QUESTIONS AND RESPONSES TO ALABAMA HEALTH INFORMATION EXCHANGE (HIE)

DEVELOPMENT AND OPERATION

RFP NUMBER: 2011-HIE 01

SET ONE

- How many total connections to HIE's, large provider organizations, governmental agencies, payors and other stake-holders do you anticipate? Over what timeframe do you anticipate making these connections?

  ANSWER: At this time, we do not have a limit on the number of providers. Alabama has approximately 18,000 providers and 125 hospitals, plus various state agencies. However, the implementation plan is our benchmark at this time and will be our goal for provider connectivity.

- Once in operation what volume of transactions do you anticipate at the following milestones:
  - End of year 1 of operation?
  - End of year 2 of operation?
  - Steady state?

  ANSWER: Unknown at his time.

- The strategic plan mentions payors as stakeholders. Does the AL HIE intend to offer services to entice payor participation? If so, what services would you offer?

  ANSWER: The aspects for payor involvement are not finalized at this time.

- What is the sustainability model? Do you need a way to track usage (for chargebacks or subscription-based) and accounts (ie CRM)? Explain?

  ANSWER: The sustainability model is not finalized at this time. However, the solution must be able to track usage.

- What existing applications/processes will our solution need to be integrated into (ie Q-tool)? Details on Q-Tool (run-time info, Java-bases, etc)?

  ANSWER: Any applications that meet the interoperability standards specified and by ONC. These will include EHR, EMR, various data source MMIS, and others. QTool is scheduled to be phased out by October 1, 2011.

- Does AL HIE have any current partnerships we should leverage or engage? Corporation within AL? SIs? Consultants? Infrastructure/Hosting contracts?

  ANSWER: The Alabama HIE does not have any current partnerships.

- Do have documented policies (security/process) in place that can be shared?

  ANSWER: We are currently finalizing the Alabama DURSA. However, all federal and state regulations, including HIPAA are applicable.

- Who will manage the day-to-day operations? Will this be shared or delegated? Overall governance/management?

  ANSWER: In the short-term, it will be operated by the Alabama Medicaid Agency in coordination with the vendor and HIE Advisory Commission with a transition to another entity. The specific timeframe for the transition is undecided at this time.

- Besides the NHIN use cases are they any documented work flows that will needed for phase 1?

  ANSWER: Yes, but they are not finalized at this time. These will be provided during the system design meetings.

SET TWO

#	Questions
1	In section RR, there are several references to "these contracts". Please clarify if these references should be reworded to read "this contract"? If not, which contracts are to be included within the meaning of "these contracts"? **ANSWER**: The RFP is referring to single contract. There will not be multiple contracts.
2	In paragraph 4 of section RR, it states, "This indemnification applies whether: (1) the activities involve third parties or employees, subcontractors or agents of the Vendor or indemnities, or (2) a claim results in a monetary obligation that exceeds any contractual commitment." Item (1) of this requirement implies that the Vendor will indemnify the State against those activities of third parties or employees, or agents of the State (indemnities). Is this the intent of this requirement? The Vendor would not have control over the actions of the indemnities, specifically agents of the State. **ANSWER**: The words "or indemnities" is stricken from this paragraph.
3	Paragraph 5 of section RR states, "This indemnification extends to the successors and assigns of the Vendor, and this indemnification and release survives the termination of this contract and the dissolution or, to the extent allowed by law, the bankruptcy of the Vendor." Can you specify the duration of the indemnity, how long will this clause remain valid? **ANSWER**: The clause will remain valid until the Vendor is released from any obligation by the State.
4	There does not appear to be a clause discussing data rights (data to be produced, furnished, acquired, or used in meeting contract performance requirements). Please clarify what the Agency's data rights are on this contract? **ANSWER**: The Vendor will not retain any rights in any data produced, furnished, acquired or used as a result of the HIE development or operation.
5	Section IV. O., states if the Vendor has indicated any information as confidential or proprietary, a second electronic copy with any confidential or proprietary information removed must be furnished ("redacted version"). Upon award, it is our understanding that the contract becomes a public record per Section H. Will the public have access to our original proposal with the confidential and proprietary information, or will the public only have access to the "redacted version"? This is very important to us as we wish to protect our confidential and proprietary information such as pricing and other competition sensitive information.

	ANSWER: The Agency intends to only provide the public with access to the "redacted version" after the award is made, unless it is determined by a court or other competent authority that some or all of the redacted information is not confidential or proprietary. The Agency intends to notify the Vendor if a request is made for access to such information.
6	Section II.B.3. states the Vendor and any subcontracting entities are to obtain a Certificate of Authority from the Secretary of State, and include a Certificate of Authority with the Bid. It is our understanding that only the Vendor is to provide its Certificate of Authority with the bid. Any proposed subcontractors are required to obtain Certificates of Authority prior to the time of contracting, but are not required to provide them with the proposal. Please verify that this understanding is correct. **ANSWER**: Yes, that is correct.
7	Section II.B.2. states we are to include written statements, from each proposed subcontractor and our Certificate of Authority. Do these documents count against the maximum page count? **ANSWER**: No, these Certificates accompanying written statements do not count against the page limit.
8	Section IV.O. states if the Vendor has indicated any information as confidential or proprietary, a **second** electronic copy with any confidential or proprietary information removed ("redacted version") must be furnished. However, the first paragraph already calls for two searchable electronic copies. Is the "redacted version" intended to be the second or third electronic copy? **ANSWER**: Neither. The "redacted version" is complete and independent copy and is not counted as part of the two electronic copy requirements.
9.	In Section III, requirement A-7, you ask vendors to describe solutions for providing e-Prescribing support and connectivity. Is it the intention of the AHIE to include electronic prescription ordering through the AHIE portal; through a certified EHR system or e-prescribe module? If the intention is to provide electronic prescription ordering through the AHIE portal, will the AHIE be providing the e-Prescribe module? If not provided by the AHIE, how many providers will require electronic prescription ordering? Will the AHIE be providing Surescripts or other services for integration? **ANSWER**: The HIE will only facilitate the movement of e-prescriptions from source to recipient and provide a source of prescription history, but will not be a source for e-prescribing functionality.

