HHS Enterprise Contract and Procurement Services

SOLICITATION ADDENDUM:# 2
for
SOLICITATION:# 529-09-0006

Date: 3/5/09	**ECPS Purchaser/Contract Administrator:** Thomas Spears **Phone: 512-206-5769**

DESCRIPTION OF THE ADDENDUM:

This Addendum is issued to reflect the following information, clarification or changes:

1. **Revised Procurement Schedule (see below for highlighted changes)**
2. **Questions and Answers Posted**
3. **Revised Cost Table -- Attachment 1 see attached**

Procurement Schedule	
HHSC Posts Responses to Vendor Questions	3/5/09
Proposals Due	4/3/09
Deadline for Proposal Withdrawal	4/3/09
Respondent Demonstrations/Oral Presentations	4/28/09
Tentative Award Announcement	8/13/09
Anticipated Contract Start Date	8/24/09

2. Questions and Answers for RFP 529-09-0006

Section 1

1. RFP: §1.3.
   Q**:** Can we request that you extend the due date of the proposal to two (2) weeks after HHSC posts responses to vendor questions?

   A: Please refer to the revised procurement schedule.

2. RFP: 1.3.
   Q: Given that the deadline for questions is the 8th and the Bidder's Conference convenes on the 7th, we request that the deadline for questions be extended so that the information gathered at the Bidder's Conference can be digested and additional questions generated if necessary. Please consider our request for this extension.

   A: Please refer to the revised procurement schedule.

3. RFP: §1.5, p.5; §2.1.1.2.
Q: What is the level of data security is required? Is SSL for data transfer sufficient?

A: A respondent's technical plan should include a proposed process for transferring data in a secure and reliable manner in accordance with HIPAA security and privacy standards, including the level of data security. SSL will be sufficient for data transfer.

4. RFP: §1.6, p. 5.
Q: Since the Health Passport System seems to be outsourced to Superior Health Plan, will the latter necessarily assign any resources towards the success of this initiative either to serve as advisors or as stakeholders? If yes, then will that be addressed in a separate contract with them or does their current contract describe this involvement?

A: The MCO contractor will be involved as a key stakeholder. By contract, the MCO is required to reasonably cooperate with other HHSC vendors on work related to the STAR Health Program.

5. RFP: §1.6.
Q: Have any pilots been conducted for this initiative? If yes, please provide the list of stakeholders involved in those pilots? Also, who (what company or firm) conducted such pilots and will that company be permitted to bid on this initiative?

A: No pilots have been conducted.

6. RFP: §1.6.1, §2.1.2, §2.1.2
Q: What information is available regarding the functionality and data structures of the existing non-CCHIT-compliant EMR systems?

A: The MCO collected preliminary information via survey of network providers (see response to question #136). Information regarding the detailed functionality and data structures of non-CCHIT EMRs is currently not available. HHCS and the MCO will obtain any additional detailed information of that nature during development for providers participating in the data exchange. While the HIE vendor is not responsible for collecting this information, the HIE vendor will provide input into in the process, and include agreed-upon functionality and data structures in the Project Work Plan and/or Technical Plan for each Operations Phase.

7. RFP: §1.6.2, p.6.
Q: Should the system be sized for all 13,000 potential providers in the Star Health network? How many EMR systems would this be?

A: The HIE vendor does not need to size the system for all 13,000 providers, but should plan for increased participation over the course of the project. For amended provider count and results of preliminary EHR survey, see response to question #136.

8. RFP: §1.6.2, p.6.
Q: Is the cost of a secure connection from each doctors office or hospital to the HIE system to be included in the proposal? Section 1.6.2, Page 6: It appears the STAR PASSPORT system is a mixture of structured and unstructured data - are both to be included in the solution (transfer) or just the structured data?

A: The provider will be responsible for maintaining an electronic connection; however, the cost of a secure data transfer process from the provider's office to the HIE vendor should be included in the proposal. While the Passport contains a mixture of structured and unstructured data, the HIE vendor's solution should only address structured data to be transferred to the Passport. Refer to the implementation guide from the Healthcare Information Technology Standards Panel (HITSP) Summary Document Using Health Level Seven (HL7) Continuity of Care Document Component (HITSP/C32) and related documentation.

9. RFP: §1.6.2, §2.1.
Q: Will you please provide an estimate of how many CCHIT-certified EMR systems will be exporting data to the Passport for phase 1, other EMR systems for phase 2?

A: See response to question #136.

10. RFP: §1.6.2.
Q: What is the development platform for the Passport EHR system?

A: According to Superior's agreement, "*The platform on which the Health Passport system will reside is the Millennium System Platform, which is owned by Cerner Corp. Millennium is a centralized data repository that supports core processes for data acquisition and exchange from a single repository. The platform is a web-based solution that is rendered on a client system in an Internet Explorer 6.x or Mozilla Firefox 1.x web browser. The software that will be used to maintain and operate Superior Network's Health Passport includes:*

- ***IBM Advanced Interactive eXecutive (AIX) Operating System***
- ***Oracle 9.X relational database management system (RDBMS)***
- ***Windows 2003 Server Operating System***
- ***Oracle Application Server (OAS) and Oracle Internet Directory (OID)."***

11. RFP: §1.6.2.
Q: What database platform is the Passport EHR system based on?

A: See **response to question #10.**

12. RFP: §1.6.2, §2.1, §2.1.2.
Q: Operation Phase One targets ambulatory EMRs. Is there a limit to the number of participants of the initial ambulatory EMRs in Phase One?

A: There is no limit to the number of participants.

13. RFP: §1.6.2.
Q: Is Passport a completed application in use today?

A: Yes

14. RFP: §1.6.2.
Q: How is clinical information currently provided to Passport?

A: HHSC currently provides claims-based health information to the Passport, with an optional limited data entry capability for medical providers to capture clinical information such as allergy and vital sign data. In addition, assessment forms are directly entered in the Passport by providers or are scanned into the Passport by the MCO. The data exchange to be developed by the HIE vendor as part of this procurement will enhance the Passport's capability to obtain clinical information directly from providers' EMR systems.

15. RFP: §1.6.2.
Q: How is information currently retrieved from Passport?

A: The Health Passport is a web-based system with access available to authorized users via a web portal. For more information, please refer to the "Health Passport" link on the following website: https://www.fostercaretx.com/portal/public/fc.

16 RFP: §1.6.2.
Q: What are the current information retrieval capabilities in Passport?

A: Please refer to the RFP's description of current passport functionality in RFP §1.6.2. See also response to question #15.

17. RFP: §1.6.2.
Q: What is the current volume of information transfer to/from Passport?

A: This RPF addresses a new health information exchange initiative that is independent of the current volume of claims data transferred to the Passport. There are multiple data sources into the Passport, which mostly come from internal state systems, such as eligibility and claims/encounter data that are batched and sent on a daily basis or per the agreed frequency of transmission.

18. RFP: §1.6.2.
Q: Does Passport include the following features: a Clinical Viewer, EMPI, Consent Management and Participation Management machinery, a persistence engine?

A: The Passport supports an integrated clinical and claims viewer and an EMPI to ensure the unique person is identified and all reference and activity data is associated appropriately. The Passport currently supports consent management specific to its operating environment. HHSC is unable to respond to the question regarding the persistence engine, as it is unsure of the context of the reference.

19. RFP: §1.6.2.
Q. It is stated that there are additional features yet to be added to Passport (*HHSC is continuing its collaboration to build in supplemental Passport features geared towards the unique needs of the STAR Health population*). Is there a final list of Passport features that must be supported under this RFP?

A: The purpose of this RFP is to develop and support the capability to exchange electronic medical record data to the Health Passport from providers and vice versa; the selected HIE vendor is not expected to support other Passport features.

20. RFP: §1.6.2.
Q: How is the Health Passport system integrating with current data-providing systems? (e.g., is the Cerner-based system utilizing an existing interface engine or point-to-point apps?)

A: See response to question #40.

21. RFP: §1.6.2.
Q: How does the information get entered into Passport if the physician doesn't have an existing EMR system?

A: If physicians do not have EMRs, they would not participate in the data exchange.

22. RFP: §1.6.2.
Q: Do all participating physicians, to date, have an existing EMR system? If not, what are the plans for total inclusion?

A: Not all participating physicians have existing EMR systems. Participation in the data exchange process will be voluntary, so HHSC does not anticipate that all STAR Health providers will participate in the HIE process. See question #136.

23. RFP: §1.6.2.
Q: What user authentication process is currently being utilized?

A: Currently, the state provides a list of authorized state users, including medical consenters, to the MCO; the MCO is responsible for authenticating the providers in their network.

24. RFP: §1.6.2.
Q: What current measurements are in place to eliminate the risk of repeated information from being submitted/entered into the EMR?

