

## Request for Proposals Informational Meeting

*Minnesota Statewide Shared Health Information Exchange Services, Core Health Information Exchange Services, and Performance-Based Connectivity Incentives for Health Information Exchange*

### Minnesota Department of Health Office of Health Information Technology

Monday, November 28, 10:00 – 12:00

Snelling Office Park, Red River Room

Call-in number: 1-888-742-5095

Passcode: 4477200226



## RFP Informational Meeting Format

- Welcome and e-Health Context – Marty LaVenture (5 min)
- Purpose of RFP – Liz Cinqueonce (10 minutes)
- Part A Details – Jennifer Fritz (20 minutes)
- Part B Details – Jennifer Fritz (20 minutes)
- Part C Details – Jennifer Fritz (20 minutes)
- Break (15 minutes)
- Questions and Answers (30 minutes)



## Minnesota E-Health Context

- Public-private MN e-Health Initiative since 2004, maintaining strong stakeholder engagement
- Active collaboration with HITECH partners and across states
- High EHR adoption rates in clinics, hospitals and other settings
- Pre-HITECH grants, loans, and guides
- State mandates to advance e-health – eRx by 2011, interoperable EHRs by 2015
- HIE supports an open market approach; A framework that allows multiple options; and a legal framework with oversight
- Comprehensive assessment and evaluation program



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## Submitting Questions During Informational Meeting

- Complete paper form to accurately capture question
- Retain all questions until the end
- Written Q&A posted online approximately one week following RFP Informational Meeting
- Written Q&A is the official response to questions
- MDH will attempt to answer all questions, but some questions will need to be answered in the written Q&A
- Phone participants: verbal questions may be asked during the Q&A portion of the meeting. Please e-mail Jennifer Fritz at [Jennifer.Fritz@state.mn.us](mailto:Jennifer.Fritz@state.mn.us) with question for documentation and to receive future e-mails on combined Q&A from the RFP Informational Meeting



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## Phone Participants

- Please mute your line unless you are asking a question
- Verbal questions may be asked during the Q&A portion of the meeting
- Please e-mail Jennifer Fritz at [Jennifer.Fritz@state.mn.us](mailto:Jennifer.Fritz@state.mn.us) with the following information:
  - Name
  - Organization
  - Any questions asked during the meeting for accurate documentation of the question
  - Those who provide e-mail will receive future e-mails on combined Q&A from the RFP Informational Meeting



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## Submitting Questions During Informational Meeting


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## RFP Timeline

EVENT	DATE
RFP published	Monday, November 21
<b>RFP Informational Meeting</b>	Monday, November 28
<b>Q &amp; A from RFP Informational Meeting posted online at:</b> <a href="http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html">http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html</a>	Monday, December 5 (anticipated)
Non-binding letters of intent and written questions due to MDH in order to receive a combined Q&A response	Monday, December 5 4:00 CST
Responses to written questions sent to those who submitted letters of intent and posted online at: <a href="http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html">http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html</a>	Monday, December 12 4:00 CST (Estimated)
Proposals due to MDH	Thursday, January 5 12:00 CST
Anticipated proposal review period	Thursday, January 5 – Tuesday, January 24
Anticipated notice of intent to award	Monday, January 30