SET THREE

No.	RFP Section	RFP Page	Question
1.	General	N/A	The recent RFP did not have any language with respect to solution capabilities around quality reporting, clinical quality measures, and clinical decision support. Are these no longer mandatory requirements for this RFP solution? **ANSWER:** We

			expect the clinical support to be handled with Item A-5. We expect the data warehouse to provide the mechanism for reporting on de-indentified data. Refer to Set 8, question 6.
2.	General	N/A	What systems will be used to source both the patient and provider demographic data – i.e. MMIS, other? Does the state have expected data volumes within these systems? **ANSWER**: The MMIS systems will be the initial source for provider and patient data. At this time we do not have an expected data volume. The Medicaid website contains annual reports which does have reports on Medicaid enrollment numbers which may assist Vendors in projecting numbers. Refer to Set 8, question 7.
3.	B-5 NWHIN Gateway	26	The RFP text states: "Please describe how your solution will provide a production NWHIN gateway(s) environment with the Federal Health Architecture's system. The Vendor solution must conform to the most current and to future technical specifications for the NWHIN as approved by the ONC including the Direct Project. Please refer to the NWHIN website for the most current specifications." Does the state intend for this project to provide both NWHIN CONNECT and NWHIN Direct gateway capabilities at this time? **ANSWER**: Yes.
4.	C-6	31	The RFP text states: "The Vendor solution may require operations personnel for operational tasks." The use of "may" suggests that this is optional. Is it optional or do you intend to add this in the future? Will the state please clarify – should we include operations personnel and tasks in our solution or will this be something to be added in the future? **ANSWER**: Yes. Include operations personnel and tasks in your solution including your firm and fixed price.
5.	C-6	N/A	Does the state have an estimated number of providers expected to access the system in the three phases? **ANSWER**: We do not have a definite number at this time, but a 30-40% of the total has been discussed.
6.	N. Proposal Format	37	The RFP states that the text must be double spaced. Would it be acceptable for the vendor to apply this to the narrative sections and not in the table responses? **ANSWER:** Responses and narrative must be within the table format as describe in the RFP. Text within the table can be single spaced.

7.	N. Proposal Format	37	The table states that the Company Background section is limited to 15 pages, not including the resumes. Is it a correct assumption that the Certificates of Authority as requested in Section B.3 are not included in this page count? **ANSWER**: Yes.
8.	N. Proposal Format	38	Table at the top of the page refers to *Section II.B.6* as the section related to resumes. Is it correct to assume this refers to *Section II.B.5*? **ANSWER**: Yes
9.	O. Copies Required	38	Is it correct to assume that if we have confidential or proprietary information, we need to submit a separate *hard copy* with this information redacted? **ANSWER**: The redacted version must be electronic. Also refer to Set Two, questions 5 and 8.
10.	Appendix B	57	The RFP states within the pricing table QTY for each of the categories. Is it required that each pricing category be itemized including exact quantity for each and every component or is bundling allowed? **ANSWER**. Each component should be itemized and priced accordingly. Range pricing for users licenses is allowed.

SET FOUR

Page 10, Section I., A., Paragraph 2

In addition to the deliverables outlined, Vendor will be responsible to provide support services such as resource consultation, planning for implementation, speaking to stakeholder groups, research and keeping the State appraised of national changes.

1. Please provide further explanation of the anticipated scope of the services mentioned for resource consultation, planning for implementation, speaking to stakeholder groups, research and keeping the State appraised of national changes. **ANSWER:** The State expects the Vendor to stay abreast of the HIE Technology best practices and be available for periodic updates to any changes that may impact the development building and operation of the HIE.

Page 10, Section I., A., Paragraphs 3 & 4

2. Is there any anticipated connection requirements to the AHIE for QTool? If so, please explain the scope of those requirements. **ANSWER**: No. Q-tool will not be connecting to the HIE. Refer to Set One, bullet 5.

Page 14, Section I., E., Paragraph 3

All proposals must state a firm and fixed price for the products and services offered.

3. What is the total number of providers and organizations that the state expects will connect to the HIE? **ANSWER**: Unknown at this time. The total number of providers in Alabama exceeds 18000. However, the Implementation Plan indicates initial goals. Refer to Set One, bullet 1.

Page 17-18, Section III, Paragraph 1

With the exception of the State Health and Human Service Agency Gateway, the vendor is not responsible for the establishment and operation of any gateway for a participating organization BUT is responsible for establishing and providing technical support for the connection that will connect the gateway to the HIE. The vendor will not be allowed to charge for the connectivity between the gateway and the HIE. Each gateway will represent a node of connected providers.

4. Is it anticipated that the Gateways for participating organizations would not be hosted in the AHIE, but rather at the participating organizations' datacenter? **ANSWER**: Correct. The only exception could be the State HHS gateway.