A: For demographic and claims data currently provided by the state to the MCO, there is a quality control process in place. For this RFP's new data exchange process, HHSC expects respondents to propose a solution in the Project Work Plan and/or Technical Plan. After contract award, the HIE vendor will update the plan(s) after consulting with the MCO.

25. RFP: §1.6.2.
Q: What is the underlying technology behind the current platform? Unix, Windows, Database Oracle, SQL Server, etc. Is this the preferred platform going forward?

A: See response to question #10. HHSC does not have a preferred platform for the HIE process.

26. RFP: §1.6.2, p.5.
Q: Are there any requirements related to user and service authentication or authorization for accessing the data?

A: These functions for the Health Passport are not included in the scope of work for this RFP; they are the MCO contractor's responsibility.

27. RFP: §1.6.2, p. 6, 2nd paragraph.
Q: Who is the EHR subcontractor?

A: Cerner Corporation is currently Superior HealthPlan Network's IT subcontractor for the Health Passport.

28. RFP: §1.6.2.
Q: Please provide a list of databases used for the EMRs and the Passport. How many data sources are currently being used?

A: See responses to questions #10 and #40.

29. RFP: §1.6.2.
Q: How many EMR vendors are actively transmitting data to Passport or participating in the Star Network?

A: No EMR vendors currently transmit data to the Passport through an EMR system. Additionally, no STAR Health Network providers currently transmit data to the Health Passport through an EMR system.

30. RFP: §1.6.2.
Q: Is there a list of providers that are enrolled in the Star Health Network?

A: Copies of the STAR Health Provider Directory are located on Superior's website:

www.fostercaretx.com/portal/public/fc/kcxml/04_Sj9SPykssy0xPLMnMz0vM0Y_QjzKLd443dXYGSYGZTiH6kehiFkFYxAIRYkH63vq-Hvm5qfoB-gW5oaER5Y6KAGS6MTw!/delta/base64xml/L3dJdyEvd0ZNQUFzQUMvNElVRS82X0NfNUMx

31. RFP: §1.6.2, p. 6, 2nd paragraph.
Q: Page 6 (2nd paragraph) mentions that Star Health MCO has an EHR subcontractor. Please provide the name of the subcontractor. Will this company be permitted to bid on this component of the project/initiative?

A: See response to question #27. The company will be permitted to bid, provided it meets all criteria set forth in the RFP.

32. RFP: §1.6.2.
Q: Does the Star Health Passport System provide a system "API" to allow reads/writes to it from an external IT system?

A: The Passport is capable of this, although it does not expose a public facing API.

33. RFP: §1.6.2.
Q: What database does the Health Passport System use? What programming language was it built in? What technical components does it have? Does it use any middleware for instance? Are there any third party development tools used that would be applicable for this project?

A: Information concerning the MCO's proprietary and third party software is available in the STAR Health agreement, located on HHSC's website at: www.hhsc.state.tx.us/medicaid/STAR_Health. Refer to Attachment C-2, pp.79-80 (pp. 343-344 of the PDF document). See response to question #10.

34. RFP: §1.6.2.
Q: It is presumed that one solution for both Phase One – standardized EMR's and Phase TWO non-standardized EMR's is intended. As these phases are to be done serially, will the solution in Phase One need to be tweaked to concur with Phase Two development?

A: This assumption is not correct. HHSC expects the respondent to propose solution(s) as appropriate.

35. RFP: §1.6.2.
Q: Where is the Health Passport System currently hosted? Who performs administration and maintenance activities on the hardware / software setup for this system? Who owns the hardware / software associated with hosting the system?

A: The Health Passport is hosted in Kansas City, Kansas. Cerner performs the administration and maintenance for the Passport as a subcontractor to the MCO. See also HHSC's response to question #33

36. RFP: §1.6.2, p.6, 1st paragraph.
Q. Has a survey been conducted of all 13,000 Health Passport Care Providers to understand what EMR systems they are using? How many different systems are in play? Can that list be provided? Efforts to build interfaces to non CCHIT certified systems will affect the time and effort in providing the solution. We are looking to asses the level of customization if any. Will customization be part of the scope? Are any additional statistics available to scope this initiative? E.g., number of CCHIT certified EMRs, number of non-certified, etc.

A: The MCO conducted a survey of EMR system usage that focused on the high-volume providers. While there are various EMR systems in use by network providers, HHSC anticipates minimal customization in Operations Phase 1 and more customization for Operations Phase 2, although the specifics will be decided as the project progresses. For additional information, see response to question #136.

37. RFP: §1.6.2.
Q: Has the State mandated the participation of the healthcare providers and what is the anticipated likelihood of their compliance?

A: Participation of network providers in this data exchange will be voluntary.

38. RFP: §1.6.2.
Q: What is the regional activity currently in the HIE initiative? For instance, of the 70% of the providers using the system today, what is their involvement? How are they participating? Are they gathering information from the system? Are they providing an EMR record in any capacity at this point or is it paper and pencil to the Health Passport System now? What interfaces are in place if any?

A: The RFP covers a new health information exchange initiative, and the initiative will be statewide as the STAR Health Program serves foster care children in all regions of the state. Service providers contract with the MCO to provide medical services to foster children and are given access to Superior's foster care web portal. As described in Section 1.6.2 of the RFP, the Passport is a claims-based electronic health record and is accessible to network providers via a secure web portal. Providers have access to demographic and historical claims data, including medication claims provided by HHSC. Providers are encouraged to enter clinical data such as allergies and vital signs. Providers also have the option of completing assessment forms and behavioral health summaries on-line or forms can be faxed or mailed to the MCO to be scanned and attached to the child's record. See question #136 for additional information on potential provider participation. Information concerning the Passport interfaces is available in the STAR Health agreement, located on HHSC's website at:

www.hhsc.state.tx.us/medicaid/STAR_Health.pdf

Refer to Attachment C-2, pp.79-80 (pp. 343-344 of the PDF document).

39. RFP: §1.6.2, p.5
Q: Can you clarify Superior's role will be in this project in terms of the Passport development? Is Cerner still subcontracted with Superior to develop and maintain the Passport?

A: Superior is the MCO contractor and Cerner is Superior's subcontractor for the maintenance of the Health Passport. Both companies will be key stakeholders in the HIE exchange process.

40. RFP: §1.6.2, p.5.
Q: What are the data sources from which Superior is currently handling information for use in Passport? What is the current volume of claims/encounter data from each source? Does Superior receive recipient eligibility and provider files from each source? How are they receiving the data from each source?

A: There are multiple data sources into the Passport, which mostly come from internal state systems, such as eligibility and claims/encounter data, which are batched and sent on a daily basis or per the agreed frequency of transmission. For a list of system interfaces, see Attachment C-2 to Superior's agreement at pp. 83-86 (pp. 347 -350 of the PDF document on HHSC's website). This RPF addresses a new health information exchange initiative that is independent of the current volume of claims data transferred to the Passport.

41. RFP: §1.6.2, p.6.
Q: Page 6, paragraph 1 of the RFP refers to "13,000 providers in the STAR Health Network." What percentage of the providers have EMR systems that are CCHIT compliant?

A: See response to question #136.

42. RFP: §1.6.2, p.6.
Q: The RFP lists 12 Passport features. Can the state provide anticipated volumes and retention requirements for each of the features listed that the HIE is required to support?

a. Section 1.6.2, Project Overview, page 6, 3rd bullet - A record of immunizations, which comes from ImmTrac – Does the state envision a separate interface with ImmTrac? Will additional immunization records come to the HIE from Star Health providers?
b. Section 1.6.2, Project Overview, page 6, 9th bullet - Lab results from selected laboratories – Does the state envision a separate interface with selected laboratories? Will additional lab results come to the HIE from Star Health providers?
c. Section 1.6.2, Project Overview, page 6, 10th bullet - Up to two years of medical and pharmacy history from a member's previous Medicaid and Children's Health Insurance Program (CHIP) claims records – Should the HIE be designed to store up to two years of medical and pharmacy data for each member added to Passport?

A: The twelve features listed in the RFP provide background about the Health Passport and are already operational. The HIE Vendor is not expected to support these 12 functions.

43. RFP: §1.6.2, p.6.
Q: Has Superior completed each of the 12 Passport features? If not can you clarify which features have not been completed and target date for completion?

A: The Health Passport currently includes all 12 features.

44. RFP: §1.8, p.7.
Q: Is this procurement funded under the Texas Electronic Health Passport CMS Medicaid Transformation Grant, state Medicaid funds, or other state or federal source(s)?

A: See response to question #58.

45. RFP: §1.6.2.
Q: What is the current average number of daily users?

A: Information on the average number of daily Passport users is not available. The current average number of monthly Passport users is 6,000.

46. RFP: §1.6.2.
Q: What is the current average number of daily transactions? What is the expected transaction volume?

A: See responses to questions #17 and #136.

47. RFP: §1.6.2.
Q: Please provide a copy of your existing Capacity Plan or any related documents indicating present and forecasted information about capacity.

