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

REQUEST FOR PROPOSALS (RFP) FOR HEALTH EQITY DATA ANALYTICS SERVICES
FIRST Addendum

Release Date: 1/11/2018

1. Does the HIT PMO have candidate data sources for social determinants data that it would like evaluated by the contractor, or is the contractor to be responsible for finding data sources that are currently unknown to the HIT PMO?
   Response: We are looking for the chosen contractor(s) to identify various data sources that could be used.

2. Do all candidate data sources need to be CT State-owned data?
   Response: No.

3. Will the contractor be provided with a data directory or dictionary for CT State-owned data?
   Response: To the knowledge of the HIT PMO, no data directory or dictionary of this type exists. The HIT PMO will collaborate with the contractors(s) in identifying potential state-owned sources of health equity data.

4. Will the contractor have access to State-owned protected candidate data sources for the purpose of evaluation? (i.e. non-public datasets)
   Response: For purposes of this project, contractor(s) will work with the HIT PMO on a case-by-case basis to assess and access state-owned datasets. Based on the HIT PMO's experience, access to production data is likely to be controlled by privacy and release statutes. However; generalized content, data dictionaries and similar information may be available in these cases.

5. "This [RFP] is issued by the HIT PMO with the intent to enter into a contract with a qualified firm to provide the project services…[including the following deliverables]…Project Charter…Project Plan…Recommendations for "vital few" health equity data elements supported by analysis; Trusted data sources categorized against criteria…Jointly agreed and proven architecture…and Detailed proposal, including personas, data and process described as a use case." (RFP, pg.5)
   a. Could the HIT PMO provide additional detail on the desired deliverables from the contractor, including content, form, format, and anticipated timelines (between 2/1 and 10/31)?

Response: Timeline: Contract 1Q2018, Planning/Analysis 2Q2018, Execution, Analysis and Recommendations 3Q2018.

b. Can the State describe the process and who will be involved in the selection and prioritizing of the health equity data elements determined to be the "vital few"?
Response: We anticipate the chosen contractor to present their data selection recommendations and associated data sources for approval by the HIT PMO.

c. If general subject matter expertise is desired, could a resource-/hour-estimate be provided?
Response: Any resources necessary to complete this scope of work should be included in the contractor estimated costs.

d. Within "Attachment C: Budget Template", the HIT PMO mentions the acceptance of "flat fees". Could the HIT PMO provide additional information on whether flat fee, deliverable-based fee arrangements would be considered?
Response: Both arrangements will be considered.

6. "Respondents will propose a pilot or prototype that can be developed to demonstrate the ability to use the recommended health equity data to drive clinical action (Deliverable: Detailed proposal, including personas, data and process described as a use case.)" (RFP, p. 5)
    a. Could the HIT PMO provide information on potential priority areas of interest for the pilot/prototype use case?
    Response: We are looking for the chosen contractor to provide.
    b. In addition to driving clinical action, would other pilot/prototype uses (e.g., development of payment models) be of interest to the HIT PMO?
    Response: It is of interest to the HIT PMO, but not part of the scope of work nor funding of this particular Health Equity RFP.

7. "Respondents will be expected to research and propose sources of health equity data based on a fact-based assessment of health equity concerns and needs in Connecticut. Sources are to be evaluated against the criteria of availability, population coverage, timeliness, and accuracy." (RFP, pg. 5)
    a. Does the State and/or HIT PMO have an existing sense of the:
        i. Social determinant data sources that would be likely need to be reviewed and/or included in this analysis? If any similar investigations have previously been conducted to inform initial thinking/work, can the State share the materials, reports, or studies?
        Response: We are looking for a contractor that can provide this information to the project team.

ii. Data sources within the existing "data lake" to which social determinant data would ideally be connected for actionable program use (e.g., APCD, OHCA)?
Response: the data repository will have medical/Rx Clams, clinical, administrative, etc.

