



STATE OF CONNECTICUT  
OFFICE OF THE HEALTHCARE ADVOCATE  
HEALTH INFORMATION TECHNOLOGY PROGRAM MANAGEMENT OFFICE

**REQUEST FOR QUALIFICATIONS (RFQ)**

**HEALTH INFORMATION TECHNOLOGY  
CONSULTING SERVICES**

The Health Information Technology Program Management Office (hereinafter referred to as the "HIT PMO") is seeking proposals from qualified bidders offering health information technology consulting services (hereinafter referred to as "vendor", "bidder", "firm" or "respondent") to support Connecticut's health information technology ("Health IT or HIT) planning, implementation and deployment. The HIT PMO is a newly formed office to serve the Health Information Technology Officer (HITO) who is legislatively charged with the planning, design, implementation, and oversight of Health Information Exchange (HIE) services for the State of Connecticut.

The HIT PMO is seeking proposals from experienced and qualified bidders to provide consulting services in support of strategic goals and tactical operations. Services include, but are not limited to, meeting facilitation to designing an HIE solution rollout to interface development. The State seeks bidders with in-depth knowledge and expertise in the Health IT Field including, but not limited to, the areas of Electronic Health Records ("EHR"), Meaningful Use ("MU"), Health Information Exchange ("HIE"), electronic Clinical Quality Measures ("eCQM"), Quality Payment Program, State Innovation Model ("SIM"), and the federal and state funding designed to advance the adoption of Health IT Programs.

This is a competitive solicitation. Interested parties are required to submit a proposal per the terms, conditions, requirements and specifications of this Request for Qualification (RFQ). **Bidders can apply for one or more of the service categories. The submissions of all Respondents shall be compared and evaluated pursuant to the evaluation criteria set forth in this RFQ and one or more Respondents may be selected to provide these services.** Expected services procured through this RFQ to begin in December with the initial contract term from 12/01/17 - 9/30/19. The selected contractor(s) will need to adapt to changing requirements as the HIT PMO mission, strategies, and in-house capabilities develop. It is expected that selected contracts will be paid for services rendered on a time and material basis.

**Responses to this Request for Qualifications must be submitted electronically on or before October 20, 2017 at 3pm to [HITO@ct.gov](mailto:HITO@ct.gov).**

The State may modify the RFQ prior to the deadline for submittals by issuance of an electronic addendum on the following website:

[https://www.biznet.ct.gov/SCP\\_Search/BidDetail.aspx?CID=44497](https://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=44497)

**Applicable Dates:**

<b>RFQ Release Date</b>	<b>09/27/17</b>
<b>Respondents Questions and Clarifications</b>	<b>10/11/17</b>
<b>Deadline</b>	<b>12 p.m. Eastern Time</b>
<b>Response to Respondents Questions</b>	<b>10/16/17</b>
<b>Application Due Date:</b>	<b>10/20/17</b>
	<b>3 p.m. Eastern Time</b>
<b>Anticipated Issuance of Notice of Award:</b>	<b>11/03/17</b>
<b>Anticipated Period of Performance:</b>	<b>12/01/17 - 09/30/19</b>

# 1 INTRODUCTION AND BACKGROUND

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The Health Information Technology Program Management Office (PMO) is seeking proposals from qualified bidders to provide subject matter expertise, technical support, and to facilitate and help guide the state's Health IT Advisory Council that is tasked with advising on the planning and implementation of a statewide Health Information Exchange solution and other health IT (HIT) investments. The successful bidders will share best practices, knowledge, and subject matter expertise related health information services, Health Information Exchanges (HIEs); and technologies and protocols that support the use of electronic clinical quality measures (eCQMs), implementation and rollout strategies for the HIE and provide technical assistance at the state and provider level. Additionally, successful bidders will prepare or assist with preparing technical documents, health IT procurements, business use cases, and other activities in support of the needs of the HIT PMO.

The newly created HIT PMO was established to support the Health Information Technology Officer (HITO) who is legislatively charged, through [Public Act 16-77](#), with the planning, design, implementation, and oversight of the health information exchange (HIE) services for the State of Connecticut. The HITO is responsible for coordinating all state health information technology initiatives as well as tasked with leading the [Health Information Technology Advisory Council](#).

The Health Information Technology Advisory Council is tasked with setting goals and developing a strategic health information technology plan for the state as well as monitoring progress in achieving those goals and providing oversight for the implementation of the plan and the development of an health information exchange for the state.

The Health IT Advisory Council is charged with developing (1) recommendations to advance the state's health information technology and HIE efforts and goals; (2) implementing the state HIT plan and standards; (3) implementing the state HIE; and, (4) appropriate governance, oversight and accountability measures to ensure success in achieving the state's HIT and HIE goals. The Health IT Council meets monthly and includes clinical and administrative stakeholders from hospitals, physician practices, ambulatory care providers, health information technology leaders, state agencies and importantly consumers/ consumer advocates. The Health IT Council will also undertake detailed planning to support the health information technology strategy that is set forth in the SIM Operational Plan; establish investment priorities with an emphasis on scalable, enterprise wide solutions; develop payer and provider educational materials; define standards for system interoperability and consistent formats for reports and portals; and coordinate with other health information technology related initiatives.

The HIT PMO also works in conjunction with the Connecticut State Innovation Model (SIM) with the goal to improve the state's capacity for data analytics as well as to make strategic investments in HIT infrastructure to build a statewide HIE that will support the state healthcare ecosystem to improve interoperability, connect to an health information exchange solution, engage consumers in their care coordination and management.

State Innovation Model was created by the Affordable Care Act, the Center for Medicare and Medicaid Innovation (CMMI) aims to explore innovations in health care delivery and payment that will improve the health of the population, enhance quality of care and lower costs through improvement (the “Triple Aim”). In December of 2014, Governor Malloy and the state of Connecticut applied for and was awarded a \$45 million CMMI State Innovation Model (SIM) grant. SIM has designated \$11 million dollars to advance statewide health information technology objectives, including funds to support the HITO, the HIT Program Management Office, and technologies. The SIM initiative is intended to test state-led, multi-payer health care payment and service delivery models over a four-year (2015-2019) period. SIM will help Connecticut achieve its vision to establish a whole-person-centered healthcare system that improves community health and eliminates health inequities; ensures superior access, quality, and care experience; empowers individuals to actively participate in their health and healthcare; and improves affordability by reducing health care costs. The State Innovation Model Program Management Office (“SIM PMO”) is located within the Connecticut Office of the Healthcare Advocate and is responsible for administering the Connecticut Healthcare Innovation Plan and the Connecticut State Innovation Model (SIM) Test Grant including the conduct of meetings, managing contracted transformation support, overseeing evaluation efforts, and communicating with stakeholders and state government.