A: HHSC cannot provide a capacity forecast – capacity needs for the HIE exchange process will vary by Operations Phase and the number of participating providers. See response to questions #136.

48. RFP: §1.6.2.
Q: What is the current backup and recovery strategy, including software, which is used for the Passport and STAR health systems?

A: Current backup and recovery of the Passport and STAR Health systems is the responsibility of the MCO.

49. RFP: §1.6.2.
Q: What is the standard passport data format?

A: Currently, laboratory test results data that are transmitted in an HL7 format. The Passport currently requires no other standard data format for data transmission.

50. RFP: §1.6.2.
Q: Page 5 of the RFP references a contract with Superior Health Network to manage STAR Health Services. May I please get a copy of this agreement?

A: The agreement is located on the HHSC website at

www.hhsc.state.tx.us/medicaid/STAR_Health.pdf

51. RFP: §1.6.2.
Q: How/Is the Passport population uniquely identified in the Health Passport system and in provider systems?

A: The Passport only contains records for members enrolled in the STAR Health Program and includes Medicaid IDs and DFPS IDs to facilitate identification of the members.

52. RFP: §1.6.2, Attachment 1
Q: Attachment 1 identifies a maximum number of participating providers by type at 1000+, yet Section 1.6.2 of the RFP describes over 13,000 current providers in the STAR network. What is the anticipated growth in volume of providers?

A: See response to question #136 regarding current estimates of providers with EMR system capabilities.

53. RFP: §1.6.2.
Q: Section 266.006 (a) of SB6 (2005) states: "The executive commissioner shall adopt rules specifying the information required to be included in the (health) passport." Are these rules formalized into a document? If so, can we get a copy of the document(s)?

A: The rules are now codified in 1 Texas Administrative Code §354.1186.

54. RFP: §1.6.2.
Q: What capabilities for data import does the Foster Care EHR support? Will the import of records be pushed directly from the HIE to the back end EHR database or is there an import facility such as a queue that messages can be placed in?

A: The Passport currently does not support data import capability specific to EMR systems. HHSC expects respondents to propose a solution.

55. RFP §1.6.2.
Q: Please describe the high level technical architecture of the EHR system, including the language it was built-in, the platform it is deployed on, and any specific frameworks (ie: Spring, Hibernate) or integration tools (MQ, ESB) it makes use of.

A: See response to question #10.

56. RFP §1.6.2, p.6.
Q: In the Project Overview section it mentions the number of children in foster care and indicates that out of the 13,000 providers who are in the network that 70% of these providers are registered Passport users. Does THHSC have an estimate of usage or number of requests (transactions) that are expected in a month or year once the program gets up and running?

A: See responses to questions #17 and 136.

57. RFP: §1.7.1, p.7.
Q: What type of contract (Firm Fixed Price, Time and Materials, other) will this work be performed under?

A: See the revised Cost Table in Attachment 1.

58. RFP: §1.8, p. 7.
Q: Is the procurement funded under CMS Transformation Grant or other state funds?

A: The project will be fully funded by a CMS Transformation Grant.

59. RFP: §1.9.2.
Q: Are any companies precluded from bidding on this RFP?

A: Please refer to RFP's conflict of interest provisions.

Section 2

60. RFP: §2.
Q: What are the Service Level Objectives and Agreements for this RFP?

A: Please refer to RFP §2, Mission Results/Scope of Work, and in particular §§2.2-2.3. Additional requirements will be included in the HHSC-approved Project Work Plan and Technical Work Plan (submitted by the HIE Vendor).

61. RFP: §2.1.
Q: Can the work associated with non-certified EMRS be quantified?

A: See response to question #136.

62. RFP: §2.1.
Q: Is the HIE Vendor expected to institute the policy and procedures as to how the providers accurately submit data within the HIE or is that policy currently part of their contract with STAR [Health]? If so, can that policy be provided?

A: The HIE vendor is expected to participate in the development of the policy and procedure for submitting data within the HIE process.

63. RFP: §2.1, p.10.
Q: Could you please provide a list of targeted CCHIT compliant EMRs that will be integrated during Phase One?

A: See response to question #136.

64. RFP: §2.1, p.10; §2.1.2.2, p. 15
Q: It was noted that the phase one CCHIT certification only applies to ambulatory EMRs. Should we assume ambulatory data only? Is there a minimum subset of data that is required?

A: As stated in the RFP, §2.1.2.2, p. 15, hospital EMR systems are also included. The RFP does not require a minimum subset of data; however, refer to the implementation guide from the Healthcare Information Technology Standards Panel (HITSP) Summary Document Using Health Level Seven (HL7) Continuity of Care Document Component (HITSP/C32) and related documentation.

65. RFP: §2.1, p.10.
Q: Could you please provide a list of targeted non-CCHIT compliant EMRs to be integrated during Phase Two?

A: See response to question #136.

66. RFP: §2.1, p.10.;
Q: Will Passport be requesting updates for new and existing patient information or is the expectation of the EMRs to push the data to passport?

A: No, the Passport will not request updates for new and existing patient information. HHSC expects respondents to propose a solution that pushes data to the Passport for Operations Phases One and Two. Operations Phase Three will likely include EMR systems requesting data from the Passport, although details will be finalized in the HHSC-approved Project Work Plan and/or Technical Plan.

67. RFP: §2.1, p.10.
Q: Would it be possible to get the Passport interface specifications needed for this effort?

A: This RPF addresses a new health information exchange initiative. See RFP, p.15 for components that should be incorporated into the information exchange process. See response to question #64.

68. RFP: §2.1, p.10.
Q: Will the data transfer be performed in real time, in batch or both?

A: See response to question #109.

69. RFP: §2.1, p.10.
Q: Are there any requirements to identify, locate and request specific patients.

A: No.

70. RFP: §2.1, p.10.
Q: When new EMRs join the network are there any registration and certification requirements?

A: There are no registration requirements specifically for EMR systems used by providers participating in the HIE process. For Operations Phase One, providers are expected to use CCHIT-certified EMR systems, and although preferred, hospital EMRs are not expected to be certified. For Operations Phase Two, EMR systems do not have to be CCHIT-certified. There are no certification requirements for Operations Phase Three.

71. RFP: §2.1, p.10.
Q: Are there any expectation for new EMRs to transmit any initial patient information such as all historical foster care patients?

A: No, HHSC does not anticipate obtaining historical clinical data from network providers.

72. RFP: §2.1, p.10; §2.1.2.2, p.15; §2.2, p.18
Q: Who is responsible for determining and delivering detail as to which Superior Network hospitals and PCPs are CCHIT certified and thus applicable to Phase One of the project? Secondary to this question, where in the timeline of events (as noted on page 18, section 2.2) will this information be delivered to the selected vendor? Or is the vendor required to gather this information independently? If the vendor is required to gather this information independently, is Superior Health Plan and/or Cerner required to assist by provider network contact lists? As noted on page 10, section 2.1 of the RFP. Also further detailed on page 15, section 2.1.2.2

A: HHSC will deliver this information to the HIE vendor during development for each operational phase within a reasonable time, prior to the due date for each phase in accordance with the Project Work Plan and/or Technical Plan for each Operations Phase. See responses to questions #6 and #136.

73. RFP: §2.1, p.10.
Q: What are the minimum requirements for the operational start date that is required no later than six months following the contract's effective date? In particular, what is the percentage of the above noted phase one applicable CCHIT certified PCPs and hospitals identified are expected to be capable of full, operational interface with Health Passport via the vendor medium?

A: There is no minimum requirement; data exchange can proceed when the capability is available and tested, but no later than 6 months as stated in the RFP. See response to question #136.

74. RFP: §2.1, p.10; §2.1.2.1, p.12.
Q: Page 10, Section 2.1 discusses the "Development Phase" of the contract and activities that will take place between contract award and the "Operations" phase. Page 12, Section 2.1.2.1 indicates that the work conducted during the "Development" phase will be in consultation with HHSC, the STAR Health MCO, the Passport vendor, and other interested stakeholders. The cost table (Excel attachment) appears to only show pricing for the "Operations" phases of the contract. Will a vendor be allowed to propose payment milestones or a "Time and Material" (T&M) line item for compensation of services during the Development Phase that precedes Operation Phases 1-3?

A: See the revised Cost Table in Attachment 1.

75. RFP: §2.1, §3.15.1.4, §3.15.2.8

Q: Please confirm that the scope of this initiative *does not* incorporate the following:

a) Is the HIE Vendor expected to make provider's EMRs interoperable within the providers internal network?
b) Is the HIE Vendor to ensure that the EMR has interoperability within the provider's internal network?
c) Is the HIE Vendor expected to develop an EHR solution that has interoperability outside of the Provider's delivery network (i.e. insurance or other institutions)?
d) Is the HIE Vendor expected to provide a change-management solution to providers to support the required change to their existing work flow processes within their organization to ensure participation in the HIE?
e) Is the HIE Vendor responsible for making any clinical data repositories available or that there is connectively and interoperability of the existing data stores?
f) Is the HIE Vendor responsible for integrating any clinical decision support systems that may be in place to ensure interoperability and integration?
g) Will the HIE Vendor be expected to support adoptions of any kind of disease management programs? If so, are we to ensure these types of programs are integrated and interoperable?