- ## Purpose of RFP
- Funded through the Office of the National Coordinator for Health Information Technology through the State Health Information Exchange Cooperative Agreement Program
  - Consistent with Minnesota’s Approved Strategic and Operational Plan for Health Information Exchange
  - Addresses identified gaps in Minnesota’s HIE marketplace
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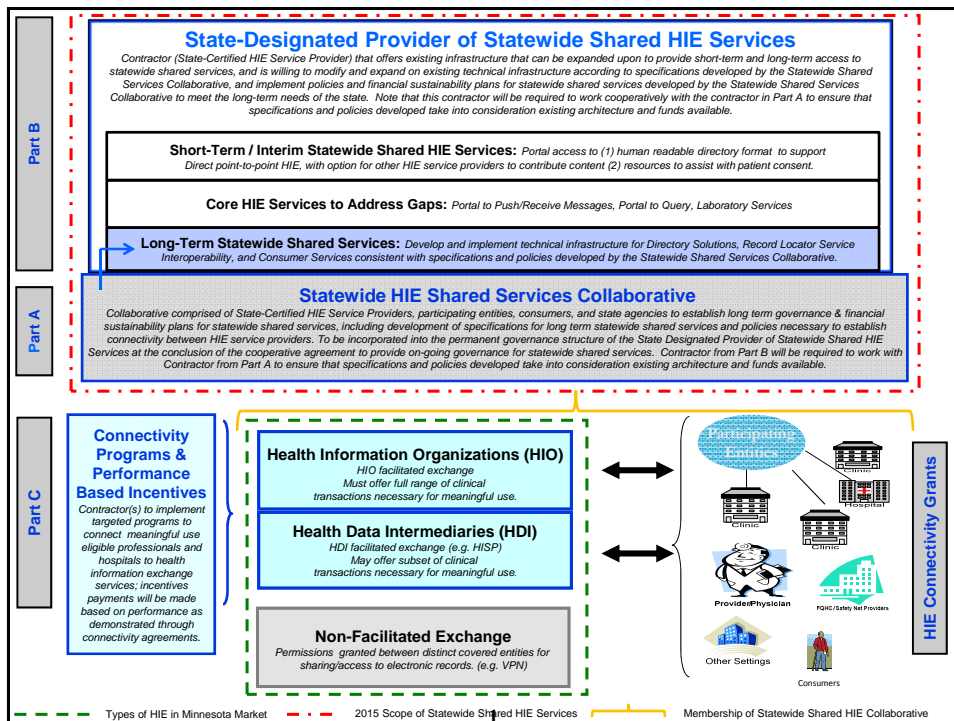
# Minnesota Strategic and Operational Plans for HIE

## Strategies to Address Minnesota HIE Gaps

<b>Technical Infrastructure</b>	Scope of RFP
Integration of entity level provider and service directories	
Establish statewide mechanism to manage consumer preferences	
Integration of record locator services	
<b>HIE Connectivity</b>	
Expansion of directory content to include essential data sources	
Establishing connectivity for robust exchange	
Connecting providers in need – community connectivity grants	
<b>Information</b>	
Understanding connectivity gaps – MN plan for assessment	
Outreach and education to eligible hospitals and providers	
Specialized technical assistance to improve interoperability	
Outreach and education to Minnesota consumers	



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## Minnesota's HIE Marketplace

- Market-based approach with government oversight in accordance with Minnesota's Health Information Exchange Oversight Law [Minn. Stat. § 62J.498-4982]
- Minnesota's HIE Oversight Law establishes certification requirements and oversight for organizations conducting HIE in Minnesota
- Effective July 1, 2010: organizations must apply for a Certificate of Authority in Minnesota if they provide HIE services for clinical meaningful use transactions among unaffiliated providers



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## Health Information Organization

### Health Information Organization (HIO)

- An organization that oversees, governs, and/or facilitates the exchange of health-related information among organizations according to nationally recognized standards.
- An entity must apply for a Certificate of Authority to operate as an HIO if it provides all electronic capabilities for the transmission of clinical transactions necessary for meaningful use.



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## Health Data Intermediary

### Health Data Intermediary (HDI)

- Entities that provide the infrastructure necessary to connect computer systems or other electronic devices utilized by health care providers, laboratories, pharmacies, health plans, third-party administrators or pharmacy benefit managers in order to facilitate the secure transmission of health information, including:
  - Pharmaceutical electronic data intermediaries, and
  - Health Information Service Providers (HISPs), as defined by the Nationwide Health Information Network (NwHIN) Direct Project
- An entity that provides HIE services for the transmission of one or more clinical meaningful use transactions must apply for a Certificate of Authority.



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## Minnesota HIE Application Process

- Applicants must complete an application demonstrating compliance with requirements
- Completed applications are posted on website for 10 days
- There is a public hearing for stakeholders to ask questions and comment on applications
- A review panel will help direct the public hearing
- Five-day period after the hearing to submit additional comments
- [www.health.state.mn.us/divs/hpsc/ohit/certificate.html](http://www.health.state.mn.us/divs/hpsc/ohit/certificate.html)
- Note: Parts B and C of the RFP require responders to have a Certificate of Authority or to be moving through the certification process in order to meet minimum criteria.



