

RFP Questions and Clarifications Memorandum

To: Vendors Responding to RFP Number 3734 for the Mississippi Health Information Network (MS-HIN)

From: Craig P. Orgeron, Ph.D.

Date: October 2, 2013

Subject: Responses to Questions Submitted and Clarifications to Specifications

Contact Name: Donna Hamilton

Contact Phone Number: 601-432-8114

Contact E-mail Address: Donna.Hamilton@its.ms.gov

RFP Number 3734 is hereby amended as follows:

1. Section II, Item 9.1 is modified to read:

The Vendor is required to submit one clearly marked original response and 75 identical copy/copies of the complete proposal, including all sections and exhibits, in three-ring binders.

The following questions were submitted to ITS and are being presented as they were submitted, except to remove any reference to a specific vendor. This information should assist you in formulating your response.

Question 1: Do you already have an existing EMPI system in place? If not, can that also be included in the proposal?

Response: **Yes. MS-HIN uses Medicity's EMPI for matching in their existing Community Health Record. If you believe a third party EMPI is needed for correct matching it can also be included in the quote. However, the two EMPI's will need to be interfaced to ensure proper patient matching inside the CHR and for alerts. Vendor must list the EMPI as a separate line item in Section VIII, Cost Information Submission.**

Question 2: We just finished deploying a ENS at UnitedHealthcare. The system does exactly what you are looking for. We are also engaged with two other deployments that include the ENS system. The system and deployments are new therefore we do not have many live clients at this time. How will not having references affect the vendor selection?

Response: **Not having references will not disqualify your proposal, but could affect points associated with this criteria.**

Question 3: Please clarify the number of copies of the response that shall be submitted. Page 2 states: "One clearly marked original response and 5 identical copy/copies of the complete proposal. Label the front and spine of the three-ring loose-leaf binder with the Vendor name and RFP number. Include the items listed below inside the binder. Please DO NOT include a copy of the RFP in the binder." Page 6 states: "The Vendor is required to submit one clearly marked original response and 7 identical copy/copies of the complete proposal, including all sections and exhibits, in three-ring binders."

Response: **Please see clarification number 1 above.**

Question 4: Section VII, 6.9.5 and 6.9.6 - Is the Mississippi State-owned Data Center a viable option to host the ENH solution? Is the data center available to host HIE and is there a POC/process through which we can get an estimate for the needed resources and support services?

Response: **The solution needs to be Vendor hosted.**

Question 5: Does the MS-HIN want to leverage the Medicity Community Master Patient Index (CMPI) in this Encounter Notification Service (ENS)?

Response: **Yes, if possible. The State is open, based on your recommendation, to use a stand alone EMPI.**

Question 6: Will the ENS service be able to append patients to the CMPI?

Response: **Yes. The XCPD interface allows patients to be appended to the CMPI. However, because these patients have no encounter records they will not show up in Community Health Record.**

Question 7: Will the ENS service be able to extend the attributes of the CMPI?

Response: **The attributes that are used for matching are selected by MS-HIN from a list provided by Medicity. The Medicity list is based on the HL7 ADT transaction standards and the MS-HIN requirements as defined in the specifications for the ADT interface.**

Question 8: Does the CMPI follow standard interfaces and will the API be provided?

Response: **There is no API, but Medicity's CMPI is primarily driven (adds, updates, deletes and links) by the HL7 ADT transactions received. It also supports the IHE profiles for patient identity matching and queries: XCPD, PIX and PDQ.**

Question 9: RFP Section 6.10.5 – This section describes sending a single daily alert to health plans for hospital and emergency department discharges. Section 6.7.1,2 & 3

defines other types of Admissions, Discharges and Transfers (ADTs). Are only the discharges required?

Response: We will focus on Admissions and Discharges (Inpatient and ED) during the first phase. Phase two will include the other alert triggers described in section 6.7. The single alert described in Section VII, Item 6.10.5 is a batch file of patients with admissions/discharges within the last 24 hours delivered to the COO daily.

Question 10: RFP Section 6.10.10 - Can we assume payers and future PCP's that will be subscribers to the ENS service will have an account in the state Direct secure messaging system or is a separate secure messaging system required for them?

Response: All MS-HIN members will have a Direct account on our HISP. The winning Vendor can also have an account(s) for communication/delivery purposes.

Question 11: General: What listed address, contact name, and contact phone number can we use for MS HIN on our proposal bond?

Response: Please refer to Section IV, Item 36 for details regarding the Proposal Bond. The security must be made payable to the Mississippi Health Information Network in care of the Mississippi Department of Information Technology Services, 3771 Eastwood Dr., Jackson, Mississippi 39211, 601-432-8000. The State returns the Vendor's Proposal Bond after ITS and the successful Vendor execute a contract, or if the procurement is canceled.

Question 12: Section VII: 5.0 Given the desire to add value and support the existing sustainability model, is MS-HIN considering or planning to charge payers or providers for access to the data distributed through the ENS?

Response: Yes.

Question 13: 5.1: Our understanding is that MS-HIN requires at a minimum pricing for this RFP response to include just Phase I requirements. Is this correct?

Response: No. MS-HIN requires total pricing for the entire solution. The deployment is broken into two phases.