If we are correct in assuming these items are not part of this initiative, please identify if they are desired in future versions/phases of the project. Please also address if the State is interested in scoping all of items a–g defined above (or any others not listed) at this time for inclusion in the response as alternative bids.

A: The assumptions are correct. These items are not part of this initiative. The State would only consider proposals for such initiatives as value-added benefits (provided at no additional cost to HHSC).

76. RFP: §2.1, p.10,

Q: How many EMR vendors currently are actively transmitting data to Passport or participating in the STAR Health provider network? In each Phase of the project how many EMR vendors are estimated to interface with the HIE vendor selected under the procurement?

A: There are no EMR vendors currently transmitting data to the Passport through an HIE process. See response to question #136 for estimates on the number of providers with current EMR capabilities.

77. RFP: §2.1.

Q: Which CCHIT certification for ambulatory EMRs will be required, 2007 or 2008? Note: CCD compatibility is only required for 2008 certification.

A: HHSC expects respondents to recommend a solution.

78. RFP: §2.1

Q: In Phase II, how many different non-CCHIT compliant data formats can the vendor expect from STAR Health Network members?

A: See response to question #90.

79. RFP: §2.1.
Q: Does "CCHIT certified status" imply a kind of standardization that will help in developing a common solution? If so, phase 2 timelines will depend on how many variants of EMRs are present. Is there a list or an estimate of how many various types of EMRs are present?

A: See www.cchit.org for information on the Certification Commission for Health Information Technology. See response to question #136 for additional information.

80. RFP: §2.1, p. 10.
Q: The RFP calls for Phase I EMR system to be CCHIT certified. Does the vendor have to be CCHIT certified?

A: No.

81. RFP: §2.1.
Q: What percentage of foster care children are currently placed with a provider using a CCHIT certified EMR system? Approximate percentage is acceptable.

A: Unknown; see response to question #136.

82. RFP: §2.1.
Q: What is the approximate percentage of foster children placed with a provider using any kind of EMR?

A: Unknown; see response to question #136.

83. RFP: §2.1.
Q: What % of the network providers has data in standard format, i.e. HL7 versus providers with data in non-standard format?

A: See response to question #136.

84. RFP: §2.1.
Q: Please provide an estimate for the total number of EMRS to be targeted in Phase II.

A: The total number is dependent on how many providers are interested in participating in data exchange; see response to question #136.

85. RFP: §2.1.
Q: Does the STAR [Health] system provide a system "AP1" to allow connection to external IT system?

A: See response to question #32.

86. RFP: §2.1.
Q: What does the statement mean: "HHSC will own all intellectual property rights, title and interest in the HIE process and technical components, including all system modifications?" Does this include any software we may provide that is commercial software we own?

A: HHSC will own all intellectual property rights and interest in the HIE process and technical components, such as customized software interfaces developed specifically for the exchange of data from provider EMR systems to the Passport. A Respondent may propose an open source solution as a component of its proposal, but please refer to the Uniform Contract Terms and Condition's provisions regarding ownership of intellectual property developed in whole or part with state or federal funds. Vendors using third-party commercial software products must transfer all licenses rights and interests to the state upon termination of the contract.

87. RFP: §2.1, p.10.
Q. Can the list of the Phase One EMR systems certified by CCHIT be made available prior to bid due date or at least the number or percentage of the 200 Network Hospitals and the 5,400 PCP's? Is it fair to assume that all 70% registered Passport Users are CCHIT approved? In order to scope, size, and price the project, these numbers are relevant.

A: See response to question #136 for EMR system information. CCHIT certification applies to EMR systems; it does not apply to the Health Passport or its users.

88. RFP: §2.1, p.10.
Q. Are the CCHIT-approved hospitals and PCPs targeted for Phase One aware of this initiative and does the State have their buy-in? Are they planning to have personnel allocated to work on this? What is the level of commitment the State has from these participants? What is the responsibility of the HIE Vendor if cooperation is not forthcoming from these participants?

A: See response to question #136.

89. RFP: 2.1
Q: Please describe the expectations for assuming IP rights to anything delivered, especially vis-à-vis COTS products that might be proposed.

A: See response to question #86 regarding intellectual property rights.

90. RFP: §2.1, §2.1.2.
Q: Please provide the same detail requested in the question above for Phase Two including the total number of EMRs estimated to be targeted in Phase Two and the number of various EMR formats that are expected to be accommodated. With regard to Phase Two, please expound on linking EMRs that are not CCHIT certified with Passport. A lack of standardization of the EMRs for those not standardized can potentially change the timeline equation substantially. Please speak to the requirements to allow non-certified CCHIT EMR's to be incorporated into the system.

A: For Operations Phase Two, HHSC will select EMR systems for development of customized interfaces based on a number of factors such as volume of foster care clients seen by a provider and the number of providers who uses a particular commercial EMR system. HHSC anticipates limiting the development of customized interfaces to a maximum of ten. Please refer to the revised Attachment 1 for additional assumptions regarding Operations Phase Two.

91. RFP: §2.1; §2.1.2.1.
Q: Can HHSC please clarify its expectations for activities taking place prior to the start of each Operational Phase? Specifically,

a. Does HHSC plan to identify the participants of each Operational Phase prior to the start of the phase?

A: HHSC will work with the selected vendor and the MCO contractor to identify participants during each Development Phase.

b. With respect to demonstrating compliance with test plans, what does HHSC expect to be tested during the System Readiness Review (SRR) prior to an Operational Phase? What does HHSC expect to be tested during an Operational Phase? (In the case of non-CCHIT certified systems it will not be possible to test interfaces until the participants and EMR systems have been identified.)

A: At least 30 days prior to the implementation of each Operations Phase, HHSC will conduct a readiness review to ensure that contractual requirements have been achieved. HHSC expects all system testing to be complete prior to readiness review of each Operations Phase. In addition, the HIE vendor must perform end-to-end testing if providers are added during an Operations Phase.

c. With respect to training, who will be provided with training prior to the start of an Operational Phase? Will HHSC identify personnel to receive training prior to the start of an Operational Phase?

A: HHSC will work with the selected vendor and the MCO contractor to identify personnel to receive training.

92. RFP: §2.1, p.10.
Q: What are the limitations of the statement "HHSC will own all intellectual property rights, title, and interests in the HIE process and technical components, including all system modifications." Obviously IP for Third Party software and other components of a solution would be retained by the vendor, but this seems to be a very broad statement.

A: See response to question #86.

93. RFP: §2.1, p.10.
Q: For Operations Phase One, how many PCPs and hospitals will need to be connected and operational within the six month timeframe?

A: There is no minimum. HHSC's expectation is that all providers who meet the agreed-upon criteria for the first Operational Phase and agree to participate will be included in the HIE process. See response to question #136.

94. RFP: §2.1, p.10; §2.1.1.2.
Q: In order to size the system, how often will the HIE system request data from each EMR system? Once an hour, once a day, once a week, etc... And how large would the data exchanges be (2,000 character records?)

A: Respondents should propose a solution addressing frequency of data transfer (see RFP §2.1.1.2), which should be based on volume. See response to question #66 regarding requesting data from EMR systems and #136 for potential participation in the data exchange process. The size of data exchanges should be based on the transmission of continuity of care documents (see HITSP/C32) and hospital discharge summaries.

95. RFP: §2.1, §2.1.1.2.
Q: If not Superior HealthPlan Network or Cerner Corporation, will the vendor awarded the contract for this proposal be required to contract in any way, reimburse, or enter a non-disclosure (or like) agreement with Superior HealthPlan Network or Cerner Corporation? This question is asked because the vendor for whom the contract is awarded will be required to work with Superior Network providers and member data as noted on pages 10-11 of the RFP; primarily in sections 2.1 and 2.1.1.2 in particular.

A: The selected vendor is not expected to contract with or reimburse the MCO contractor or their Passport subcontractor a non-disclosure agreement is unlikely. Note: will the EHI vendor be privy to Superior's or Cerner's confidential information/processes? If so, a non-disclosure agreement might be used.

96. RFP: §2.1.1.2.
Q: Does HHSC expect or require that the HIE system be hosted by the HIE vendor during the Operational Phases leading up to Turnover phase or will the HIE system be collocated in an HHSC or State of Texas managed data center beginning with Operations Phase 1?

A: The HIE system should be hosted by the HIE vendor.

97. RFP: §2.1.1.2.
Q: Do plans include an initial batch of data from all EMR's? If so how far back will the initial data load cover?

A: No.

