WRITTEN QUESTIONS AND ANSWERS

SP-17-0002 Technical Support

ANSWERS ARE IN BLUE

1. Question: Could you please let us know name of current vendor providing the same services along with last year expenditure.

Answer: There is currently not a vendor providing these services. OHIT has contracted with Cumberland Health Care to provide the services in the past.

2. Question: Is there any not to exceed budget limitations for this project?

Answer: No

3. Question: We have consultants and a Project Manager who have the following expertise, "Bidder should have a minimum of three (3) years' experience in clinical workflow analysis, consent management, and onboarding for healthcare facilities". Would that preclude us from bidding on this item?

Answer: No, a bidder or offeror may use the combined experience of its owners or senior executive staff to satisfy the requirement or the combined amount of experience of the key personnel that will be responsible for satisfying the requirements of the contract. See also Arkansas Procurement Law 19-11-272.

4. Question: (Section 2.3.B.2) What specific technology skills will be necessary for the PM and representatives to complete the integration work?

Answer: The PM and representatives must have the skills to successfully create workflow designs for electronic medical record systems integrating with SHARE.

5. Question: What are the expected components of the IT impact assessments?

Answer: Components should include but are not limited to the following: 1) Technical Workflow Modifications, 2) EMR/EHR Configuration, 3) Integration and Exchange Capabilities, ie.bi-directional vs. uni-directional, immunizations reporting, and consent management.

6. Question: (Section 2.4.A) Are both hospitals and physician practices in the State targeted participants, and is the consumer outreach scope limited to these entities? Will this change over the course of engagement?

Answer: SHARE's targeted participants include all healthcare providers and is not limited to hospitals and physician practices. The consumer outreach scope is not limited to these entities. The successful respondent should be prepared to remain flexible to meet the needs of SHARE's customer base which includes not only healthcare providers but public health providers, payers and other non-traditional healthcare providers who connect with SHARE.

7. Question: What is the number of current and potential SHARE clients (included in the referenced outreach efforts), and what percentage of these clients are already enrolled in SHARE?

Answer: The response to this question is not necessary to answer the RFP and is not quantifiable given the variety of use cases in which the health information exchange can be used.

8. Question: What is the history and scope of the outreach campaign to date? What outreach tools and materials have already in developed and in use?

Answer: The HIE has evolved as have the outreach utilized for specific target participants. Currently the outreach campaign is in its initial planning phase. The outreach tools and materials are in the development phase.

9. Question: (Section 2.4.B) What is the current HIE funding structure, and how are the cost estimates/quotes developed for each potential provider?

Answer: OHIT has developed payment methodologies based upon user-type. The funding structure is based upon the technical functionality selected by the provider participant.

10. Question: Scope of training for onboarding each new client (maximum number of sessions and students)

Answer: This timeline and sessions for training new participants are dependent upon the chosen solutions and technical capabilities. Training ranges from basic solutions to more technically sophisticated exchange mechanisms and the participant's technical knowledge is also a factor.

11. Question: Are there additional details about the enrollment and maintenance expectations of Mirth? If so, can these be provided?

Answer: There are no enrollment or maintenance expectations of Mirth related to this RFP.

12. Question: Are there existing performance metrics/expectations for Mirth in terms of turn-around times and system performance?

Answer: The performance metrics/expectations for Mirth are not related to the services being procured by this RFP.

13. Question: (Section 2.4.B.1) What is the scope and duration of the FTE representative onboarding support (versus onboarding support from the OHIT)? Can a description of the OHIT support plan be provided?

Answer: OHIT's in-house resources will be assigned based upon existing and future policy initiatives with appropriate support plans identified as needed.

14. Question: Is there a defined set of documents required for the transition to OHIT support?

Answer: No.

15. Question: (Section 2.4.B.3) Are there existing metrics for the development of the monthly work plans (e.g., hours to onboard a provider, support hours per on-boarded provider)? If so, can these be provided?

Answer: The metrics for the development of the monthly work plans will be done collaboratively between the successful respondent and OHIT.

16. Question: (Section 2.4.B.4) Are the FTE representatives expected to provide ongoing/post-live support services to providers who have been on-boarded?

Answer: No.

17. Question: Does the consent management process apply to just the clients or does it extend to their individual patients, and what are management expectations related to this required effort?

Answer: SHARE's consent management process applies to the participant's workforce. The successful respondent will be expected to be able to train participants on this process based upon the participant's workflow.

18. Question: (Section 2.4.B.6) Are expenses related to bringing contracted staff on-site also to be borne by the bidder (i.e., airfare, lodging and daily meals)?

Answer: Yes.

19. Question: (Section 2.4.B.7) Are the referenced metrics and goals known and available to potential bidders?

Answer: No.

20. Question: (Section 2.4.C) Will there be a maximum number of post-implementation clients that the PM and FTE Representatives will provide ongoing training and subject matter expert support?

Answer: No.

21. Question: (Section 2.4.C.1) Are there lead times, minimal class sizes and/or a maximum number of training events per client for post-implementation training?

Answer: No.

22. Question: (Section 2.5.H) What is the definition of a "high level of SHARE adoption"? Are there existing expectations for new monthly contacts and/or new HIE enrollments?

Answer: A "high level of SHARE adoption" is not a defined term. The expectations for new monthly contacts will be part of the monthly work plan.

23. Question: (Section 2.3.B.2-bullet 7) Please further clarify this question and provide an example of the technical integration requested.

Answer: See Addendum 1 item 2.3.B.2 (bullet 7)

24. Question: (Section 2.4.B.2 bullet 2) Please further clarify this question and provide an example of the technical mapping requested.

Answer: This question refers collaborating with the potential customer or participant to determine which SHARE solution needed or requested based upon their facility's technical systems and readiness.

25. Question: (Section E.2-3 of the Technical Proposal Packet) Do you want specific personnel identified by name or will blinded resumes be sufficient

Answer: Personnel must be fully identified.

26. Question: Will all the task outlined in the solicitation be awarded to one vendor?

Answer: Yes. See also RFP item 1.2.A and 1.13.

27. Question: Will the prime (especially, if not an Arkansas based company) be encouraged to include Arkansas small businesses.

Answer: All vendors are encouraged to submit proposals based on specifications set forth in this RFP.

28. Question: Whether companies are encouraged or not to include Arkansas small companies, how do I participate in this process as a small business with expertise in training and outreach?

Answer: All vendors are encouraged to submit proposals based on specifications set forth in this RFP.