## 1.1 CURRENT STATUS

As part of the planning and design phase of this work, the HITO undertook a four-month stakeholder engagement and environmental scan (See [Summary of Findings](#) and [Supporting Presentation](#)) to assess the current state and desired future state of the health IT environment in Connecticut. One of the key objectives of this environmental scan was to identify the health IT and HIE opportunities of the greatest value to stakeholders to help advance better health and better healthcare in Connecticut. Close to 300 individuals and over a 130 organizations participated in the stakeholder engagement process and the following nine recommendations were developed:

1. Keep patients and consumers as a primary focus in all efforts to improve health IT or HIE including addressing health equity and social determinants of health.
2. Leverage existing interoperability initiatives, including existing or planned private investments and relationships with state-based HIEs and the national initiatives of eHealth Exchange, CareQuality, CommonWell, and Surescripts.
3. Implement core technology that complements and interoperates with systems currently in use by private sector organizations.
4. Establish a Governance Structure to provide an appropriate policy framework.
5. Support provider organizations and networks assuming accountability for quality and cost with technical assistance, education, and communications for data sharing, referral coordination, and clinical data exchange.
6. Ensure all stakeholders can securely exchange health information through electronic means with others involved in a patient’s care.
7. Implement workflow tools that will improve the efficiency and effectiveness of healthcare delivery. These include, but not limited to:
  - a. Ability to share data bi-directionally (report and query) with the Connecticut Department of Public Health through the Connecticut Immunization Registry and Tracking System

- (CIRTS) as well as robust Electronic Laboratory Reporting (ELR) and Syndromic Surveillance systems that accept electronic data submissions and enable providers and hospitals to attest for Meaningful Use and new quality payment programs.
- b. The development and implementation of a robust statewide quality measurement system to collect electronic clinical quality measures (eCQM) and other quality measures, consistent with the recommendations of the eCQM Design Group chartered by the Health IT Advisory Council.
  - c. Prioritization of HIE use cases and HIE services that will support the development and implementation of shared infrastructure services for the State of Connecticut.
8. Provide transparent oversight and coordination of state-owned and state-operated health IT assets.
  9. Establish or designate a neutral, trusted organization representing public and private interests to operate agreed to statewide health information exchange services.

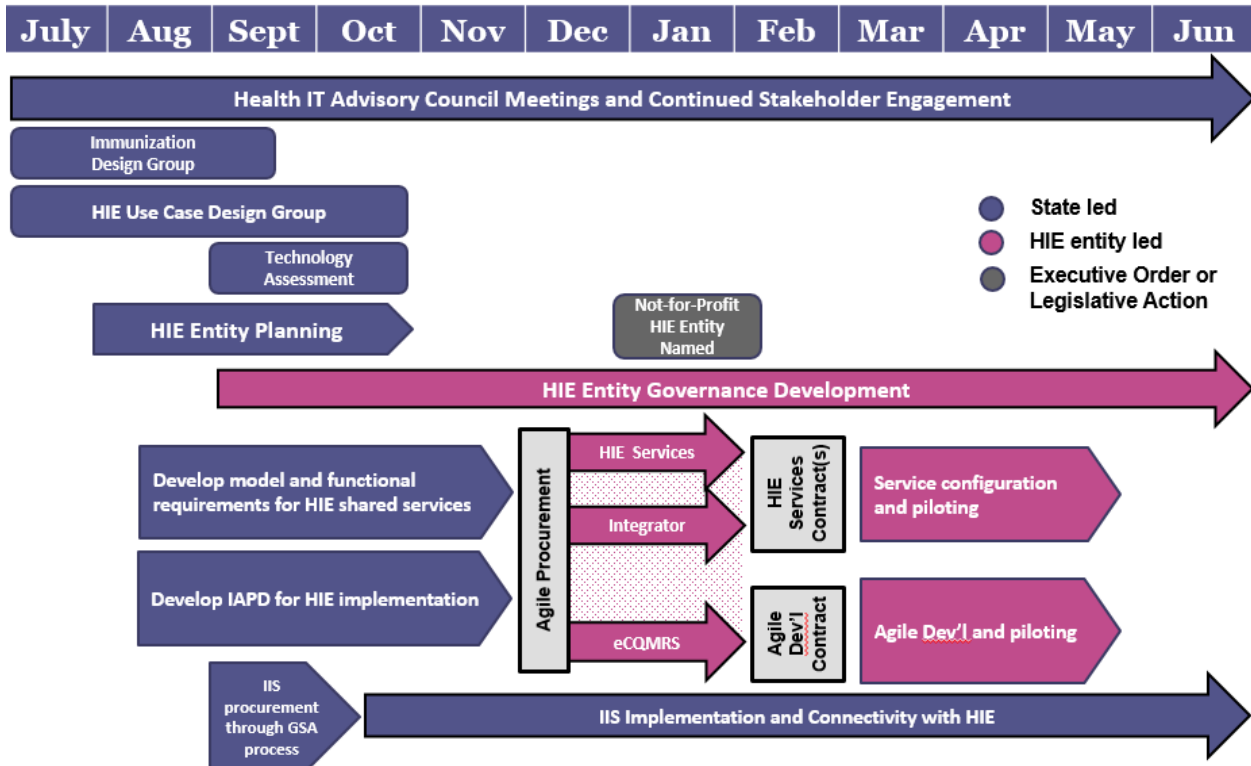
The Health IT Advisory Council accepted the aforementioned recommendations and in light of the findings the council agreed to the formation of two (2) time-limited, multi-stakeholder design groups:

1. The HIE Use Case Design Group formed to discuss and prioritize HIE use cases and HIE Services that will bring the most value to the planning process around the development of shared infrastructure services for the state. The purpose of the design group is: (1) To develop use cases that align with Council recommendations; (2) To establish value propositions to prioritize the use cases; (3) To validate high-level functional requirements for prioritized use cases as well as assess technologies required for the priority use cases; and, (4) To provide recommendations on “buy vs. build” and “federated vs. central” shared infrastructural services. The HIE Use Case Design Group has reviewed over 30 use cases and are working to review the technology infrastructure needs as well as engage stakeholders to validate the value of the use cases. Additional information about the HIE Use Case Design Group can be found [here](#).
2. The Immunization Information System (IIS) Implementation and Alignment Design Group (otherwise known as the IIS DG) was formed due to the great importance that providers and hospitals ranged public health reporting as an area where there are opportunities for the state to expand and/ or its services as well as to continue to address the need for a streamlined public health reporting. Additional information about the IIS design group and its recommendations to the Health IT Advisory Council can be found [here](#).