98. RFP: §2.1.1.2.
Q: Is legacy hardware to be used or will net-new hardware be required?

A: The vendor must provide the necessary hardware to develop and maintain the data exchange process.

99. RFP: 2.1.1.2.
Q: How is access to non-participant data within the EMR systems restricted?

A: Data concerning individuals who are not STAR Health members should not be transferred to the Passport through the HIE process. Passport users therefore will not have access to non-participant data in the Passport. Because EMR data will be "pushed" to the Passport Operations Phases One and Two, Passport users also should not have direct access to the provider EMR systems, including any information contained in these systems regarding non-participants. See response to questions #66 and #105.

100. RFP: §2.1.1.2.
Q: Section 2.1.1.2 includes the requirement for "an approach to providing a highly available system including system monitoring, capacity planning, and system scalability." Please define "highly available system".

A: See response to question #138.

101. RFP: §2.1.1.2.
Q: What would be the preferred transport method for EMRs to push data to the exchange (FTP, Secure Web Services, MLLP, etc)?

A: HHSC expects the HIE Vendor to propose an acceptable solution.

102. RFP: §2.1.1.2
Q: Does physical hardware need to be in Texas?

A: No. The RFP does not require the vendor's hardware to be located in Texas.

103. RFP: §2.1.1.4, p.12.
Q: Can the state please provide a baseline of how many in-person training sessions and associated travel, if any, are required for Phase 1, 2 and 3?

A: This will vary based on the final number of participating providers. HHSC expects that most training will be web-based, but there may be a limited number of in-person training sessions. HHSC has revised Attachment 1 to change the pricing structure for one-time costs, and to include assumptions regarding the number of in-person training sessions.

104. RFP: §2.1.2.
Q: Is it acceptable that updates are queued for later batch processing into the central system? If so how often is the batch update expected to be performed?

A: HHSC expects respondents to provide a solution.

105. RFP: §2.1.2.
Q: Will there be a single identifying data element that can be used to match EMR records across providers (i.e., passport ID record or SSN)? Specifically questioning the complexity of potential matching and record survivorship tasks associated with master patient indexing that are not detailed in Figure 1 (Foster Care EHR Data Exchange) of the RFP.

A: The MCO is responsible for ensuring that only records for STAR Health members are imported into the Health Passport; however, the HIE vendor will work with the MCO to ensure that only records for foster care children are transferred to the Passport. Currently, records are matched on several data elements against a database only of children in the STAR Health program; currently foster care children are matched on a combination of data elements, including Medicaid ID, DFPS ID and SSN.

106. RFP: §2.1.2.
Q: What is the existing import capability of the Health Passport system (connection type, transaction load limits, etc)?

A: There is no existing import capability for the Health Passport specific to EMR systems; this is what HHSC expects the HIE vendor to develop. See responses to questions #14 and #40.

107. RFP: §2.1.2.
Q: Is there an existing validation tool for standard passport data that the vendor can integrate into the exchange, or will the vendor be expected to develop one?

A: The HIE Vendor will be expected to work with the MCO regarding the existing data validation process and will need to develop a validation tool specific to clinical data exchange from EMR system to the Health Passport.

108. RFP: §2.1.2.
Q: Is there any requirement to match an incoming record with other records already in the system for the same individual? If so, is it expected that some sort of trait matching on demographic data for the individual will be performed?

A: See response to question #105.

109. RFP: §2.1.2.
Q: Is the requirement for batch processing or real time? If batch what is the expected schedule?

A: Respondent should propose a solution addressing the frequency of data exchange. While there is no specific requirement for either option, data is currently provided to the Health Passport as batched files.

110. RFP: §2.1.2.1, p.15.
Q: The solution must store and maintain clinical data in a secure and HIPAA compliant location. Can you please provide what data will need to be stored? Are we talking about every transaction and the entire transmission or are there specific transactions or segments of a transaction that need to be stored?

A: The vendor must store and maintain the entire transmission being exchanged between the providers's EMR and the Health Passport.

111. RFP: §2.1.2.1, p.15.
Q: Are there any specific scalability, performance or availability restrictions.

A: There are no specific restrictions for scalability, performance or availability. See responses to questions #136 and #138 for performance and availability requirements.

112. RFP: §2.1.2.1; §2.1.1.1
Q: Is there expected to be a Development Phase 2 prior to Operations Phase 2 or is it expected that all development activities to support non-standard formats and transfer of data from Passport to EMR systems will be completed during Development Phase 1? Same question applies to a Development Phase 3 prior to Operations Phase 3.

A: There will be a development phase prior to each Operations Phase.

113. RFP: §2.1.2.1, p.12.
Q: In order to size the storage requirements for the system, how much data in number of bytes do you anticipate being collected from the EMR systems? And how much do you anticipate will need to be stored for the one year requirement? Will the data being sent from the Passport to the EMR systems also need to be stored on the HIE for one year? reference: "While the vendor is not responsible for long-term retention of the data, HHSC recommends that the vendor maintain converted files for audit purposes for no less than one year."

A: Data in number of bytes is unknown as this RPF addresses a new health information exchange initiative that is independent of the current volume of claims data transferred to the Passport; see question #136 for information on potential participation. Yes, data being sent from the Passport to EMR systems will also need to be stored for one year.

114. RFP: §2.1.2.1.
Q: How many distinct EMR systems are currently in use by the 13,000 providers?

A: See response to question #136.

115. RFP: §2.1.2.1.
Q: What events trigger the exchange of data between provider EMR systems and the Passport?

A: Respondents should propose triggering events as part of their proposals; however, please note that the Passport is currently focused on dates of service.

116. RFP: §2.1.2.1.
Q: What is the anticipated frequency and volume of these data exchanges?

A: HHSC expects respondents to propose the frequency of data exchanges in their proposals. For information on anticipated volume, see question #136.

117. RFP: §2.1.2.1.
Q: What minimum network connectivity exists between providers and the Passport?

A: Providers access the Passport via a web portal maintained by the MCO.

118. RFP: §2.1.2.1.
Q: Section 2.1.2.1. What consent management mechanisms, if any, exist?

A: See response to question #18.

119. RFP: §2.1.2.1.
Q: What reporting requirements on the exported data have been defined?

A: See RFP §2.1.1.1 to §2.1.1.3. Many of these elements will be included in the Project Work Plan and Technical Plan (initially proposed by the vendor in the RFP response, then updated within 30 days after the contract's effective date).

120. RFP: §2.1.2.1.
Q: Is there a change order management process should additional features that affect the interface definitions be added later in the project?

A: Yes. See Article 7 of HHSC's Uniform Contract Terms and Conditions.

121. RFP: §2.1.2.1.
Q: Are there EMR applications that are ineligible for use in the proposed HIE?

A: No.

122. RFP: §2.1.2.1.
Q: Is there a list of standards and document types that are planned for use? (ex. HL7 v2, ADT^A01, ADT^A04, ADT^A28, ORM^O01, ORU^R01, MDM^T01, ZZZ^Z01 , HL7 v3, CDA, DICOM, X12 275, 277, 810, 820, 837, 850, etc)

A: See RFP §2.1.2.1. The HIE process should use standard transaction formats, such as HL7 standards, and consider a service-oriented architecture or other open source architecture. HHSC expects respondents to propose solutions that address standards and document types that comply with this requirement. See response to question #64.

123. RFP: §2.1.2.1.
Q: Who is the final authority that determines what sets of transactions, document formats and standards are acceptable/unacceptable and determines what customizations will be allowed to standard transactions? Who oversees compliance?

A: The Respondents' Project Work Plans and/or Technical Plans should address the sets of transactions, document formats and standards proposed for the HIE process. HHSC must approve the Project Work Plan and Technical Plan.

124. RFP: §2.1.2.1.
Q: Will STAR Health members eventually expand beyond DFPS participants?

A: No. STAR Health is only available to children in DFPS conservatorship, and young adults who have exited foster care and qualify for participation.

125. RFP: §2.1.2.1.
Q: Are there minimum computer/networking requirements and a list of approved EMR applications that a provider must comply with to participate in the STAR Health Network HIE?

A: No.

126. RFP: §2.1.2.1.
Q: Will STAR Health network provider participation in the completed HIE be compulsory?

A: No, provider participation is voluntary.

127. RFP: §2.1.2.1.
Q: Is each STAR Health network provider responsible for their own ability to connect to the HIE interface and to administer the export/import data from/to their own EMR system?

A: The provider will be responsible for maintaining an electronic connection; however, the cost of a secure data transfer process from the provider's office to the HIE vendor should be included in the proposal. See response to question #8.

128. RFP: §2.1.2.1.
Q: Is the HIE vendor expected to develop custom components for EMR applications in use by STAR Health network providers?

A: No.

129. RFP: §2.1.2.1.
Q: Is there list of services or components the HIE vendor is expected to offer to STAR Health network providers? Are STAR Health network providers responsible for payment of services customized for them?