5. Will the HHS Agency Gateway be hosted in the AHIE datacenter? **ANSWER**: Unknown at this time.

Page 20, Requirement A-3

The solution for the MPI may be made available to other entities within the state that has a need for such services.

6. What is the scope of usage for the other entities within the state and is this anticipated usage to be included in the pricing proposal? **ANSWER:** It is anticipated that the State will have one centralized MPI for all health-care and non-health care providers.

Page 27, Requirement C-1

7. Is there any information concerning initial loads of the MPI and Provider Directory data formats? A**NSWER**: The Medicaid MMIS wil provide the date for the initial loads for both the MPI and Provider Directories. We expect secondary sources from various organizations to follow.

Page 29, Requirement C-3

Appropriate vendor staffing, subject to approval by the state, must be onsite full time during development, completion and approval of the specified deliverables.

8. Does the state have an expectation that the staff will be onsite full time? Is the adjective "appropriate" in the sentence referring to the vendor staffing or the onsite requirement? **ANSWER**: Yes and both. However, Alabama is open to suggestions how to best meet this need.

Request of such resources does not obligate the State to provide such resources.

9. What assurances will we be given that we will have the required staff from the state needed to meet our obligations to the project? **ANSWER:** Alabama will provide the resources necessary to accomplish the project and we are open to any recommendations offered by the Vendor.

Page 31, D. Implementation Plan - Phase I Gateway Site Integration Complete

10. HHS Agencies – Is there detail data available on the HHS agencies, the use cases that would connect them to the HIE and the transaction for connecting including the payloads? **ANSWER**: Alabama Medicaid Agency is the primary as this point. Other HHS agencies include but are not limited to, Public Health, Dept. of Senior Services and Mental Health.

Page 35, Section IV., K. Confidential/Proprietary Information

11. Are the entire contents of all bids subject to public inspection following the award of contract, or is the information marked 'confidential' or 'proprietary' protected from public disclosure? Similarly, can any portions of the awarded contract be protected as confidential or is the entire agreement and associated schedules subject to public inspection? **ANSWER**: Please refer to page 38, section O, second paragraph regarding confidential information.

Page 40, Section VI. General Terms and Conditions

12. The RFP doesn't define a mechanism to draft changes to the proposed general terms and conditions. As part of the proposal, should a vendor provide proposed amended terms or simply list the applicable clauses and the proposed changes thereto? Would any changes to the terms and conditions result in a proposal being classified as non-responsive? **ANSWER:** General Terms and Conditions stated within the RFP are part of the Contract, but will not be scored for the purpose of evaluating vendor RFP responses. Vendor suggested changes to the General Terms and Conditions could affect Contract negotiations and could be considered "unresponsive" for the purpose of making a final Vendor selection. Please refer to page 39 section B, final paragraph.

Page 43, Section VI, K. Termination for Unavailability of Funds

13. If the contract is terminated due to the unavailability of funds, will the Vendor still be entitled for all work satisfactorily completed and for reasonable, documented costs incurred in good faith for work in progress? **ANSWER:** Yes.

Page 49, Section VI, LL. Subcontracts

14. Does the qualification to transact business in the State of Alabama, in accordance with Section 10-2B-15.01, et seq., Code of Alabama (1975) apply to a data center hosting company not located within the State of Alabama? **ANSWER:** Yes.

SET FIVE

Question Number	Question
1.	What are the working assumptions for how AHIE will sustain itself beyond the first five years? **ANSWER**: The final sustainability model has not been determined at this time.
2.	The RFP states that no fees will be generated for the connectivity between the gateway and the HIE, but then defines that AHIE plans to offer low cost, simple tools to help providers achieve meaningful use. Have pricing or sustainability assumptions already been developed around these tools? **ANSWER:** No. These assumptions and pricing models have not finalized at this time.
3.	The RFP implies that AHIE plans to augment the Core Services Components as a means of offering low cost data or support services. Is this correct? If so, does this relate to sustainability model and are there any assumptions related to these data or support services? **ANSWER:** Yes, it does relate to the HIE sustainability. No, these assumptions have not been finalized.
4.	The General Requirements define the need for maintaining an option to store data centrally at a future date. Does AHIE envision that future date within the 5 year time frame, or beyond? **ANSWER**: Yes, within the 5-year time frame.

SET SIX

Section	**Item**	**Comment**	
A-1 Mandatory Requirements, Provider Directory	"The solution may be made available to other entities within the state that have a need for such services."	This statement occurs in several of the requirements. Does Medicaid have specific services in mind? Any thought on how Medicaid expects to charge for those services? Or is Medicaid open to suggestions?	**ANSWER:** Alabama has not finalized a sustainability model at this time, however, Alabama's vision is one statewide provider directory and MPI. Alabama is open to any suggestions the Vendor would like to include in their response.
A-8 Lab Connectivity		Is a hospital lab considered a "major lab provider?"	**ANSWER**: No, not in most cases within the State of Alabama.
C-6 HIE Operations, Implementation Plan	Phase II and Phase III of the project	Can Medicaid provide more clarity on what they expect to achieve in these two phases? Or are you looking for suggestions?	**ANSWER**: Some specifics of Phase II and Phase III are undecided at this time. The State is open to any and all suggestions Vendor would like to include in their response.