b. What role does the State and/or HIT PMO envision for the APCD as part of this effort?
Response: The incorporation of the APCD will be determined by HIT PMO and Solution Architect in a phased timeline. We are looking for a contractor to provide insight into possible health equity data approaches.

c. Could the HIT PMO provide additional information on the process envisioned to ascertain the highest priority "health equity concerns and needs in Connecticut"? Is the HIT PMO envisioning, for example, a quantitatively-driven process, building on the contractor's previous policy & data/analytic experience, and/or would qualitative components (e.g., key stakeholder interviews) be desired as well?
Response: We are looking for the potential contractors to provide their approach.

d. Can the State provide copies of any materials that it or its contractors have developed regarding statewide HIE and HIT, eCQM project, the APCD, and the OHCA data bases capabilities and plans?
Response: We are currently working on producing and publishing an RFP for the Core Data Analytics Solution (CDAS) that the health equity data would be incorporated. Besides what is publically available at http://portal.ct.gov/office-of-the-lt-governor/health-it-advisory-council, we will not be providing any other information at this time.

8. "Respondents will collaborate with the UConn Analytic and Information Management Services (UConn AIMS) team responsible to the HITO for architectural design services to incorporate health equity into the health architecture and design a practical pilot or demonstration. (Deliverable: Jointly agreed and proven architecture)" (RFP, pg. 5)

a. What type of support/subject-matter expertise does the HIT PMO envision being provided by the contractor to the UConn AIMS team?
Response: UConn AIMS is the Solution Architect for State HIT to include the CDAS. They are leading the design of the CDAS and will oversee the implementation (RFP to be published in future for CDAS). UConn AIMS is the Analytics and Informatics Center of Excellence (AI-CoE) to include various data and analytics subject matter expertise from other state agencies, such as UConn Health. We are looking for the contractor to be part of the team to advice on how to incorporate health equity data.

b. Could the HIT PMO describe the level of architectural design expertise desired for the contractor, and how such qualifications may be weighed against other health equity policy, data/analytic, and HIE experience?
Response: The contractor should provide the health equity data experience to the team and understand how to integrate such data into our architecture.

c. Can the State provide additional details on the delineation of roles and responsibilities between the UConn AIMS team and the contractor?
Response: The contractor will be working under the direction of the HIT PMO and in coordination with UConn AIMS.

d. Can the State provide information regarding UConn AIMS team staff, titles, experience, expertise and involvement in the Connecticut's state HIT/HIE planning to date?
Response: UConn AIMS – https://aims.uconn.edu/

9. "Executive Summary: Respondents should provide a summary of their organization, their qualifications, their proposed approach for working with the HIT PMO, and the categories of services for which they seek prequalification. This support should be a maximum of two (2) pages in length." (RFP, pg. 8)
    a. Could the HIT PMO provide clarification on what is meant by "prequalification"?
    Response: Potential contractors should provide their qualifications to meet the requirements.
    b. Beyond describing a "proposed approach for working with the HIT PMO", would the HIT PMO like any further description on the contractor's proposed project/deliverable approach? If so, where should that description be included?
    Response: Yes, under the Statement of Respondent's Qualification, Scope of Work.

10. "Provide a minimum of two references for each assigned key individuals, including names of organizations and phone numbers for recently completed projects of similar scope." (RFP, pg. 8)
    a. May these references be cross-referenced with the previously requested "references from at least (3) of the Respondent's clients" (RFP, pg. 8)?
    Response: Yes.

11. "Respondents are required to include the following information in their response: A tiered 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." (RFP, pg. 9)

a. As related to question 1b, does the HIT PMO anticipate an hourly-bill schedule for the hired contractor (vs flat fee)?
   Response: See answer to question #15, below.
b. If so, may blended rates be submitted to the HIT PMO?
   Response: Potential contractors can blend rates at various experience level tiers, but we are not looking for one overall blended hourly rate regardless of the experience levels.
c. If it is anticipated that submissions will be publicly shared, is it possible for rates to be redacted for privacy purposes before release?
   Response: Potential contractors can identify areas that they feel need to be redacted and the HIT PMO will evaluate and determine if any redactions will be made.