A: No.

130. RFP: §2.1.2.1.
Q: What is the expected level of service agreement for the HIE?

A: Please refer to RFP §2, Mission Results/Scope of Work, and in particular §2.2-2.3. Additional requirements will be included in the HHSC-approved Project Work Plan and Technical Work Plan (submitted by the HIE Vendor).

131. RFP: §2.1.2.1, p.15.
Q: In regards to #2 on page 15 of the RFP, is the clinical data being stored for audit purposes only or as a backup or for some other purpose?

A: Clinical data will be stored primarily for audit purposes. In the event of a file transfer problem, the stored data will also be used for backup and recovery purposes.

132. RFP: §2.1.2.1.
Q: The requirement to secure audit data (for a period of time) is clear. Are there specific requirements for accessing, searching and displaying audit data?

A: HHSC expects respondents to propose solutions for accessing, searching, and displaying this data.

133. RFP: §2.1.2.1, p. 12.
Q: Is the reference in this section to the "national standards" referring only to HL7 or other standards and if so, which standards?

A: HHSC expects the HIE vendor to recommend the most appropriate standard, consistent with national health IT initiatives.

134. RFP: §2.1.2.1.
Q: With regard to reporting mechanisms from the HIE system, is there a third party reporting software already selected and in place for integration? If so, please provide the name of the reporting software or the preferred software.

A: There is no third party reporting software already in place.

135. RFP: §2.1.2.1, p.12.
Q: Please identify the "Passport vendor" referenced in this section.

A: The current vendor is Cerner Corporation.

136. RFP: §2.1.2.1, p.12.
Q: This section provides that HHSC or its designee will perform an assessment of STAR Health network providers' current EMR system capabilities and interest in participating in data exchange to determine the level of data exchange participation. Has the assessment of providers' EMR system capabilities and level of interest in participating been completed and if yes, can the results of that assessment be provided to vendors to assist them in sizing their solution? If this assessment is to be performed in the Development Phase and the findings are significantly different from the assumptions and estimates provided in the RFP how does the state plan to accommodate any increases in the level of effort required as a result of the assessment?

A: The amended number of providers in the STAR Health Network is 9,500, of which on average 16% currently use the Passport. The initial survey focused on the high volume network providers (i.e., top 20% by claims submitted). Of these providers, 35 are primary care physicians, 18 are specialists, and 11 are hospitals. Please note that these results are preliminary and reflect a minimum level of participation. Additional effort will be made by the key stakeholders (i.e., HHSC, MCO, HIE vendor) in this initiative to encourage provider participation. In brief:

- **Primary Care Physicians or Clinics: 24 have EMRs of which 11 are currently capable of exporting continuity of care records in a standard HL7 format.**
- **Specialists: 7 have EMRs of which 1 is currently capable of exporting continuity of care records in a standard HL7 format.**
- **Hospitals: 6 have EMRs of which 2 are currently capable of exporting continuity of care records or a hospital discharge summary in a standard HL7 format.**

HHSC has accounted for the potential variance in EMR capabilities and provider participation in the amended cost proposal format (see RFP Appendix 1). HHSC has asked respondents to bid fees based on sliding scales of participating providers for Operations Phase One.

137. RFP: §2.1.2.1, p.15, item #2.
Q: This item discusses storing and maintaining clinical data in a secure location. Does a federated data model with off-site storage capabilities in accordance with HIPAA standards and audit requirements an acceptable solution for this RFP requirement?

A: Yes, a federated data model is acceptable. HHSC expects respondents to propose solutions meeting the secure data storage requirement.

138. RFP: §2.1.2.2.
Q: What are the expected System/Application/Network availability requirements?

A: The Health Passport is currently available 24 hours a day, seven days a week except during limited scheduled system downtime. The HIE Vendor is expected to maintain the same availability.

139. RFP: §2.1.2.2, p.15.
Q: How many EMR systems that are not certified by CCHIT are participating in the STAR Health provider network?

A: See response to question #136.

140. RFP: §2.1.2.5, p.15.
Q: The RFP briefly mentions both HL7 and X12 as possible data exchange formats. What version(s) are to be considered?

A: HHSC expects the HIE Vendor to recommend the most appropriate version(s).

141. RFP: §2.1.3.1, p. 16.
Q: Section 2.1.3.1 page 16 – Besides the standard audit related queries, are there any other expected query requirements for this stored data?

A: HHSC does not understand the question as it relates to the Turnover Phase.

142. RFP: §2.1.3.1, p. 16.
Q: Section 2.1.3.1 page 16 – Are there any user management requirements related to who and what stored data they can accesses?

A: HHSC does not understand the question as it relates to the Turnover Phase.

143. RFP: §§2.3.1 and 5.
Q: Are liquidated damages negotiable?

A: Vendors may note any exceptions to the RFP's terms in their proposals. Such exceptions may result in a less favorable evaluation.

144. RFP: §2.3.1, Uniform Terms and Conditions, §11.02.
Q: Are the Liquidated Damages described in Section 2.3.1 of the RFP in addition to the Liquidated Damages described in Section 11.02, "Tailored Remedies" of the HHSC Uniform Terms and Conditions, Version 1.4?

A: UTC §11.02(d)(1)(A) allows HHSC to collect "liquidated damages in accordance with the terms of this Agreement." RFP §2.3.1 identifies the liquidated damages that apply to the contract. The parties may negotiate additional remedies in the final Agreement.

145. RFP: §2.3.1 and Article 11 of HHSC's Uniform Contract Terms and Conditions, Ver.1.4.
Q: At what point will the Commission determine whether deliverables are inaccurate or incomplete for purposes of assessing liquidated damages? Will the vendor receive notification and opportunity to cure deficiencies prior to assessment of liquidated damages?"

A: See RFP Section 2.3.1 and Article 11 of HHSC's Uniform Contract Terms and Conditions.

Section 3

146. RFP: §3.14.
Q: Section 3.14 Should Part 1 – Business Proposal and Part 2 – Technical Proposal be submitted in separate binders?

A: No. Respondents may submit all three parts of the proposal (Business, Technical, and Cost Proposals) in the same binder.

147. RFP: §3.14.1.
Q: Will the State please clarify if the Vendor must submit a single electronic copy containing all three parts (Business, Technical, and Cost Proposals) or three (3) electronic copies, each containing a single part?

A: Respondents should submit a total of seven printed copies of the proposal – one original (signed in ink) and six copies. In addition, Respondents should submit a single electronic copy of the proposal that includes all three required parts (Business, Technical, and Cost Proposals).

148: RFP: §3.14.3
Q: This bullet requires that the proposals must "include one (1) electronic PDF formatted RFP to the Sole Point of Contact designated email address (RFP Section 1.2)" Should this read …"PDF formatted Proposal" rather than "PDF formatted RFP?" Will the State please confirm that Vendors should submit the PDF files via email to the HHSC point of contact?

A: See response to question #150.

149. RFP: §3.14.3.
Q: Section 3.14.3 - This bullet requires that the proposal be limited to a maximum of 50 pages, excluding required forms, the HUB Subcontracting Plan, and resumes. Will the State please confirm that the page limit applies to the combined, total number of pages in the Business, Technical, and Cost proposals, rather than a 50 page limit in the Business Proposal and a 50 page limit in the Technical Proposal?

A: The maximum page limit applies to each part, 50-page limit each for the Business Plan and the Technical Plan.

150. RFP: §3.14.3.
Q: Does the 50 page RFP response limit include all forms specified in Section 8?

A: No, the limit does not include required forms.

151. RFP: §3.14.3, p.24.
Q: The eighth bullet states "include one (1) electronic PDF formatted RFP to the Sole Point of Contact designated e-mail address." Can you please elaborate on this requirement? HHSC has provided the PDF of the RFP. Does HHSC also require a PDF file of the proposal?

A: HHSC hereby deletes the referenced bullet. Refer to Section 3.14.1 (Number of Copies) for correct submission requirements

152. RFP: §3.15.1.2.5, p. 26.
Q: Please clarify how bonding requirements will be determined. Will bond requirements be negotiable? Will they be determined prior to contract execution?

A: The RFP gives HHSC the right to require the respondent to procure a bond if, in its sole discretion, it determines there is a business need for the bond. HHSC generally makes such determinations before contact execution, but expressly reserves the right to do so at a later date.

153. RFP: §3.15.2.
Q: Is Texas HHSC looking for the vendor to describe their solution for transaction failure handling, or are there any applicable specifications for queuing/rejecting unprocessed transactions?

A: Yes, HHSC expects a respondent to describe its solution for transaction failure handling.

154. RFP: §3.15.2.2.
Q: Since the scope of the initiative is to interface the existing Star Health Passport system with individual provider EMR's, it is highly likely that the application code will execute on the existing servers for Star Health Passport. Considering this, is the requirement for "System Availability and Capacity" relevant for this initiative? Is our assumption that Star Health MCO will need to assume this responsibility correct? Please confirm.