	RFP refers to "...all data collected belongs to the State.".	Can Medicaid provide specifics on what data they want to store/want their constituents to have access to? We are happy to make suggestions. This will help facilitate trust and adoption in the user community.	**ANSWER**: The specifics of data to be stored is undecided at this time. The State is open to any and all suggestions the Vendor would like to include in their response. Refer to Set 8, question 6.
III-A3 Master Person Index (MPI)	Data for MPI upload will be provided by Medicaid's MMIS system	Can you provide a high level specification on what data elements will be provided by MMIS?	**ANSWER:** Demographic. However, all data elements for the MPI are not finalized at this time. More specifics will be forthcoming during the design phase.
III-A5 Clinical Summaries	Patient Clinical Summaries	Can you provide the expected content for patient clinical summaries? Is the intent a CCD?	**ANSWER**: A standard CCD is expected.
D. Implementation Plan	System Load and User Testing	Please clarify. Does this milesone include system load of the the Provider Directory only, the MPI, User Accounts or all of the above?	**ANSWER**: All the above, but with a systematic and planned approach. The State is also open to Vendor suggestions.

Set Seven

Question	Section Cites	Page #	Question Detail
1	I. AHIE Overview, A. Background and History	10	Can you elaborate on the specific details on what the Agency expects the Vendor to provide for support services for resource consultation, speaking to stakeholder groups, and national changes research and advisement? For example, does the Agency anticipate the Vendor speaking to stakeholder groups via a conference, one-on-one, "train the trainer" or other format? Can the Agency specify the amount/nature of these speaking engagements?
			ANSWER: The State expects the Vendor to stay abreast of the HIE Technology best practices and be available for periodic updates to any changes that may impact the development building and operation of the HIE.
2	I. AHIE Overview, A. Background and History	11	For the current Q-Tool phase out, does AHIE have an anticipated timeline when the Q-Tool capabilities will be fully phased out and incorporated into AHIE?
			ANSWER: Refer to Set Two, question 2.
3	I. AHIE Overview, D. Alignment with Meaningful Use	12	We understand that AHIE is not interested offering in a hosted EMR/EHR system. Instead, would AHIE contemplate offering EMR/EHRs to physicians who may not have an existing EMR/EHR as Software as a Service (SaaS), which would not be hosted by AHIE?
			ANSWER: No.
5	I. AHIE Overview, E. RFP Purpose	13	The RFP calls for connection to the centralized HIE through gateways. Will the gateways serve as data sources from which the MPI will be loaded? Are there other such data sources in mind? Can you clarify the distinctions AHIE has between provider's gateways, NHIN and EHR gateways?

			ANSWER: Gateways are not to be data sources, however, a data source could be a gateway for all the nodes within its provider network.
6	I. AHIE Overview, E. RFP Purpose	13	The RFP calls for a Federated Hybrid infrastructure. Are there specific types of data in mind that the HIE may be expected to store centrally? Does AHIE intend to have a centralized storage during Phase III or before?
			ANSWER: Refer to Set 6, question 4.
7	II. General Requirements: B. Company Background & References, 4. Furnish references	16	AHIE is asking for the contract amount for the last 3 references. Per our contracts, this information is considered proprietary. We are happy to provide references, but cannot provide contract amounts -- is this exception acceptable?
			ANSWER: Please refer to page 38, Section V, item A. first paragraph. References are a scored valued under Corporate background.
8	III. Scope of Work: Technical and Functional Requirements, Overview	18	AHIE states that the "vendor is not responsible for the establishment and operation of any gateway for a participating organization BUT is responsible for establishing and providing technical support for the connecting that will connect the gateway to the HIE." Can you elaborate how AHIE envisions the vendor's technical support will coordinate with the various gateway's technical support? For example, do you envision that the vendor will take 1st Level support calls and then transfer to the various participating gateway's own technical support?
			ANSWER: Yes. The HIE Vendor and operations personnel will be the first layer of technical support regarding gateway connectivity.
9	III. Scope of Work: Technical and Functional Requirements, Overview	18	AHIE states that the "vendor is not responsible for the establishment and operation of any gateway for a participating organization BUT is responsible for establishing and providing technical support for the connection that will connect the gateway to the HIE. The vendor will not be allowed to charge for the connectivity between the gateway and the HIE." Do you intend that the fees for maintaining NHIN connections to the various gateways will be paid by each gateway? Should vendors assume that the connection and maintenance costs for NHIN gateways are outside the scope of this RFP?
			ANSWER: The Vendor will not be allowed to charge for gateway connectivity.
10	III. Scope of Work: Technical and Functional Requirements, Overview	18	Does AHIE anticipate that the vendor will provide a first level contact center for technical support? If so, can AHIE provide specific requirements, such as how the first level contact center will transfer technical issues determined to be caused by a participating gateway to that participating gateway?
			ANSWER: Please refer to question 8 above. The State is open to any and all suggestions the Vendor would like to include in the RFP response.
11	III. Scope of Work: Technical and Functional Requirements, B. Mandatory Operational Requirements and Standards (Infrastructure Support), B-6 Access and Authorization Controls	25	Can you please provide clarification on the requirement for the audit and logging processes to “align and coordinate with audit and logging processes of EHR…”? Does AHIE intend for the vendor to coordinate with the various gateway's EHR audits/logging processes or to assume entire responsibility for auditing/logging reports?
			ANSWER: All providers HIE access wil be audited and tracked as stated withtin the requirements of the RFP.