12. Is a scoring rubric for proposals publicly available? If so, can it be shared?
    Response: The internal scoring mechanism and tool will not be shared.

13. On page 1 the RFP says that multiple respondents could be selected. However, on page 5, under Scope of Work, it states that HIT PMO intends to enter into contract with a qualified firm. Can you please confirm that multiple respondents could be selected?
    Response: It is preferred that only one contractor be selected.

14. Page 8 Executive Summary asks the respondent to identify "the category(s) of services for which they seek prequalification. However, the RFP presents no categories of service from which to choose. Please confirm/clarify.
    Response: There is only one service category. Page 8 reference to 'the category(s) of service' can be ignored.

15. Can you please confirm that you are looking for billing rates, not a projected budget for the project?
    Response: It is expected that selected contracts will be paid for services rendered on a time and material bases, not to exceed $120,000.

16. Is there a page limit for the staff qualifications? A page limit is listed for the Statement of Respondent's Qualification but not Staff Qualifications.
    Response: We assume staff qualifications would be in the form of reasonably sized staff resumes.

17. Transmittal Letter, Page 7. Is there a particular person to whom the transmittal letter should be addressed?
    Response: It can be addressed to the CT State Health Information Technology Office.

18. Format Requirements, Page 7. Is it acceptable for the entire document to be single spaced (as required in the transmittal letter)?
    Response: Yes.

19. Application Content, Page 7. The proposal response requirements do not have specific request to include a technical approach to services (other than a brief overview in the Executive Summary). Should the technical approach be included in the Statement of Respondent's Qualifications?
    Response: No.

20. Introduction, Page 3. What is the current status (procurement/development/implementation) of the HITO's architectural design eCQM project?
    Response: It is anticipated that within the first half of 2018, a CDAS will be procured, developed and implemented in limited functionality.

21. What is the potential range of financial compensation for work under this RFP?
    Response: Not to exceed $120,000.

22. Is there a cap on the amount of compensation that can be provided to the winning bidder(s)?
    Response: Please see question #21 above.

23. Are there page limits for the "staff qualifications" and "references" sections? If so, what are they?
    Response: Please see question #16 above.

24. Should anticipated travel costs be included in the budget template?
    Response: Yes; however, see question #21 above as well.

25. Could a bidder be "prequalified" but not receive an actual contract?
    Response: Yes.

26. What are the “category(s) of service” referenced in the “executive summary” description?
    Response: See question #14 above.

27. Could a successful bidder be offered a contract for only some of the items listed under the “scope of work”?
    Response: Yes, it is possible, not preferable.

28. What is the significance of the end date? Is this an imposed deadline due to another project? Is there any flexibility in this timeline?
    Response: Anticipated end of data analysis, results achieved and recommended actions. There may be flexibility in this end date.

29. How is this project related to the work being conducted under the SIM grant?
    Response: The CDAS is work being conducted under the SIM grant.

30. Has the HIT PMO developed an estimate of the budget for this project?
    Response: Please see question #21 above.

31. “It is the expectation of the HIT PMO that between 80%-85% of Respondent’s efforts will be focused on Items 1-3 above.” Does this mean that the bidder should focus 15-20% of efforts on Item 4 (proposed specific use case)?
    Response: You could infer that.

32. Do you have an estimate of how the bidder should allocate the budget between Items 1-3, Item 4, and the total budget, including travel?
    Response: No, we do not.

33. Is it acceptable to provide a mix of more than 3-4 people as long as the total time is equivalent to 3-4 FTEs?
    Response: Yes.

34. Can the 2 references that each assigned key individual uses overlap with the 3 client references?
    Response: Yes, see question #10a. above.