A: The MCO is responsible for system availability and capacity of the Health Passport; however, the HIE vendor is responsible for the availability of the HIE system components involved in the data exchange process. It should be noted, however, that the providers' EMR systems will interface with the HIE vendor and not directly with the Passport (see Figure 1 in the RFP, p.14). The HIE application code will not execute on the existing servers for the Passport.

155. RFP: §3.15.2.5, §3.15.2.6, §3.15.2.7
Q: Will the selected HIE Vendor be given access to Star Health Passport system's technical documentation, application code, testing environment and related artifacts for this initiative? On page 28, Sections 3.15.2.5, 3.15.2.6, and 3.15.2.7 address System Administration, Support, and Maintenance, System Support & Disaster Recovery, and Performance Monitoring and Management. Each of these areas will require access to Star Health Passport system's technical documentation to accomplish this scope. Please confirm this assumption and how access will be provided.

A: The selected vendor will be given access to technical documentation as appropriate and will work closely with the MCO contractor to facilitate technical solutions.

156. RFP: §3.15.3, §5.1, Attachment 1.
Q: Cost Proposal, Attachment 1 – Are the costs for Years Three – Five included in the evaluation of the Cost Proposals?

A: See Attachment 1 as amended.

157. RFP: §3.15.3, Attachment A
Q: May a vendor propose prices for a prescribed activity (e.g., training material) in a format that is separate from the requested monthly unit costs? (Display of one-time costs may not be practical within recurring monthly costs)

A: Yes. HHSC has modified Attachment 1 to allow respondents to identify one-time costs.

158. RFP: §3.15.3.
Q: What is the Budget for this proposal?

A: HHSC will base the project budget on the contract's negotiated price.

159. RFP: §3.15.3.
Q: Is it the Commissions intent that this be a fixed bid? If so, please provide as much specificity as possible as to the scope, estimations of numbers and types of EMR's to be considered. For instance, Attachment 1 asks us to detail the cost according to the number of providers in each category. Can estimates for each be provided so that we might better assess, confirm and concur with the timeline as recommended in the bid?

A: HHSC has revised Attachment 1 to include both fixed costs and variable costs.

160. RFP: §3.2, page 21.
Q. Please clarify the scope and intent of Section 3.2. Is it intended to ensure that the contractor has a thorough understanding of the RFP requirements and submits a compliant proposal? Is it intended to preclude legitimate contract disputes? Will it be interpreted to mean that HHSC's interpretations of contract requirements will control over contractor's specific proposal solution?

A: The provision requires vendors to notify HHSC of any ambiguity, conflict, discrepancy, exclusionary specification, omission or other error in the RFP. If the vendor fails to do so, it submits the proposal at its own risk and waives any claim of error or ambiguity in the RFP (which becomes part of the contract).

Section 4

161. RFP: §4.
Q: We are a minority vendor registered in another state. Are there any reciprocal agreements by which our status might be recognized by the State of Texas while such status is pursued with the State of Texas?

A: Although the State of Texas HUB Program recognizes eligible businesses through reciprocal agreements, the stipulation is that the business must have a principal place of business in the State of Texas in order to qualify for the Statewide HUB Program (in addition to meeting other eligibility criteria). Therefore, the certifying entity must be approved and listed on the Comptroller of Public Accountant website.

Section 5

162. RFP: §5.1, p.34.
Q: Will there be a percent or assigned number of points for each section being evaluated? If yes, what is the evaluation quantitative scoring breakout for the three categories in the stated order of precedence?

A: HHSC determines evaluation criteria and point values prior to responses being received and opened. HHSC will not release this information before the final contract award.

163. RFP: §5.4, p.35.
Q: This section defines the potential for oral presentations, site visits and/or demonstrations. What lead time will HHSC give the vendor for these activities?

A: HHSC will provide vendors with as much advance notice as possible for these activities.

General

164. RFP: General.
Q: How much state involvement will there be?

A: HHSC will provide contract oversight and monitoring, review and approval of all deliverables, and any support agreed upon in the HHSC-approved Project Work Plan and/or Technical Plan.

165. RFP: General.
Q: Can we get copies of the Power Point presentation and the vendor Sign-In sheets?

A: Yes. HHSC has posted both on the HHSC Business Opportunities Website.

166. RFP: General.
Q: Can we offer one or two “Boxed” ways of integrating to the exchange?

A: HHSC does not understand the question, and therefore cannot respond.

167. RFP: General.
Q: Will written answers to these questions and those asked at the bidder’s conference be posted?

A: Yes.

168. RFP: General
Q: Is there a location preference for development, standup and hosting for the system identified in the RFP?

A: HHSC does not have a location preference.

169. RFP: General
Q: Can existing state-maintained facilities and/or assets be included as part of the proposed solution?

A: HHSC will not house vendor staff in state-maintained facilities. Staff from HHSC, the MCO and the Health Passport vendor will provide reasonable assistance, as stipulated in the RFP and agreed-upon in the Project Work Plan and/or Technical Plan.

Attachment 1

170. RFP: Attachment 1
Q: Row 39 *For the purpose of estimating costs, you may use the following numbers: -* Appears that the numbers of Star Health network providers referenced in Row 39 are missing. Please provide.

A: Row 39 of the cost table has been deleted; see revised Attachment 1.

171. RFP: Attachment 1.
Q: Rows 41-45 – How are the costs provided in these rows used in the evaluation of Cost Proposals?

A: Rows 41-45 have changes; see revised Attachment 1.

172. RFP: Attachment 1.
Q: Attachment 1 (Cost Table) requests unit monthly costs by number of participating providers. Are costs to be based on actual usage of the HIE by a verified volume of individual providers, or is cost to be based on a designated number of HHSC authorized providers regardless of usage during any month?

A: See Attachment 1 as amended.

173. RFP: Attachment 1.
Q: How does HHSC desire vendors to propose any costs within Attachment 1 that are not dependent upon volume of providers? For example, recovery of fixed costs for a particular hardware item may not be practicable if the cost is spread across different ranges of number of providers in which actual volumes could fluctuate on a monthly basis.

A: Itemize them separately as one-time reimbursable costs; see revised Attachment 1.

Failure to acknowledge receipt of this addendum may result in response rejection. Respondents may acknowledge receipt by one of the following methods:

1. Sign and return this addendum to HHSC-ECPS with the solicitation response; or
2. Acknowledge receipt of this addendum on face of your response, **or**;
3. If response has already been submitted by respondent, respondent may acknowledge receipt by signing and faxing the addendum to the fax number above prior to solicitation due date and time:

Authorized Signature: _____ Date: _____

Printed or Typed Name of Authorized Signature: _____

Business Entity Name: _____

Attachment 1
Cost Table for the Health Passport Interoperability Procurement, RFP #529-09-0006

Part 1. Phase One Costs			
Phase One involves the development, operation, and turnover of an HIE process that pushes data from providers' EMR systems to the Health Passport. Hospitals using EMR systems, and physicians using CCHIT-certified EMR systems will be eligible to participate in Phase One. Physicians may include single practice physicians or group practices that use one EMR system (including primary care physicians, specialists, and behavioral health providers). Do not include travel costs in this Part (see Part 4). If needed, attach additional pages to complete this Part.			
Part 1A. One-time Fixed Costs for Phase One: include the annual cost of providing the following services and deliverables for Phase One. The Contractor will submit invoices for these costs as they accrue.			
Service	**Annual Cost Year One**	**Annual Cost Year Two**	**Annual Cost Year Three**
1. In-person training: include all costs associated with conducting up to seven (7) in-person training sessions per year (including without limitation the time and materials to develop/conduct the trainings). See RFP §2.1.1.4 for requirements.			
2. Web-based training: include all costs associated with conducting web-based training (including without limitation the time and materials to develop/conduct the trainings). See RFP §2.1.1.4 for requirements.			
3: Hardware Acquisition: include costs of purchasing or leasing hardware. Do not include costs of operating or maintaining hardware. These costs should be included in Part 1B. Note: the Respondent's Technical Plan (RFP §3.15.2) should identify the hardware.			
4: Third-party Software Acquisition and Customization: include costs associated with the acquisition and customization of third-party software. Do not include costs of operating or maintaining third-party software. These costs should be included in Part 1B. Note: the Respondent's Technical Plan (RFP §3.15.2) should identify the planned use of third-party software, and describe any anticipated customization efforts.			
5. Software/Interface Development: include all costs to develop software/interfaces (excluding third-party software identified above). Phase One assumes a minimal need to customize data interfaces due to the use of national standards and certified EMRs. Do not include costs of operating or maintaining software. These costs should be included in Part 1B. Note: the Respondent's Technical Plan (RFP §3.15.2) should identify the planned software development efforts.			
6. Other (please specify):			

Part 1B. Variable Costs for Phase One – include the monthly cost of providing all Phase One activities, excluding one-time fixed costs (Part 1A) and travel costs (Part 4). Part 1B should include all development, operations, and turnover costs for Phase One that are not captured in Part 1A and Part 4.

