE Coalition over the last 24 months prior to the due date for submitting a proposal." Would the HIO provide a definition of relationship? Can we assume that this is intended to be defined as one that would otherwise give rise to a conflict of interest, not requiring the need for disclosure of business meetings and presentations, attendance at HIO Boards, etc.?	It is only necessary to include relationships between your organization(s) and the Missouri HIO that may be perceived as potential conflicts of interest.
122	How should Technical Service Partner to confirm compliance with Privacy and Security Policies without Security Policies being finalized, when Security Policies may impact technical architecture needs?	For all areas of the RFP where there is ambiguity, it is acceptable for a TSP to propose a process for working with the Missouri HIO to reduce uncertainty and/or mitigate inherent risks to the TSP.
123	In Appendix A, Requirements tab, row #67, ability to have De-centralized management, our assumption is that this refers to a portal? Is this a correct assumption?	This requirement refers to the ability to enable management of the MPI in coordination with multiple entities. A portal may help. There are also other possibilities. For example, ADT transactions are often used to update an MPI. There may also be an update interface such that an entity that makes a change that impacts the MPI can propagate that change automatically and vice versa.
124	9.n, Financial Information, Page 50, second bullet point, "Anticipated projects (committed) in next 12 to 18 months with revenues over \$100K," Can MHIO confirm that this requirement pertains to HIE projects only?	Confirmed
125	Appendix B, Pricing Information, Tab 2: Detailed Budget – One Time Costs, Tab 3: Detailed Budget – Operating Costs, Tab 4: Budget Rollup (view only), "Value Added Service: Hosted Applications: Simple Web Portal and Certified Integrated EHR" - May we request that the Simple Web Portal and Certified Integrated E H R be separated out in the pricing sheet tabs? The Certified Integrated E H R component is an optional purchase with an associated per provider price while the Simple Web Portal (view only) is a standard and unlimited-license component with no associated per provider price.	Additional rows may be inserted in Appendix B to allow a respondent to provide greater detail or clarity. Please check all formulas before submitting the template.
126	Can we have a copy of the proposed services agreement?	Section 9k proposes service levels and asks TSPs to provide narrative regarding approach to service level agreements. Missouri HIO is interested in learning from TSPs regarding SLAs and is using this section to gather your input, expertise, and experience. Final SLAs will be formulated, negotiated, and finalized as part of the contracting phase between the Missouri HIO and selected TSP.
127	Are we to assume from a pricing standpoint years 3 & 4 are ongoing operational support of Phase 2?	Please refer to sections 3B and 3C to understand the activities expected in years 3 and 4, and price accordingly. Given that phase 3 activities are uncertain, TSPs do not need to include pricing beyond phase 2 but may provide a process for defining and pricing future work.

128	Once the certification criteria is defined for an organization is it MHIO's responsibility to verify that the organization complies with those criteria?	Yes
129	Can we assume that a connection to a hospital system/IDN represents a singular set of interfaces or do we need to account for the various EHR systems within the organization?	The former
130	Appendix A Requirements Grid item 25: "Ability to produce, consume, transmit and receive a HITSP Standard C32 CCD". Is it safe to assume that the "produce" aspect of this requirement is not intended to be placed on the HIE framework in Phase 1 but instead would be placed on the source EMR application?	In Phase 1, yes. In phase 2 the certified integrated EHR should be able to produce a C32 as a requirement of certification.
131	Page 23. Monitoring: "(e.g. specialized rules to detect clinical gaps in care, drug seeking or shopping behavior, or other surveillance type functions based on the transactions traversing the network)" This statement is included as part of the system monitoring language and represents something very different than system monitoring, load balancing, and network monitoring. Does MHIO expect the system to implement clinical business rules for patient monitoring as well as system monitoring?	Missouri HIO would like TSPs to provide system monitoring. TSPs may describe options to implement specialized business rules that are feasible.
132	k. Service level agreement (SLA): "Note your agreement to meet or exceed the service levels presented below. MHIO is interested in understanding your approach to SLAs and will consider suggestions regarding managing and controlling service delivery and its inherent risks. The Certified Integrated EHR Solution component likely has different service level requirements since this component requires storage of data. Please suggest separate service levels for this component." Does this imply that the HIO itself is not expected to store any data?	Yes
133	Has the State MMIS plan been released?	Please monitor the Missouri HealthNet Division website (http://dss.mo.gov/mhd/general/) for the most current planning documents.
134	In responding to the MHIO RFP Appendix A, we are finding questions that are requesting we provide detailed information. As this information can be lengthy and beyond the given comment cell's character capacity, are we allowed to include exhibits to satisfy these requirements? If so, will these exhibits be included in the page count constraints?	Please provide succinct responses. The exhibit approach proposed is acceptable where necessary and there are no page limitations on appendices.