12	III. Scope of Work: Technical and Functional Requirements, B. Mandatory Operational Requirements and Standards (Infrastructure Support), B-9 Consent Registry	26	Does AHIE know if Alabama has determined if the default patient consent status will be opt-in or opt-out?
			ANSWER: The default consent status is opt-out.
13	III. Scope of Work: Technical and Functional Requirements, C. System Implementation Requirements, C-6 HIE Operations	30	For HIE Operations, please clarify if you are asking what staffing resources will be needed from AHIE or from the vendor or both?
			ANSWER: Complete staffing requirements would include the overall totals whether they are staffers of the HIE, Vendor, or the State, including the distinction of who should provide such staff.
14	III. Scope of Work: Technical and Functional Requirements, D. Implementation Plan, Phase III Gateway Site Integration	31	Please clarify how AHIE envisions the gateway connectivity in Phase III -- will it be through NHIN or a EHR? Is there an assumption on how many providers/users per gateway or EHR should be connected in this Phase?
			ANSWER: The complete specifics of Phase III are still being finalized. We are still making a determination as to the total number of providers/users at each gateway.
15	VI. General Terms and Conditions, HH. Alabama InterChange Interface Standards	48	Can you provide "**Alabama InterChange Interface Standards**" document? We were unable to find the document on the state's official website.
			ANSWER: The standards will be placed in the RFP library.

SET EIGHT

	Section Number reference in RFP	Question
1.	**A. Background and History** **(page 10)**	"In addition to the deliverables outlined, Vendor will be responsible to provide support services such as resource consultation, planning for implementation, speaking to stakeholder groups, research and keeping the State apprised of national changes." For costing purposes, please provide the expected number of hours in a given year for the support services mentioned above**. ANSWER**: That cannot be determined. Refer to Set Four, question 1.
2.	**A. Background and History** **(page 10)**	On QTool -- "The claims-based information is overlaid with clinical alerts indicating missed opportunities based on national evidence-based standards of care." Is the Agency expecting the new AHIE solution to include the clinical alerts generated now from the claims-based information? **ANSWER**: Clinical alerts are not part of the services being procured through this RFP.

	Section Number reference in RFP	Question
3.	**D. Alignment with Meaningful Use** **(page 12)**	"While a pre-determined level of participation has not been set at this time, we expect a continuing increase in provider participation over the next four years after our initial rollout." Unless the agency provides key adoption rates, should each bidding vendor use the Estimated Adoption Rates on slide 5 of the Cost Benefit Analysis for the Alabama Health Information Exchange as referenced in the Alabama's HIE Landscape Assessment, Gap Analysis and Related Implementation Impacts document on page 20 or at the following URL: www.medicaid.alabama.gov/documents/Transformation-TFQ-Documents/HIE_Initiatives/HIE_Commission/HIE_Cost_Benefit_Analysis_10-8-10.pdf? **ANSWER**: Refer to Question 7 of this Set.
4.	**E. RFP Purpose** **(page 13)** **and D. Implementation Plan** **(page 31)**	The "System Load and User Testing" and "Phase I" timeframes notated on Figure One do not coincide with the timeframes listed in the Implementation Plan table. Please clarify which timeframes are correct. **ANSWER:** The Vendor is required to submit a project plan based on the requirements specified in Section C, Implementation Plan, Item C-3 on page 28
5.	**E. RFP Purpose** **(page 13)** **III. Scope of Work** **(page 17-18)** **B-2 System Architecture and Performance** **(page 23)** **D. Implementation Plan** **(page 31)**	"With the exception of the State Health and Human Service Agency Gateway…" Figure One shows the connection to State HHS Agencies, which are also part of the scope of Phase I delivery in the Implementation Plan table. "5… detail your plan for providing a State HHS gateway…" The RFP did not specify the programs and systems that these agencies are expected to interface with the AHIE. Page 122 of the Strategic and Operational Plan described the *plan* for coordination with these State Programs. For the purposes of costing, can the Agency provide the specific requirements for the State HHS Gateway in Phase I or should bidders use the programs and systems described in page 122 of the Strategic and Operational Plan (SOP)? Can the Agency provide an update on these agencies' HIT efforts currently underway? Are updates to information systems and/or adoption of EMR/EHR systems, as described in the SOP, slated to be completed prior to AHIE Phase I? **ANSWER:** At this time, complete information of all the possible State agency HHS systems is unavailable. Vendors must use their own discretion is determining their cost proposals.
6.	**II.A Introduction** **(page 14)**	"Exchanging of data stored in existing provider networks, while maintaining an option to store data centrally at a future date." Is the Agency expecting storage costs to be included in the fixed price? If yes, please provide assumptions that bidders will use for costing this item. Specifically, how much central storage is expected to be offered by the HIE? If not, do bidders need to represent this cost item at this time? If yes, how will they be represented in Cost Table One and Cost Table Two? **. ANSWER**: There will be limited data storage as part of the HHS gateway. More robust storage (e.g. repository) is anticipated to any occur through additional contracting.
7.	**Section I, E – RFP Purpose** **(Page 14)**	"All proposals must state a firm and fixed price for the products and services offered. The Vendor to whom the contract is awarded shall be responsible for the performance of all duties contained within this Request for Proposal (RFP) for the firm and fixed price quoted in the Vendor's proposal to this RFP" Without consistent *and uniform* integration assumptions across bidding vendors, the total prices submitted can have a very wide range. For example, one recent HIE RFP's bid range of over $29 million was narrowed down to less than $7 million during a Best and Final Offer (BAFO) process when the same key volume assumptions were required to be used by all bidders.