Question 14: 5.1 Goal 3: In order to ensure that MS-HIN will be able to use Cooperative Agreement grant funding to support this project, it must be initiated in MS-HIN's FY14, which ends June 30, 2014. Timing is a critical factor in this project, and contract language will include penalties for delays which jeopardize MS-HIN's grant funding. Are the penalties referenced above to be passed on to the vendor if this date is missed?

Response: Yes, if the delay is due to the Vendor missing project milestones and/or the end date.

Question 15: 5.2.1 Our understanding is that Phase 1 only includes notifications for Inpatient hospital admissions/discharges, as well as ED admissions. Is this correct?

Response: Yes, plus ED discharges.

Question 16: 6.1 How does MS-HIN define 100% accuracy? What are the standards for determining 100% accuracy that MS-HIN will use as a compliance guideline? Will there be an MPI available that is the source of truth for accurate matching?

Response: The solution can use the existing Medicity EMPI or deploy a third party solution for matching. The 100% accuracy refers to inaccurate IN1 fields being populated at the hospital level. The Vendor must ensure the health plan receives all required notifications for the submitted eligibility file. There needs to be an accurate way to match patients to the plan. Section VII, Item 6.10 describes this process.

Question 17: 6.2 Given that multiple providers can be noted on an ADT message, what criteria will MS-HIN use to determine which provider the ADT message should be sent to?

Response: The State's desire is to use an eligibility file that a CCO will provide to MS-HIN for matching. This file would contain all members for alert triggers. The State also desire a user interface that individual providers/ACO's/CCO's could log into to maintain their own lists for alerts. This would eliminate the maintenance on either the Vendor or MS-HIN side for keeping the lists up to date.

Question 18: 6.6 Please clarify the workflow desired as it related to alerts/notifications need to be customizable per physician/practice/health plan. Is there a specific level of granularity required? What is the preferred method for users to receive messages, via a highly configurable portal interface or direct to their system of choice?

Response: The State desires a user interface that individual providers/ACO's/CCO's could log into to maintain their own eligibility files for alerts. There should be multiple delivery options for delivering the results based on the recipient. These choices could include: the MS-HIN Direct secure messaging platform, HL7 interfaces, sFTP, etc. The State encourages the Vendor to recommend different options to accommodate various sizes/volumes of alerts for a physician/practice/health plans.

Question 19: 6.7 Which of these events/notifications are required for Phase I? We assume Inpatient Admission, Inpatient Discharge, and ED Admission. Is this correct?

Response: Yes, plus ED discharge.

Question 20: 6.9.3 Where will the eligibility files come from? Medicaid or CCO? How often does MS HIN receive them?

Response: The files will be sent by the CCOs. The timing may vary based on the CCO's business practices. At a minimum, the Vendor will receive a monthly file with the most up to date member list.

Question 21: 6.9.5.1 How many carve out patients does UHC have and how many does Magnolia have? Does it encompass the first 100,000 covered lives?

Response: Yes, it encompasses the first 100,000 lives.

United Healthcare	64,308
Magnolia Health	76,915
Total	141,223

Question 22: 6.9.9 Is the preferred method of integration to receive ADT messages via connection to Medicity or direct connection to the source of the data (ex. Hospital endpoint)? What data is MS-HIN currently collecting and routing through the Medicity HIE hub? Is Medicity receiving eligibility data from payors at this time, will they be collecting this information in the future?

Response: The preferred connection will encompass a master outbound HL7 ADT interface from Medicity. This feed will contain all ADT data from MS-HIN and Medicity. MS-HIN currently collects various data with Medicity. This data includes ADT, Lab, CCD's and various reports (Radiology, Transcription, Pathology). We are not receiving any eligibility files at this time. All eligibility files will either come to MS-HIN directly or to the Vendor (please see response to question 17). This receiver of the files will be based on the Vendor's proposed solution.

Question 23: 6.10.1 What is the capability of the CCOs and other payors to provide the necessary eligibility data to us? Can these payors accept eligibility queries or upload the necessary data to us? If so how?

Response: The State expects the payors to provide an eligibility file. It is not known if every CCO will accept queries, but we need a solution to be flexible to account for different CCO business rules. We expect the Vendor to advise MS-HIN on the options available to load the files to the ENS system.

Question 24: 7.1.2 Please clarify the workflow desired for enabling the ENS and the MCO care team providers to understand, share, and reconcile the appropriate data at execution time?

Response: Section VII, Item 7.1.2 specifies that the Vendor and each CCO will work together to develop an ENS file format that meets their business needs. This includes meetings and technical discussions. There also needs to be a documented file format and transportation methodology that all parties agree on.

Question 25: 8.1 In Phase 1, what will be the training requirement and expectations for the CCO's?

Response: Based on the Vendor's proposed solution, the training will prepare MS-HIN participants on use of the system. At a minimum, how to create their eligibility file, how to load the file and how to receive the notifications.

RFP responses are due October 14, 2013, at 3:00 p.m. (Central Time).

If you have any questions concerning the information above or if we can be of further assistance, please contact Donna Hamilton at 601-432-8114 or via email at Donna.Hamilton@its.ms.gov.

cc: ITS Project File Number 40736