Simultaneously, the HIT PMO has also moved forward with Recommendation 9 of the Stakeholder Summary of Findings to establish an HIE entity that will have oversight over policies, standards and business practices that enable trusted electronic health information exchange, including but not limited to trust agreement, privacy and security, identity management, business principles and technical infrastructure.

The following diagram provides the current procurement approach until June of 2018.

# Procurement Approach



## 2 SCOPE OF WORK

This Request for Qualifications (RFQ) is issued by the HIT PMO with the intent to enter into multiple contracts with qualified firms to provide consulting services in Health Information Technology. The consulting services will assist facilitate progress in necessary activities and tasks required by the PMO. Interested parties are required to submit a proposal per the terms, conditions, requirements and specifications of this Request for Qualification (RFQ). **Bidders can apply for one or more of the service areas:**

1. Meeting Facilitation, Strategic Planning Support, and Proposal Writing
2. Development and Implementation of an eCQM Reporting System
3. Development and Implementation of Health Information Exchange Services
4. Development of Sustainability Models

## **2.1 MEETING FACILITATION, STRATEGIC PLANNING SUPPORT, AND PROPOSAL WRITING**

The HIT PMO seeks bidders(s) with expertise and experience in meeting facilitation and strategic planning. Selected successful bidder(s) will be expected to support the HIT PMO in facilitating internal state-level meetings as well as attending and facilitating various external committee and stakeholder meetings and report the progress and outcomes of each. Activities include administrative management of the Health IT Advisory Council, All Payers Claims Database Advisory Council ("[APCD Council](#)"), stakeholder engagement events, HIT work streams, and related activities. Specific tasks will include but not limited to:

1. Meeting Facilitation: Work to facilitate monthly Health Information Technology Advisory Council and possibly other monthly meetings such as the APCD Council. Related tasks include development of agendas, power point presentations, minutes, discussion documents; coordination with presenters. Attend, present reports and findings, synthesize feedback and recommend actions as a result of any relevant stakeholder meetings. Preparing and delivering presentations in a variety of settings (state leadership and the public). Facilitating and coordination among and between other state agencies and key stakeholders and develop agency documents. Manage meeting and workgroup distribution of information and any related activities, as required.
2. Strategic Planning Support: Work with the HIT PMO to prepare and execute strategies and tactics necessary to achieve State HIT goals and objectives. Provide expertise and guidance on the development of Health IT Policy at both the state and national level. Provide "Road-Mapping" and guidance to support longer-term objectives and for healthcare/ IT delivery system reform.
3. Proposal/Document Writing: The HIT PMO may require assistance in applying for state and federal funding requests. Responsibilities may include assistance in developing and scoping and writing grant proposals and funding requests. Respondents should indicate the types of grants they have worked on. Those with experience in writing healthcare related grants, specifically CMS Advance Planning Documents (Medicaid APDs), state HIT strategies and plans; ONC guidelines and initiatives will receive preference. Bidders with experience in federal and state grant writing are encouraged to respond. The HIT PMO may also seek Connecticut bond appropriations, and respondents may be required to prepare and support investment committee requests accordingly.
4. Project Management: Bidders will interface with HIT PMO program staff to support coordination of efforts with the HIT PMO program staff to ensure that goals and objectives for activities are accomplished in accordance with established project priorities. This may include activities such as: develop, track and update project tasks, update project plan(s) and schedule; identify, track and resolve issues; assist facilitation of regular project status meetings; note taking and deliver progress reports to the HIT PMO.
5. Preferred skills include:
  - a. Strong knowledge about Health Information Technology, Health Information Exchange, State innovation Models, also around technology, business, legal, finance and what other states technology activities is preferred.
  - b. Document writing including HIT procurements, use cases, and etc.

## 2.2 DEVELOPMENT AND IMPLEMENTATION OF AN eCQM REPORTING SYSTEM

The HIT PMO is working with the State Innovation Model in development of an eCQM Reporting System with the ability to receive and display clinical quality data and inform benchmarks and other quality improvement reporting. The statewide system for quality measurement will enable providers and encourage payers to more efficiently participate in successful value-based payment models through three main objectives:

- Inclusion of person-centric measures;
- Produce information on utilization, cost, and performance programs; and
- Reduce administrative burden on providers.

This system will be designed to support healthcare quality improvement activities and value-based purchasing models, and to provide feedback on those activities in a way that supports the quadruple aim of better health, better care, lower costs, and improved work life of healthcare providers.

Bidders would interface with key work streams within the SIM PMO including the SIM [Quality Council](#) as well as the [Healthcare Innovation Steering Committee](#). Selected successful bidders will be expected to support the HIT PMO in assessing the eCQM business needs, assessing change needs, capture, analyze and document requirements and support the communication and delivery of requirements with relevant stakeholders, such as the Office of the State Comptroller, Payer community and provider organizations.