<table>
<tr><th></th><th>Section Number reference in RFP</th><th>Question</th></tr>
<tr><td></td><td></td><td>
In order to ensure comparable total prices across bidding vendors, we recommend that the Agency publish volume assumptions to be used by all submitters for their Cost Proposals. Please provide assumptions for vendor to use in the following table:

<table>
<tr><th></th><th>FY13*</th><th>FY14</th><th>FY15</th><th>FY16</th></tr>
<tr><td>Physician Practice Group</td><td></td><td></td><td></td><td></td></tr>
<tr><td>EMR/EHR systems used</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Hospitals – Independent</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Hospitals with an established Integrated Delivery Network</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Hospital systems used</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Vendor Based EMR/EHR System (ASP model) connecting multiple providers</td><td></td><td></td><td></td><td></td></tr>
<tr><td>EMR/EHR systems</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Approximate # of providers by type</td><td></td><td></td><td></td><td></td></tr>
<tr><td>Laboratories</td><td></td><td></td><td></td><td></td></tr>
</table>

*FY13 January to June

What is the average number of physicians in a practice group? Average number of yearly ambulatory visits per group?

What is the average # of physicians per hospital? Average number of yearly discharges per hospital? Average number of yearly ambulatory visits per hospital? **ANSWER**: The Agency is unable to determine volume assumptions in that volume and adoption rates will be determined by what systems are able to exchange and in what timeframe.
</td></tr>
<tr><td>8.</td><td>**II. General Requirements**

A. Introduction

(page 14)</td><td>"Exchanging of data stored in existing provider networks, while maintaining an option to store data centrally at a future date."

Please confirm that vendors are not expected to include the costs associated with this option to store data centrally for this proposal. If pricing is to be included, please provide central storage assumptions that bidding vendors should use for costing this item to ensure consistent and comparable cost proposals. **ANSWER:** Refer to Question 6 within this set.</td></tr>
<tr><td>9.</td><td>**II.A Introduction**</td><td>"How to position and enable the platform to deliver as much functionality as possible in future years as described in advanced functionality."</td></tr>
</table>

	Section Number reference in RFP	Question
	(page 15)	Please provide details to the referenced advanced functionality in the bullet point above. For example, is the Agency looking for clinical alerts/clinical decision support as part of the base core functionality, or is it advanced? If the cost associated with the advanced functionality should be included in the cost proposal, how should it be presented in Appendix B: Table One and Table Two? If the cost associated with the advanced functionality should not be included in the cost proposal, will it be handled through the change control process or through open competitive procurement? **ANSWER**: All future add-on services will be considered as a system enhancement and outside the grading scope of this RFP. The State is open to any and all suggestions the Vendor would like to submit in their response.
10.	**C. Cost Proposal Format** **(page 17)**	"Vendor's response should specify a firm and fixed price for completion of each mandatory requirement of this RFP. The Vendor's cost breakdown must be entered on the template provided in Appendix B Cost Proposal Format. **The Grand Total on Cost Table Two in Appendix B will be the evaluated price.** If the proposal does not contain a firm and fixed price the proposal will not be considered to meet submission requirements and would be determined to be nonresponsive." Is the intent of the Agency to receive fixed, flat fees based on unlimited adoption levels? If not, what adoption levels should bidders use to calculate fixed fees in Years 2 – 5, for consistency and uniformity in comparison? **ANSWER:** Refer to Question 7 within this set.
11.	**Section III** **(Page 18)**	"The vendor will not be allowed to charge for the connectivity between the gateway and the HIE." Should each bidding vendor include unlimited connectivity in their cost proposals? If not, what assumptions for adoption rates for FY 2012 through FY 2016 by entity should each bidding vendor use in order to ensure consistent comparisons across the cost proposals? **ANSWER:** Refer to Question 7 within this set.
12.	**A-1 Provider Directory** **(page 19)**	Based on the meeting minutes Jan-25-2011, meeting notes Jan-19-2011 and PPT presentation documents published on onehealthrecord.alabama.gov, is the AHIE or the MMIS vendor going to be required to stand up the Provider Directory? **ANSWER**: A proposal has been submitted to the current MMIS vendor to stand up the Provider Directory. It has not been determined whether that can be done in a manner that is more timely than including it in the scope of work of the HIE vendor alone. Regardless, the successful HIE vendor will be required to have provider directory functionality.
13.	**A-7 E-Prescribing Support (page 22)**	Currently, Surescripts does not allow transmission of prescriptions outside of certified e-prescribing systems, and therefore the HIE cannot provide transmission services only. Please clarify that the requirement is asking for both the prescribing of medications AND the transmission of the completed prescription. **ANSWER**: Refer to Set Two, question 9.
14.	**A-7 E-Prescribing Support (page 22)**	"… based on HITSP Construct C-32…" Did the Agency mean HITSP Construct C-37? **ANSWER:** All current standards are applicable.
15.	**B-3 Interstate Exchange (page 24)**	Can vendors include costs, if any, for Interstate Exchange in the Cost Sheets, instead of the technical proposal response? Can vendors include the timelines for Interstate Exchange in the Project Management Plan section of the technical proposal? **ANSWER**: All vendor costs associated with fulfilling the requirements of this RFP should be included.
16.	**B-6 Access and Authorization Controls** **(page 25-26)**	Please clarify the statement printed after requirement #5 of B-6, "Describe your solution's ability to comply with these requirements," immediately preceding B-7, on page 26. Is this requirement part of B-7? **ANSWER**: Relates to B-7.
17.	**C-3 Project Management**	Given the requirement for onsite vendor resources, will the Agency provide office space for vendor staff? **ANSWER**: Minimal office space can be made available for a limited number of