35. What data sources will the state make available for this project? Can you please list all data sources and state agencies who will provide those data sources?

Response: See question #3 above.

36. In general, how much time should we anticipate between the request for and receipt of the data? We would like to have this information for more accurate project scheduling.
Response: This will be determined based on the potential contractor's responses.

37. What staff will the HIT PMO primary/key contact assign to this project?
Response: A project manager or coordinator type role.

38. What activities of this project will be managed through the HIT PMO?
Response: All activities will be managed through the HIT PMO.

39. In terms of approach, do you have a working group or plan to have a standing meeting that involves the appropriate state agencies? Which state agencies are involved?
Response: The requisite Project Management processes will be put in place to manage activity, costs and progress of this effort. Appropriate resources will be included as necessary.

40. Are you establishing an advisory group for this project? If so, will it include other state agencies and the APCD?
Response: The HIT PMO is not establishing an advisory group for this effort and the APCD would be a stakeholder if necessary.

41. How does the HIT use the current care map? Can you provide more details on how the HIE architecture currently uses data links and care maps for other types of data?
Response: The care map example is being utilized to guide the HIT PMO CDAS and solution architecture.

42. Can you please clarify how the HIE architecture uses data lakes and care maps for other types of health care data elements currently in the HIE?
Response: This question is outside the scope of this RFP.

43. Who have you contracted with to develop a continuum of care architecture (if any)?
Response: UConn Analytic Information Management Solutions (AIMS)

44. Where are you in the HIE development and integration process? Have you established key fields? What are the common data integration points?

Response: This question is outside the scope of this RFP.

45. What technologies are you currently using? OS: IBM mainframe, Unix, Linux, Microsoft? Database: MS SQL, NoSQL, Postgres, MySQL?
    Response: This question is outside the scope of this RFP.

46. What are the data warehouse capabilities for exchanging, integrating and reporting on data?
    Response: We are not implementing a data warehouse.

47. What is the current and anticipated size of data?
    a. Warehouse
    b. Analytic
    c. Sourced data
    d. Continuum of care
    e. Actionable data in the HIE
       Response to 47a-e.: Unknown at this time.

48. What is the depth of data? Historical data going back weeks, months, years?
    Response: Multiple years.

49. Our belief is that for full analysis and action planning this type of data must identify the individual from whom the data is being collected. Is this your goal?
    Response: We prefer the potential contractor to provide their approach.

50. According to your definition, does "health equity" translate to "social determinants" data?
    Response: Yes.

51. What demographic data fields are available across all data sets?
    Response: Typical medical/RX claims, clinical, and administrative health data.

52. Do you have a data dictionary for any of the data sources? If so, what is the level of detail? ie. Are field lengths, data formats, data types defined?
    Response: Not at this time.

53. Are there any pre-determined, baselined benchmarks for analytic results?
    Response: No.

54. In terms of analytics and reporting, how do you expect to consume the information?
    a. Paper-based?
    b. Website?
    c. Specific software application?

    Response to 54a-c.: Electronically.

55. Is finding new data sources to support continuum of care an ongoing process?

    Response: Yes.

56. Is the all-payer claims database already integrated into the HIE?

    Response: This question is outside the scope of this RFP.

57. Do you have a single identifier that spans all disparate siloed data sources such as a master patient index?

    Response: The CDAS architecture is looking to implement a multi-domain MDM.

58. What happens after October 31, 2018?
    a. Is the plan to implement solution defined?
    b. Will there be a separate RFP for the implementation solution?

    Response to 58a-b.: We will incorporate this work effort into the CDAS, which will be implemented thru an RFP to be released. See question #7d above.

59. How much time and for what events will you expect the winning contractor's team to spend on-site at your offices in Connecticut? (we are based out of State.)

    Response: As much as needed to be successful in the effort and scope of work described within the RFP.