Specific tasks include:

1. Translate HIE Use Case Design Group recommendations into business and functional requirements to align business needs
2. Develop a deployment strategy that includes sequencing of deployment and rollout schedule
3. Support the harmonization of the collection of the CQMs
4. Develop Roadmap to support the inclusion of CQMs into a Value Based Payment Model in conjunction with the HIT and SIM PMO.
5. Conduct business process analysis to identify key business needs, issues and/or gaps on a routine basis
6. Partner with eCQM Solution vendor to create and document business deliverables for new and enhanced capabilities
7. Develop requirements documentation, provide subject matter expertise and develop solution components or integrations for the CQMs that provide the largest and immediate value to customers
8. Management of project risks, issues and associated mitigations, while adhering to project timelines and budget



9. Interact with key stakeholders, including but not limited to, HIT and SIM PMO, the Office of the State Comptroller, Provider Organizations and Hospitals to assist in monitoring and sequencing deployment
10. Manage the onboarding process of providers and provider groups, toll gate process and reviews, etc.
11. Support data aggregation, normalization, and validation at the state level
12. Risk stratification analysis
13. Provide Expertise:
  - a. Provide expertise related to eCQM and technologies that enable use in value-based payment programs
  - b. Provide expertise related to coordination of the APCD to support/ facilitate eCQM production
14. Preferred skills include:
  - a. Expertise in Clinical Quality Measures, Quality Payment Program
  - b. Best practices of providing analytical reporting of eCQM and alignment with the Office of National Coordinator for Health Information Technology standards
  - c. Strong knowledge about Health Information Technology, Health Information Exchange, State innovation Models, Value Based Payment Models also around technology, business, legal, finance and what other states technology activities is preferred
  - d. Document writing including HIT procurements, use cases, and other

## 2.3 IMPLEMENTATION OF HEALTH INFORMATION EXCHANGE SERVICES

This RFQ seeks bidders to strategically develop and implement core infrastructure and technical solutions to create and enhance sustainable health information exchange solutions for the State of Connecticut.

**Background:** The HIT PMO, through the HIE Use Case Design Group, have prioritized the top ten use cases through a rigorous review of over 30 use cases. The top ten use cases identified are: (1) Immunization Information System, (2) electronic Clinical Quality Measures, (3) Longitudinal Health Record, (4) Clinical Encounter Alerts, (5) Public Health Reporting, (6) Population Health Analytics, (7) Patient Portal/PHR, (8) Image Exchange, (9) Medication Reconciliation, and (10) Advance Directives (MOLST). Further analysis and consideration by the Design Group will also incorporate Business, Financial, Legal, and Policy considerations as well analyzing infrastructure and requirements across the top ten use cases. The use cases will then be socialized with key stakeholder groups for validation. By October 19, 2017, the HIE Use Case Design Group Recommendations will be submitted to the Health IT Advisory Council for their review and acceptance. Bidders can learn read more about the HIE Use Case Design Group process [here](#). Once recommendations are accepted, the top four to five use cases, which includes the Immunization Information System, eCQM, and two to three others will be the first to be implemented as health

information exchange services. **Bidders should expect and anticipate flexibility as these Use Cases are determined and additional services come into scope.**

Bidders would support the design, development, testing and implementation of core infrastructure and technical solutions promoting value propositions that have been developed through the design group activities as mentioned in “Section 1: Introduction”. Specific tasks to fulfill and accelerate the technical solutions include, but are not limited to:

1. **Deployment and Integration Plan:** Bidders shall have strong experience deployment and implementing strategies, best practices, standards, policies and procedures as it relates to health information exchange services:
  - a. Experience in roll-out of key health information exchange strategies to key stakeholder groups
  - b. Experience in deployment of enterprise solutions in a scalable manner across agencies, organizations and platforms; deployment testing and training requirements
  - c. Create and maintain a comprehensive scalable infrastructure
  - d. Implement and continuously improve health information exchange system capabilities through a phased approach
2. **Assist with Solicitations and Vendor Management:** Bidders shall facilitate and lead meetings for the development of future RFI/RFQ/RFPs. Subject matter expertise in developing specification and technical requirements for the RFI/RFQ/RFPs, draft documents and supplemental materials as well as aid in the review and evaluation, provide recommendations and negotiation support. In addition, bidders should be able to provide cost and pricing analysis as well as provide change management and transition planning. Monitoring vendor performance and providing quality assurance services.
3. **Data Governance:** Bidders shall have strong experience and expertise with data governance and Master Data Management (MDM) solutions. It is expected that they work closely with the HIT PMO define and establish standards and processes for the health information exchange services. Assist in establishing and operating framework for data governance stewardship, develop establish appropriate structure, policies and procedures, and develop a communication and engagement plan to key stakeholders. Support the implementation of a MDM system to achieve a unified view of data across the state, provide the quality of data, collaboration and reduce costs. MDM will create a suite of data records and services that will result in a single trusted authoritative data source
4. **Technical Standards:** Establish electronic strategy for technical standards to include, but not limited to, security, privacy, data content, structures and format, vocabulary and transmission protocols as well as be compatible with national standards; design accreditation standards; Monitor conformity to standards and improve these standards over time.
5. **Data Use Agreements:** Develop Data Use Agreements/ Trust Agreements including information regarding data types, formats, standards and methods, access, data sharing and reuse, data management, develop effective data management process and procedures; implementation and rollout. Bidders should have strong knowledge and expertise in the trust framework, the federal government’s governance goals, best practices, national best practices and common requirements in the successful development of data use agreements.

6. Health Information Services: Provide in-depth as well as cutting edge knowledge on how information is shared, managed and leveraged. Expertise and experience in the following is required: (1) Master Data Management for the development, implementation, management of an MDM solution; (2) EHR Interoperability including extraction, analysis and data transformation for usage; (3) Health Systems Integration with experience in connecting disparate systems; and, (4) Analytics and Visualization to deliver actionable insights.
7. Provide Technical Support and Subject Matter Expertise:
  - a. Provide expertise on HIT planning, deployment, and scaling
  - b. Develop and compile business, functional and technical requirements
  - c. Develop and compile business use cases for HIT/HIE/eCQM
  - d. Review and provide recommendations on solution architecture options
  - e. Evaluate and analyze available solutions in the marketplace and provide recommendations
  - f. Provide or provision expertise on HIE technology issues including interoperability, architecture, standards, business operations, development of statewide HIE/HIT policies
  - g. Provide expertise on HIE technology risk mitigation– including related to patient consent, standards and interoperability; business operations, and financial sustainability
  - h. Assist with cost allocations of HIT components
  - i. Assist with planning and document preparation
9. Subject matter and technical expertise of:
  - a. HIE planning and implementation
  - b. Shared utility health IT solutions, healthcare provider engagement around health IT, and multi-payer solutions
  - c. National HIT and HIE landscape
  - d. Care delivery, and payment reform as it relates to health IT
  - e. Strong knowledge of All Payer Claims Database (APCD), state and federal regulations, uses to support data analytics, exchange of health information and payment reform
10. Preferred skills include:
  - a. Strong knowledge about Health Information Technology, Health Information Exchange, State innovation Models, also around technology, business, legal, finance and what other states technology activities is preferred
  - b. Document writing including HIT procurements, use cases, and other

## **2.4 DEVELOPMENT OF SUSTAINABILITY MODELS**

As part of PA 16-77, the HITO and the Health IT Advisory Council are tasked to develop a sustainable and practical solution to support the exchange of health information in the state. Similarly, the APCD Council is tasked with developing strategies to sustain the APCD. Therefore the HIT PMO seeks strategic assistance to design practical financial models that reflect the costs and tangible value of the services to be delivered.