	Section Number reference in RFP	Question
	Plan **(page 28-29)**	staff.
18.	**C-3 Project Management Plan** **(page 28-29)**	Please clarify that the Agency is requiring the submission of a draft project plan with the proposal. If so, could bidders submit as an Appendix/Attachment; is the project plan subject to page limits? **ANSWER**: The project plan will NOT count in the page limits.
19.	**C-6 HIE Operations, Vendor Detailed Description: 3** **(Page 30)**	The text reads, "Describe how your solution will provide ongoing system support for operations personnel and users via help desk, on-site assistance, etc. Please clarify if the reference to "on-site assistance" pertains to training. If so, please describe the Agency's training requirements. **ANSWER:** Technical support may include training of staff personnel.
20.	**D. Implementation Plan (page 31)**	To ensure comparable cost proposals across bidding vendors, please provide additional information for the connectivity requirements specified in the Implementation table as requested below: **Phase I** 2 Hospitals • What is the average number of yearly discharges per hospital? • What is the average number of yearly ambulatory visits per hospital? • What is the average number of physicians per hospital? • Are these 2 independent hospitals or a hospital system with an established integrated delivery network (IDN)? • What hospital information system is/are being used in these hospitals? 5 Physician Groups • What is the average number of yearly ambulatory visits per group? • What is the average number of physicians per group? • What EMR system(s) is/are being used in these groups? **Phase II** 1 Hospital/Physician System • What is the average number of yearly discharges per hospital? • What is the average number of yearly ambulatory visits per hospital? • What is the average number of physicians per hospital? • Is this for 1 hospital or a network of hospitals with an IDN? • What hospital/physician system is/are being used? **ANSWER**: Refer to Question 7 within this set. The Agency has not determined who these initial gateways will be; therefore this information is not available.
21.	**D. Implementation Plan (page 31)**	Should bidding vendors propose a schedule for on-going site integrations by gateway type during Operations from January 2013 through June 2016? What are the Agency's minimum connectivity requirements in Years 2 through 5? **ANSWER:** Ongoing integration will be determined by provider readiness. The State will entertain Vendor recommendations in this area.
22.	**N. Proposal Format** **(page 38)** **Appendix A** **(page 56)**	Confirm that AHIE requires a cost narrative to accompany Appendix B. Please indicate if there is a page limit on the narrative. **ANSWER**: Cost Narratives are subject to a 2 page maximum, double space, .double-sided., 12 font, Arial.
23.	**D. Scoring** **(page 40)**	"600 (Sliding Scale:600, 480, 360, 240, 120)" It appears that the sliding scale for cost proposal scoring would have a dramatic impact on points awarded to vendors with virtually the same price. For example, it is possible that a 1% difference in price can result in a vendor receiving 20% (i.e. 480 vs. 600) or even 40% (i.e. 360 vs. 600) fewer points. Would the Agency consider a scoring approach that provides more equitable cost comparisons and scoring?

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		Would the Agency consider the following example to ensure a fair comparative scoring of the proposals? The lowest overall cost receives the maximum allotted points (600). All other proposals receive a percentage of the points available based on their cost relationship to the lowest cost. In other words, lowest cost divided by vendor's total cost times 600 equals the vendor's awarded points (Score = 600 X lowest total cost / bidder's total cost). **ANSWER**: No changes will be made to the scoring.
24.	**VI. General Terms and Conditions** **A. General** **(page 40)**	At the bottom page 40 of the RFP, in Section VI, General Terms and Conditions, it mentions that 1.) Third Party Technology Escrow Agreement and 2.) License Agreement may be required for this contract. Does Medicaid plan to provide samples of these agreements for the parties to execute? Is it permitted for the parties to supply copies of proposed Escrow and License Agreements that would not comprise part of the page limits? **ANSWER**: These agreements will be provided to the Vendors participating in Phase Four of the evaluation process.
25.	**HH. Alabama InterChange Interface Standards** **(page 48)**	Please publish the referenced Alabama InterChange Interface Standards Document. **ANSWER**: These will be added to the RFP library.
26.	**QQ. Performance Bond** **(Page 51)**	Can the Agency provide a cure period, and after any completion of such period provide proof that an underlying default has occurred on the contract of which has not been cured, prior to enabling a draw against any established Performance Bond? **ANSWER**: No.
27.	**SS. Liquidated Damages** **(page 52)**	"Medicaid may assess damages in the amount of $2500.00 per working day or any part thereof for project deliverables produced after the day identified in agreed upon project plan." Will the Agency confirm that these liquidated damages will not be assessed when delay in project deliverables or unavailability of vendor personnel is out of the vendor's control (for example, Medicaid vendor delays or data partner delays)? Is there a specific list of project deliverables that this would apply to such that the assessment is only made on late delivery of material project deliverables? **ANSWER**: The Agency agrees that damages would not be assessed when the delay is out of the vendor's control (e,g, Medicaid caused delay).
28.	**SS. Liquidated Damages** **(page 53)**	"Medicaid may impose liquidated damages of up to 10 percent (10%) of the total proposed project price should specific personnel proposed by the Contractor not be available, or become materially absent during the course of the project." Would the Agency consider changing this language to clarify that this would not apply when specific personnel are materially absent due to events that are not under the Vendor's control, i.e., personnel quits, takes leave of absence, is deceased, etc.? Additionally, please confirm that this provision would only apply to the following key personnel – AHIE Project Manager, Lead AHIE Technical and Implementation Director, Vendor's AHIE HIE Operations Manager, Vendor's Lead AHIE Business and Functional Analyst. **ANSWER**: This requirement does only apply to the personnel listed within this question. The Agency will take the circumstances into consideration when making the decision whether to assess damages.
29.	**SS. Liquidated Damages** **(page 53)**	Page 53 of the RFP in Section SS states, "Alternatively, Medicaid reserves the right to withhold any payment or payments, to the Vendor, in whole or in part, without penalty to Medicaid, or without work stoppage by the Vendor, in the event Medicaid determines that i) Vendor has failed to perform any of its duties and obligations set forth in this RFP and/or any Software License Agreement; or (ii) or any requirement or deliverable has failed to meet or conform to applicable specification, or contains or is experiencing deficiency. Nor interest shall accrue or be paid to the Vendor on any amounts retained or withheld by Medicaid." Would the Agency consider modifying the language to state as follows: "Medicaid reserves the right to withhold any payment or payments to the Vendor, in whole or in part, without penalty to Medicaid, or without work stoppage by the Vendor, in the event Medicaid determines that i) Vendor has failed to perform any of its <u>MATERIAL</u> duties and obligations set forth in this RFP and/or any Software License Agreement; or (ii) or any requirement or deliverable has <u>MATERIALLY</u> failed to meet or conform to applicable specification, or contains or is