In the "Monthly Cost" column, include the total cost based on the number of providers participating in Operations Phase One. By way of example only for year one, the Respondent's monthly cost for 1-25 participating providers is $1,000, and an additional $1,000 for 26-50 participating providers. In the "Monthly Cost Year One" column, the Respondent should indicate $1,000 for 1-25 participating providers, and $2,000 for 26-50 participating providers, and so forth.

Because the total monthly payment varies based on the average number of providers participating in the HIE exchange process, HHSC's payment obligation will begin to accrue on the Operational Start Date for Operations Phase One. The Contractor will submit monthly invoices for these costs in a format agreed-upon in the Project Work Plan for Operations Phase One.

Number of Participating Providers in Operations Phase One	Monthly Cost Year One	Monthly Cost Year Two	Monthly Cost Year Three
1. 1-25			
2. 26-50			
3. 51-75			
4. 76-100			
5. 101-149			
6. 150-199			
7. 200-249			
8. 250-299			
9. 300-349			
10. 350-399			
11. 400-499			
12. 500+			

Part 1C. Assumptions: include any business, economic, legal, programmatic, practical, or other assumptions that underlie the Respondent's cost proposal for Phase One. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract will be deemed rejected by HHSC.

Part 2. Phase Two Costs			
Phase Two will begin at HHSC's option. The HHSC-approved Project Work Plan for Phase Two will identify the types of provider EMR systems that will be included in this phase. The Contractor will develop up to ten (10) customized interfaces for this phase. This Part should include the additional costs associated with Phase Two. If costs are already captured in Part 1, do not include them in Part 2. In addition, do not include travel costs in this Part (see Part 4). If needed, attach additional pages to complete this Part.			
Part 2A. One-time Fixed Costs for Phase Two: include the annual cost of providing the following services and deliverables for Phase Two. The Contractor will submit invoices for these costs as they accrue.			
Service	**Annual Cost Year One**	**Annual Cost Year Two**	**Annual Cost Year Three**
1. In-person training: include all costs associated with conducting up to seven in-person training sessions per year (including without limitation the time and materials to develop/conduct the trainings). See RFP §2.1.1.4 for requirements.			
2. Web-based training: include all costs associated with conducting web-based training (including without limitation the time and materials to develop/conduct the trainings). See RFP §2.1.1.4 for requirements.			
3. Hardware Acquisition: include costs of purchasing or leasing additional hardware. Do not include costs of operating or maintaining hardware. These costs should be included in Part 2C. Note: the Respondent's Technical Plan (RFP §3.15.2) should identify the hardware.			
4. Third-party Software Acquisition and Customization: include costs associated with the acquisition and customization of third-party software. Do not include costs of operating or maintaining third-party software. These costs should be included in Part 2C. Note: the Respondent's Technical Plan (RFP §3.15.2) should identify the planned use of third-party software, and describe any anticipated customization efforts.			
5. Software/Interface Development Cost: Include all costs to develop one (1) interface (excluding third-party software identified above). Assume up to 80 hours of programming time per interface. Do not include costs of operating or maintaining software. These costs should be included in Part 1B.			
6. Other: (please specify)			
Part 2B. Hourly Rate for Additional Programming Hours: for an interface requiring more than 80 hours of			

programming time, include the hourly rate for additional programming hours. To receive payment for additional programming hours, the Contractor must provide written notice to HHSC describing the need for additional hours and a reasonable estimate of the number of hours required to complete the interface. The contractor must receive written approval from the HHSC project manager prior to accruing additional programming hours.

	Year One	Year Two	Year Three
1. Hourly Rate for Additional Programming Hours			

Part 2C. Variable Costs for Phase Two – include the monthly cost of providing all Phase Two activities, excluding one-time fixed costs (Part 2A), additional programming hours (Part 2B) and travel costs (Part 4). Part 2C should include all development, operations, and turnover costs for Phase Two that are not captured in Parts 2A, 2B, and Part 4.

In the "Monthly Cost" column, include the total cost based on the number of providers participating in Operations Phase Two. By way of example only for year one, the Respondent's monthly cost for 1-25 participating providers is $1,000, and an additional $1,000 for 26-50 participating providers. In the "Monthly Cost Year One" column, the Respondent should indicate $1,000 for 1-25 participating providers, and $2,000 for 26-50 participating providers, and so forth.

Because the total monthly payment varies based on the average number of providers participating in the HIE exchange process, HHSC's payment obligation will begin to accrue on the Operational Start Date for Operations Phase Two. The Contractor will submit monthly invoices for these costs in a format agreed-upon in the Project Work Plan for Operations Phase Two.

Number of Participating Providers in Operations Phase Two	Monthly Cost Year One	Monthly Cost Year Two	Number of Participating Providers
1. 1-25			
2. 26-50			
3. 51-75			
4. 76-100			
5. 101-149			
6. 150-199			
7. 200-249			
8. 250-299			
9. 300-349			
10. 350-399			
11. 400-499			
12. 500+			

Part 2D. Assumptions: include any business, economic, legal, programmatic, practical, or other assumptions that underlie the Respondent's cost proposal Phase Two. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract will be deemed rejected by HHSC.

Part 3: Operations Phase Three Costs			
Phase Three will begin at HHSC's option. In this phase, the Health Passport will export data to providers' EMR system in one standard format. The HHSC-approved Project Work Plan and/or Technical Plan will include the transmission standard. This Part should include the additional costs associated with Phase Three. If costs are already captured in Parts 1-2, do not include them in Part 3. In addition, do not include travel costs in this Part (see Part 4). If needed, attach additional pages to complete this Part.			
Part 3A. One-time Fixed Costs for Phase Three: include the annual cost of providing the following services and deliverables for Phase Three. The Contractor will submit invoices for these costs as they accrue.			
1. Web-based training: include all costs associated with conducting web-based training (including without limitation the time and materials to develop/conduct the trainings). See RFP §2.1.1.4 for requirements.			
2. Software/Interface Development Cost: include all costs associated with developing one (1) interface. Assume up to 80 hours of programming time per interface. Do not include costs of operating or maintaining software. These costs should be included in Part 3C.			
3. Other: (please specify)			
Part 3B. Hourly Rate for Additional Programming Hours: for an interface requiring more than 80 hours of programming time, include the hourly rate for additional programming hours. To receive payment for additional programming hours, the Contractor must provide written notice to HHSC describing the need for additional hours and a reasonable estimate of the number of hours required to complete the interface. The contractor must receive written approval from the HHSC project manager prior to accruing additional programming hours.			
	Year One	**Year Two**	**Year Three**
1. Hourly Rate for Additional Programming Hours			

Part 3C. Variable Costs for Phase Three – include the monthly cost of providing all Phase Three activities, excluding one-time fixed costs (Part 3A), additional programming hours (Part 3B) and travel costs (Part 4). Part 3C should include all development, operations, and turnover costs for Phase Three that are not captured in Parts 3A, 3B, and Part 4.

In the "Monthly Cost" column, include the total cost based on the number of transactions per month for Operations Phase Three. For purposes of this Part, a "transaction" consists of an EMR system's electronic request for a member's complete Passport record and the HIE Vendor's electronic transfer of the requested record to the EMR system if the member's record is found in the Health Passport. By way of example only for year one, the Respondent's monthly cost for 1-1000 transactions is $50, and an additional $25 for 1001-2000 transactions. In the "Monthly Cost Year One" column, the Respondent should indicate $50 for 1-1000 transactions, and $75 for 1001-2000 transactions, and so forth.

Because the total monthly payment varies based on the total number of transactions in the HIE exchange process, HHSC's payment obligation will begin to accrue on the Operational Start Date for Operations Phase Three. The Contractor will submit monthly invoices for these costs in a format agreed-upon in the Project Work Plan for Operations Phase Three.

Number of Transactions	Monthly Cost Year One	Monthly Cost Year Two	Monthly Cost Year Three
1. 1-1000			
2. 1001-2000			
3. 2001-3000			
4. 3001-5000			
5. 5001+			

Part 3D. Assumptions: include any business, economic, legal, programmatic, practical, or other assumptions that underlie the Respondent's cost proposal Phase Three. HHSC reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract will be deemed rejected by HHSC.

Part 4: Travel Costs. HHSC will reimburse the Contractor for reasonable and allowable travel expenses. Allowable expenses will be limited to reasonable: airfare, lodging, meals, car rental and fuel, taxi, mileage and parking. Allowable expenses will not include: administrative expenses, entertainment, laundry, and other incidental travel expenses. With the exception of airfare, travel expenses are also limited to the rates allowed in accordance with the Texas Comptroller's Travel Allowance Guide at http://www.window.state.tx.us/fm/travel.