Please note the emphasis is on ongoing operational financial models post construction and deployment.

In the case of the HIE, they expectation is that HIE services will be delivered in as a shared utility service that resides in a nonprofit private company. It is expected that respondents will design and model practical

mechanisms, in the context of the Connecticut health ecosystem, to fund the ongoing operations of the HIE. This may include the design of service catalog supported by activity- or use case-based cost pools, volume forecasting, service level expectations, chargeback, pricing or subscription fees and related needs. This may also include designing and modeling programs that may leverage assessments; benefits plan design or other similar approaches to sourcing funding in the health ecosystem. Additionally, this may also include creating strategies to leverage Federal match-funding programs that support on-going operational needs.

In the case of the eCQM program, at present it is proposed that the collection of quality metrics from clinical care settings and the management of identities will be delivered as one or more HIE use cases, and the aggregation, curation, securing, storage and analysis of the collected data will reside in a data lake separate from the HIE transactional services. Respondents will be expected to collaborate with the HIT PMO, SIM PMO and the relevant advisory boards to design practical entity plans and financial models that optimize operational and analytical efficiencies. This may include any combination of the operational funding strategies described above for the HIE.

In the case of the APCD, in addition to the expectations described above for the HIE, respondents will be expected to collaborate with the HIT PMO and APCD Council to develop an operational strategy that optimizes operational efficiency. This may include developing recommendations for placement of the APCD in an appropriate entity construct that facilitates the appropriate collection and use of relevant data.

Bidders shall have experience in:

1. Identifying and quantifying tangible value in shared service product lines.
2. Influencing product development design and roadmaps based on sound financial planning practices.
3. Developing service catalogs, pricing and chargeback models.
4. Developing benefits plan designs that incorporate data collection and usage needs.
5. Developing approaches for funding nonprofit companies, including mechanisms for managing cash flow, working capital, billing and collections, assessments and related financial activities.
6. Creating compelling arguments to support the proposed financial models of ongoing operational sustainability.

## 3 APPLICATION DETAILS

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### 3.1.1 Submission Instruction

This Request for Proposals serves as the application package and contains all the instructions to enable a potential Respondent to apply.

Responses will be due no later than **3:00 p.m. EST on October 20, 2017**. Responses received later than the date and time specified will not be reviewed in the initial batch of responses. Such responses by be reviewed and acted upon at a later time at the HIT PMO's discretion. The HIT PMO assumes no responsibility or liability for late delivery or receipt of responses.

The PMO will respond to all questions in one or more official addenda that will be posted to the Department of Administrative Services (DAS) website:

[https://www.biznet.ct.gov/SCP\\_Search/BidDetail.aspx?CID=44497](https://www.biznet.ct.gov/SCP_Search/BidDetail.aspx?CID=44497)

### 3.1.2 Schedule

The RFQ Process will proceed according to the following anticipated schedule:

09/27/2017	RFQ Release Date
10/11/2017	Deadline for all questions and clarification inquiries, submitted via email to <a href="mailto:HITO@ct.gov">HITO@ct.gov</a>
10/16/2017	Deadline for all answers to Respondents questions
10/20/2017	Responses due by 3:00 pm via email to <a href="mailto:HITO@ct.gov">HITO@ct.gov</a>
11/03/2017	Anticipated Notice of Award
12/01/2017 – 09/30/19	Anticipated Period of Performance

### 3.1.3 Respondent's Questions

Questions regarding this RFQ must be submitted by electronic mail to [HITO@ct.gov](mailto:HITO@ct.gov) with the following Subject Line: Questions – RFQ No. 20170927-HITConsulting. All questions must be received by **12:00 p.m. EST on October 11, 2017**. Questions received after the initial deadline may be reviewed and answered at a later time at the HIT PMO desertion.

### 3.1.4 Format Requirements

All responses must be submitted in MS Word or .pdf format, with Calibri 11 point font, and with 1" margins, with exception of the Budget Template, which should be submitted in Excel Format.

## 3.2 APPLICATION CONTENT:

Respondents are cautioned to read this RFQ carefully and to conform to its specific requirements. Failure to comply with the requirements of this RFQ may serve as grounds for rejection. The Response must be submitted in electronic-format to [HITO@ct.gov](mailto:HITO@ct.gov) no later than the established deadline date. The email subject line must read, "RFQ No. 20170927-HITConsulting". The HIT PMO accepts no responsibility for late delivery of an application.

#### PROPOSAL FACE SHEET:

See Attachment A

#### TRANSMITTAL LETTER (Two pages single spaced):

The written statement that address the following:

- The Respondent accepts without qualification:
  - Assurances and Acceptance (RFQ Section 4.2.9);
  - All [Mandatory Terms and Conditions](#);

- Brief statement outlining experience and qualifications to undertake all or specific categories under the Scope of Work;
- A statement that any submitted response and cost shall remain valid for one hundred twenty (120) days after the proposed due date or until the contract is approved, whichever comes first; and
- Evidence of Qualified Entity: The respondent shall provide written assurance to the PMO from its legal counsel that it is qualified to conduct business in Connecticut and is not prohibited by its articles of incorporation, bylaws, or the law under which it is incorporated from performing the services required under any resultant contract.
- Sanction – Disclosure: The respondent shall provide a statement that attests that no sanction, penalty or compliance action has been imposed on the Respondent within three years immediately preceding the date of this RFQ. If the Respondent proposes the use of a subcontractor, each proposed subcontractor must provide the same statement.
- Small, Minority or Women's Business Enterprise: Section 32-9e of the Connecticut General Statutes, superseded by Section 4a-60g sets forth the requirements of each executive branch agency relative to the Connecticut Small Business Set-Aside program. Pursuant to that statute, twenty-five (25%) of the average total of all contracts let for each of the three previous fiscal years must be set aside. The PMO requires that the Resultant Contractor make a "good-faith effort" to set aside a portion of this contract for a small, minority or women's business enterprise as a subcontractor. Such subcontractors may supply goods or services. Prospective Respondents may obtain a list of bidders certified to participate in the Set-Aside program by contacting the Department of Administrative Services at the DAS website.