	Section Number reference in RFP	Question
		experiencing deficiency. Nor interest shall accrue or be paid to the Vendor on any amounts retained or withheld by Medicaid". **ANSWER:** No language modifications will be made. Also, can the Agency provide examples of such deficiencies in duties and obligations in the RFP or any Software License Agreement or requirements or deliverables that would trigger the withholding of payments? **ANSWER**: No, but the intent is to have a remedy available when the actions of the Vendor result in work delay or impediment.
30.	**Appendix B, Table One** **(page 57)**	Since the "QTY AND O/T or R" columns will contain text as well as numeric values, please confirm that dollar totals should only be provided for "COST" columns. **ANSWER:** Only dollar amounts should be included in the cost column – no other column.
31.	**Appendix B, Table One, #4 (page 57)**	"List all components included in the fees and itemize the cost as appropriate. Indicate if there are variables that may influence the cost." Should the variables that could influence cost be included in the "QTY AND O/T or R" and "COST" columns and then the Grand Total (Cost categories 1-4) row? If variable pricing that changes with volume can be proposed, upon what quantities will each bidding vendor be evaluated? **ANSWER:** The Cost Proposals are based on the Total firm fixed price
32.	**Appendix B Table One, #4** **(page 57)**	What is the Agency definition of "block pricing"? **ANSWER:** Pricing ranges based on volume.
33.	**Appendix B, Table Two** **(page 58)**	Please confirm that the 'Total (new + recurring) Costs" column should equal the "Grand Total (Cost categories 1-4)" from Appendix B Page 1 for each year. For example, the "Total (new + recurring) Costs" value for 2011 should equal the "Grand Total (Cost categories 1-4)" value for YR1 COST. **ANSWER:** All Grand Totals of the Cost proposal page 2 should correlate to the total costs, (both new and recurring) in Cost Proposal Page 1.
34.	**General**	Please confirm that the Agency 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 Agency will be responsible for obtaining and maintaining the Business Associate and data sharing agreements with connecting entities. **ANSWER:** The level of outreach expected by the HIE Vendor is undetermined at this time, however, we do not anticipate the Vendor to actively recruit or dissuade providers from utilizing the HIE. The State is responsible for the BA and data agreements.
35.	**General**	Please publish any updates to the environmental scan, survey, or assessment of providers' HIT/EHR. **ANSWER**: No further updates are available at this time.

SET NINE

"Requirement C-3 asks for a project work plan. Will this work plan be excluded from the total page count for section C?" ANSWER: Refer to Set Eight, question 18.

SET TEN

	Section Number reference in RFP	Question
1.	**IV.N. Proposal Format (page 37)**	Response Section/Appendix A, Contracts and Attachments. Are vendors to use this section of the proposal to include exceptions to terms and conditions and a sample contract? What other material is to be provided by vendors in this section? **ANSWER**: This section should include the completed contract, if returned with the proposal and it attachments thereto. Refer to Set Four, question 12 regarding proposed contract language.
2.	**IV.N. Proposal Format (page 37)**	"Text must be double spaced and pages must be front and back within each section. Page limits listed are considered to be the maximum number of total pages within that section." Double spacing within the required tables will limit vendor responses to an extreme extent. Please consider allowing single spaced responses. **ANSWER:** Refer to Set Three, question 6.
3.	**IV.N. Proposal Format (page 37)**	Can vendors use appendices for screenshots and other explanatory files? Where would those be located in the finished proposal, would they count against the page limit, and how would they be evaluated? **ANSWER**: No.
4.	**A. AHIE Core Services Components (page 19)**	In the Mandatory Requirement table, some "*Vendor Detailed Description*" text is included in a separate row from the numbered requirement. Please confirm that a Status entry (A, B or C) is required only on rows with a numbered heading (i.e., A-1, A-2 and B-9). If yes, can the columns in the "Vendor Detailed Description" under A, B, and C be deleted to provide more space for vendors to respond? **ANSWER**: Yes.