**EXECUTIVE SUMMARY:**

Respondents should provide a summary of their organization, their qualification, their proposed approach for working with the HIT PMO, and the category(s) of services for which they seek prequalification. This summary should be a maximum of two (2) pages in length.

**STATEMENT OF RESPONDENT’S QUALIFICATION:**

All responses must include a statement of Respondent’s history, along with its qualifications and experience to provide the services identified in the RFQ. The response should specifically indicate the Respondents’ current and historical expertise in the categories of services identified in the RFQ for which it seeks to be selected. Describe the scope of work of contracts held by the organization in the past 5 years and specific associated achievements.

**STAFF QUALIFICATIONS:**

All responses must include resumes of each individual who will be providing the Services under any work order, as well as written descriptions of the individual’s background and experience. Written descriptions of individuals shall include (i) experience; (ii) subject matter expertise, (iii) technical knowledge, and (iv) skills set. All Respondents must identify the individual(s) who will have primary responsibility for contact and communications with the HIT PMO under each service category.

Resumes for each proposed personnel and subcontractor should be attached as a single attachment.

The HIT PMO reserves the right to investigate and to review the background of any or all personnel assigned to work under this agreement. Any changes to the project personnel shall require formal written approval by the HIT PMO. The HIT PMO reserves the right to terminate the agreement and/or any work if changes are not approved.

#### **REFERENCES:**

All responses must include references from at least (3) of the Respondent's clients who have utilized the organization on matters related to the respective service categories for which the Respondent desires to be selected. All references must include a contact name, address, and telephone number. In addition all responses must include a list of public and private clients for whom the organization has provided services similar to those described in the RFQ, with a description of services provided. Provide a minimum of two references for each assigned key individual, including names of organizations and phone numbers for recently completed projects of similar scope.

#### **BILLING RATES AND STRUCTURE:**

The HIT PMO anticipates establishing a set rate schedule with the selected Respondent(s). In anticipation of this process, Respondents are required to include the following information in their response.

A tier rate schedule of hourly rates to be charged by personnel identified in the qualification statement above and the rate categories for additional personnel that may work on specific assignments. Please indicate discounts, if any that are being offered from standard hourly rates.

Travel costs may be billed separately and will follow Federal General Services Administration Travel Regulations.

#### **ADDITIONAL DOCUMENTATION:**

All responses must include the following Standard Forms:

The Respondent shall submit the following standard forms:

- [Procurement Agreement Signatory Acceptance](#): Proposal must include a Statement of Acceptance, without qualification of all terms and conditions within this RFQ and the
- [Mandatory Terms and Conditions](#) for a PSA contract (with proposal)
- [Consulting Agreement Affidavit](#) (with proposal, OPM Ethics Form 5)
- [Affirmation of Receipt of State Ethics Laws Summary](#) (with proposal, OPM Ethics Form 6)
- [Iran Certification](#) (with proposal, OPM Ethics Form 7)
- [Gift and Campaign Contributions](#) (prior to contract, OPM Ethics Form 1)
- [Nondiscrimination Certification Form](#) (prior to contract)

## **4 EVALUATION AND SELECTION**

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The HIT PMO evaluation team shall evaluate each response that is properly submitted. As part of the selection process, the HIT PMO may invite finalists to answer questions regarding their response in person or in writing. Any expenses incurred by the Respondent to participate in such interview shall be the responsibility of the Respondent.

### **4.1.1 Criteria**

Selection of a Respondent to provide the services sought will be based on the following criteria:

- Demonstrated capacity, facilities, and organizational structure to perform the type of services sought in this RFQ
- Qualification and experience of the Respondent and the primary personnel identified to provide the services in each applicable category
- Record of performance with other clients
- Experience in providing similar services to other clients
- Demonstrated knowledge of the categories identified in Section 2: Scope of Work
- Reasonableness of the offered rates and billing structure

The order of these factors does not generally denote relative importance. The HIT PMO reserves the right to consider such other relevant factors as it deems appropriate in order to obtain the “best value”

An Evaluation Team will be established to assist the PMO in selection of Contractor(s). The PMO reserves the right to alter the composition of this Team. The Evaluation Team will be responsible for the review and scoring of all Responses. This group will be responsible for the recommendation to the HITO. The State reserves the right to reject any and all Responses.

### **4.1.2 Selection**

Notification of selection or non-selection of all Respondents who submitted conforming responses will be emailed when the selection process is final.

## **4.2 PROCUREMENT PROCESS**

### **4.2.1 Contract Execution**

The contract developed as a result of this RFQ is subject to State contracting procedures for executing a contract, which includes approval by the Connecticut Office of the Attorney General. Contracts become executed upon the signature of the Office of the Attorney General and no financial commitments can be made until and unless the contracts have been approved by the Office of the Attorney General. The Office of the Attorney General reviews the contract only after the HITO and the Contractor have agreed to the provisions.

### **4.2.2 Official Contact**

For the purposes of this RFQ, the HIT PMO has designated that all communication must be in writing and submitted to [Hito@ct.gov](mailto:Hito@ct.gov).

Respondents, Prospective Respondents, and other interested parties are advised that any communication with the following about this RFQ is strictly prohibited:

1. Any PMO employee(s),



2. Personnel of our state agency partners (including SIM/UConn/UConn Health) directly engaged in HIT related activities, and
3. Personnel under contract with the PMO or our state agency partners

Respondents or Prospective Respondents who violate this instruction risk disqualification from further consideration. If you are uncertain as to whether communication is permitted with an individual or entity, please submit your question to the [HITO@ct.gov](mailto:HITO@ct.gov).

### 4.2.3 Acceptance of Content

If acquisition action ensues, the contents of this RFQ and the Response of the successful Respondent will form the basis of contractual obligations in the final contract.

The resulting contract will be a Personal Service Agreement (PSA) contract between the successful Respondent and the PMO. The Respondent's submission must include a Statement of Acceptance, without qualification of all terms and conditions within this RFQ and the [Mandatory Terms and Conditions](#).

Any Response that fails to comply in any way with this requirement may be disqualified as non-responsive. The PMO is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

### 4.2.4 Contest of Solicitation of Award

Pursuant to Section 4e-36 of the Connecticut General Statutes, "Any Respondent or RESPONDENT on a state contract may contest the solicitation or award of a contract to a subcommittee of the State Contracting Standards Board..." Refer to the State Contracting Standards Board website at [www.ct.gov/scsb](http://www.ct.gov/scsb).

### 4.2.5 Disposition of Responses- Rights Reserved

Upon determination that its best interests would be served, the PMO shall have the right to the following:

1. **Cancellation:** Cancel this procurement at any time prior to contract award.
2. **Amend procurement:** Amend this procurement at any time prior to contract award.
3. **Refuse to accept:** Refuse to accept, or return accepted Responses that do not comply with procurement requirements.
4. **Incomplete Business Section:** Reject any Response in which the Business Section is incomplete or in which there are significant inconsistencies or inaccuracies. The State reserves the right to reject all Responses.
5. **Prior contract default:** Reject the submission of any Respondent in default of any prior contract or for misrepresentation of material presented.
6. **Received after due date:** Reject any Response that is received after the deadline.
7. **Written clarification:** Require Respondents, at their own expense, to submit written clarification of their Response in a manner or format that the PMO may require.

8. **Oral clarification:** Require Respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the PMO. Invite Respondents, but not necessarily all, to make an oral presentation to assist the PMO in their determination of award. The PMO further reserves the right to limit the number of Respondents invited to make such a presentation. The oral presentation shall only be permitted for clarification purposes and not to allow changes to be made to the submission.
9. **No changes:** Allow no additions or changes to the original Response after the due date specified herein, except as may be authorized by the PMO.
10. **Property of the State:** Own all Responses submitted in response to this procurement upon receipt by the PMO.
11. **Separate service negotiation:** Negotiate separately any service in any manner necessary to serve the best interest of the State.
12. **All or any portion:** Contract for all or any portion of the scope of work or tasks contained within this RFQ.
13. **Most advantageous Response:** Consider cost and all factors in determining the most advantageous Response for the PMO when awarding the right to negotiate a contract.
14. **Technical defects:** Waive technical defects, irregularities and omissions, if in its judgment the best interests of the PMO will be served.
15. **Privileged and confidential communication:** Share the contents of any Response with any of its designees for purposes of evaluating the Response to make an award. The contents of all meetings, including the first, second and any subsequent meetings and all communications in the course of negotiating and arriving at the terms of the Contract shall be privileged and confidential.
16. **Best and Final Offers:** Seek Best and Final Offers (BFO) on price from Respondents upon review of the scored criteria. In addition, the PMO reserves the right to set parameters on any BFOs it receives.
17. **Unacceptable Responses:** Reopen the bidding process if the PMO determines that all Responses are unacceptable.

#### **4.2.6 Qualification Preparation Expenses**

The PMO assumes no liability for payment of expenses incurred by Respondents in preparing and submitting Responses to this procurement.

#### **4.2.7 Assurances and Acceptances**

1. **Independent Price Determination:** By submission of a Response and through assurances given in its Transmittal Letter, the Respondent certifies that in connection with this procurement the following requirements have been met.
  - a. **Costs:** The costs proposed have been arrived at independently, without consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such process with any other organization or with any competitor;

- b. **Disclosure:** Unless otherwise required by law, the costs quoted have not been knowingly disclosed by the Respondent on a prior basis directly or indirectly to any other organization or to any competitor;
  - c. **Competition:** No attempt has been made or will be made by the Respondent to induce any other person or firm to submit or not to submit a Response for the purpose of restricting competition;
  - d. **Prior Knowledge:** The Respondent had no prior knowledge of the RFQ contents prior to actual receipt of the RFQ and had no part in the RFQ development; and
  - e. **Offer of Gratuities:** The Respondent certifies that no elected or appointed official or employee of the State of Connecticut has or will benefit financially or materially from this procurement. Any contract arising from this procurement may be terminated by the State if it is determined that gratuities of any kind were either offered to or received by any of the aforementioned officials or employees from the contractor, the contractor's agent or the contractor's employee(s).
2. **Valid and Binding Offer:** Each Response represents a valid and binding offer to the PMO to provide services in accordance with the terms and provisions described in this RFQ and any amendments or attachments hereto.
  3. **Press Releases:** The Respondent agrees to obtain prior written consent and approval from the PMO for press releases that relate in any manner to this RFQ or any resulting contract.
  4. **Restrictions on Communications with PMO Staff:** The Respondent agrees that from the date of release of this RFQ until the PMO makes an award that it shall not communicate with PMO staff on matters relating to this RFQ except as provided herein through the PMO. Any other communication concerning this RFQ with any of the PMO's staff may, at the discretion of the PMO, result in the disqualification of that Respondent's Submission.
  5. **Acceptance of the PMO's Rights Reserved:** The Respondent accepts the rights reserved by the PMO.
  6. **Experience:** The Respondent has sufficient project design and management experience to perform the tasks identified in this RFQ. The Respondent also acknowledges and allows the PMO to examine the Respondent's claim with regard to experience by allowing the PMO to review the related contracts or to interview contracting entities for the related contracts.

#### 4.2.8 Incurring Costs

The PMO is not liable for any cost incurred by the Respondent prior to the effective date of a contract.

#### 4.2.9 Statutory and Regulatory Compliance

By submitting a proposal in response to this RFQ, the proposer implicitly agrees to comply with all applicable State and federal laws and regulations, including, but not limited to, the following:

1. Freedom of Information, C.G.S. § 1-210(b). This Contract is subject to C.G.S. § 1-1210(b). The Freedom of Information Act (FOIA) requires the disclosure of documents in the possession of the State upon request of any citizen, unless the content of the document falls within certain categories of exemption, as defined by C.G.S. § 1-1210(b). The proposer shall indicate if it believes that certain documents or a portion(s) of documents, as required by this RFQ is confidential,

proprietary or trade secret by clearly marking such in its response to this RFQ. The State will make an independent determination as to the validity under FOIA of the proposer's marking of documents or portions of documents it believes should be exempt from disclosure. While a proposer may claim an exemption to the State's FOIA, the final administrative authority to release or exempt any or all material so identified rests with the State. The State has no obligation to initiate, prosecute, or defend any legal proceeding or to seek a protective order or other similar relief to prevent disclosure of any information pursuant to a FOIA request. The proposer has the burden of establishing the availability of any FOIA exemption in any proceeding where it is an issue. In no event shall the State or any of its employees have any liability for disclosure of documents or information in the possession of the State and which the State or its employees believe(s) to be required pursuant to the FOIA or other requirements of law.

2. Contract Compliance, C.G.S. § 4a-60 and Regulations of CT State Agencies § 46a-68j-21 thru 43, inclusive. CT statute and regulations impose certain obligations on State agencies (as well as contractors and subcontractors doing business with the State) to insure that State agencies do not enter into contracts with organizations or businesses that discriminate against protected class persons.
3. Consulting Agreements, C.G.S. § 4a-81. Proposals for State contracts with a value of \$50,000 or more in a calendar or fiscal year, excluding leases and licensing agreements of any value, shall include a consulting agreement affidavit attesting to whether any consulting agreement has been entered into in connection with the proposal. As used herein "consulting agreement" means any written or oral agreement to retain the services, for a fee, of a consultant for the purposes of (a) Providing counsel to a contractor, vendor, consultant or other entity seeking to conduct, or conducting, business with the State, (b) Contacting, whether in writing or orally, any executive, judicial, or administrative office of the State, including any department, institution, bureau, board, commission, authority, official or employee for the purpose of solicitation, dispute resolution, introduction, requests for information or (c) Any other similar activity related to such contract. Consulting agreement does not include any agreements entered into with a consultant who is registered under the provisions of C.G.S. Chapter 10 as of the date such affidavit is submitted in accordance with the provisions of C.G.S. § 4a-81. The Consulting Agreement Affidavit (OPM Ethics Form 5) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: A proposer must complete and submit OPM Ethics Form 5 to the Department with the proposal.
4. Gift and Campaign Contributions, C.G.S. §§ 4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8 and No. 7C, Para. 10; C.G.S. § 9-612(g)(2). If a proposer is awarded an opportunity to negotiate a contract with an anticipated value of \$50,000 or more in a calendar or fiscal year, the proposer must fully disclose any gifts or lawful contributions made to campaigns of candidates for statewide public office or the General Assembly. Municipalities and CT State agencies are exempt from this requirement. The gift and campaign contributions certification (OPM Ethics Form 1) is available on OPM's website at [http://www.ct.gov/opm/fin/ethics\\_forms](http://www.ct.gov/opm/fin/ethics_forms)  
IMPORTANT NOTE: The successful proposer must complete and submit OPM Ethics Form 1 to the Department prior to contract execution.
5. Nondiscrimination Certification, C.G.S. §§ 4a-60(a)(1) and 4a-60a(a)(1). If a proposer is awarded an opportunity to negotiate a contract, the proposer must provide the Department with written representation or documentation that certifies the proposer complies with the State's nondiscrimination agreements and warranties. A nondiscrimination certification is required for all

State contracts—regardless of type, term, cost, or value. Municipalities and CT State agencies are exempt from this requirement. The nondiscrimination certification forms are available on OPM’s website at [http://www.ct.gov/opm/fin/nondiscrim\\_forms](http://www.ct.gov/opm/fin/nondiscrim_forms).

IMPORTANT NOTE: The successful proposer must complete and submit the appropriate nondiscrimination certification form to the awarding Department prior to contract execution.

#### **4.2.10 Key Personnel**

The PMO reserves the right to approve any additions, deletions, or changes in key personnel, with the exception of key personnel who have terminated employment. The department also reserves the right to approve replacements for key personnel who have terminated employment. The PMO further reserves the right to require the removal and replacement of any of the proposer’s key personnel who do not perform adequately, regardless of whether they were previously approved by the PMO.

#### **4.2.11 Other**

The successful bidder may be precluded from bidding on future Health Information Technology contracts issued by the State of Connecticut directly related to the work conducted in relation to this contract, consulting services notwithstanding.

# ATTACHMENT A: PROPOSAL FACE SHEET

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**HIT PROGRAM MANAGEMENT OFFICE  
 REQUEST FOR QUALIFICATIONS (RFQ)  
 HIT CONSULTING SERVICES  
 PROPOSAL FACE SHEET**

1	<p><b>RESPONDING ORGANIZATION</b> (Legal name and address of organization as filed with the Secretary of State):</p> <p>Legal Name: _____</p> <p>Street Address: _____</p> <p>Town/City/State/Zip: _____</p> <p>FEIN: _____</p>
2	<p><b>DIRECTOR/CEO</b></p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>
3	<p><b>CONTACT PERSON</b></p> <p>Name: _____ Title: _____</p> <p>Telephone: _____ FAX: _____</p> <p>Email: _____</p>

# ATTACHMENT B: PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

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## Statement of Acceptance

The terms and conditions contained in this Request for Qualifications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Office of the Healthcare Advocate is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

## Acceptance Statement

On behalf of \_\_\_\_\_

I, \_\_\_\_\_ agree to accept the Mandatory Terms and Conditions and all other terms and conditions as set forth in the HIT Consulting Services Request for Qualifications.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

# ATTACHMENT C: BUDGET TEMPLATE

Tiered Rates by Category	Personnel to Perform in Category of Service	Subject Matter Expertise	Hourly Rates by Personnel	Description	Any additional pricing incentives (e.g. flat fees, blended rates, fee caps, etc.)
<b>1. Project Management, Meeting Facilitation and Strategic Planning support</b>					
<b>2. Clinical Quality Metrics/ Data Analytics</b>					
<b>3. Implementation of HIE Services</b>					