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## RFP Overview

- Part A: Statewide Shared Services Collaborative
- Part B: State-Designated Provider of Statewide Shared Services and Core HIE Services
- Part C: Connectivity Programs and Performance-Based Incentives for State-Certified HIE Service Providers



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## RFP Proposal Submission Requirements

### *Applies to Parts A, B, and C*

- All proposals are due by **Thursday, January 5 12:00 CST**
  - Delivered to:  
Jennifer Fritz  
Minnesota Department of Health  
Office of Health Information Technology  
85 East 7<sup>th</sup> Place, Ste. 220  
St. Paul, MN 55101
- 10 copies must be submitted
- 3-ring binder, on 8 ½ by 11 paper, using at least 11 point font, consecutively numbered and sections clearly marked and labeled
- Submit a USB drive with an electronic copy of the proposal
- Provide one copy of the cost proposal in a separately sealed envelope



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## Part A: Statewide Shared Services Collaborative Overview

- Up to \$535,000 available over approximately two years
- Seeking neutral third party that can effectively negotiate and balance the needs of health care providers, health care payers, HIE Service Providers, consumers, and other stakeholders
- Primary activities:
  - Governance of State-Certified HIE Service Providers and Shared HIE Services
  - Sustainability of Shared HIE Services
  - Specification Development for Shared Services
  - Policy Development for State-Certified HIE Service Providers



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## Part A: Statewide Shared Services Collaborative

### *Eligible Entities*

- Neutral third party that can effectively negotiate and balance the needs of health care providers, health care payers, HIE Service Providers, consumers, and other stakeholders to establish a community collaborative that will provide governance for statewide shared services for health information exchange in Minnesota
- Must have a physical office with permanent staff located in Minnesota
- Must not be bidding on Part B



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## Part A: Statewide Shared Services Collaborative

### *Membership*

Membership must include:

- State-Certified HIE Service Providers
- Representation from participating entities that are the users of HIE services
- Consumers
- Representatives of state agencies
- Essential data sources



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## Part A: Statewide Shared Services Collaborative

### *Scope of Statewide Shared Services*

- Statewide entity and individual provider directory solutions
  - Consistent with national recommendations to provide a single or virtual, authoritative source of information for entities and health care providers
- Statewide consumer preference and consent repositories
  - Beginning with patient opt-out information and expanding over time as additional consumer preference needs are defined
- Statewide record locator services
  - Expand and integrate record locator services sufficient to enable participating entities to query and retrieve patient records, with appropriate patient consent across all State-Certified HIE Service providers offering record locator services



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## Part A: Statewide Shared Services Collaborative


### *Overview of Services Provided*

- Facilitate discussions with Statewide Shared Services Collaborative to reach consensus and develop:
  - Long-term governance and sustainability plans for offering statewide-shared services beyond contract period
  - Policies, requirements, and specifications for the development and/or expansion, and ongoing management of statewide shared services
- Establish a standard template for reciprocal agreements for use in facilitating health information exchange across various State-Certified HIE Service Provider networks
  - Rights and responsibilities for all State-Certified HIE Service Providers as it relates to participation and connectivity to statewide shared services
  - Process and role of each State-Certified HIE Service Provider in submitting executed agreements to the Commissioner of Health [Minn. Stat. § 62J.4981].




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<b>Part A: Statewide Shared Services Collaborative</b>	
<i>Contract Deliverables</i>	
<b>Governance and Sustainability Deliverables</b>	
<b>Deliverable</b>	<b>Due Date</b>
Short-Term Governance Plan	Due within 30 days of contract execution with ongoing updates provided monthly; Requires sign-off by Part B Contractor
Long-Term Governance Plan	Due one month prior to end of the contract period; Requires sign-off by Part B contractor
Long-Term Shared Services Policies and Standard Agreements	Due within 15 months of contract execution; final policies and standard agreements due one month prior to end of contract
Sustainability Plan	Due upon completion of specifications for long-term shared services solution (9 months after contract execution); final sustainability plan due one month prior to end of contract period; both require sign-off by Part B contractor



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<b>Part A: Statewide Shared Services Collaborative</b>	
<i>Contract Deliverables</i>	
<b>Long-Term Shared Services Deliverables</b>	
<b>Deliverable</b>	<b>Due Date</b>
<u>Specifications Document</u> , including: <ul style="list-style-type: none"> <li>• Long-term business and technical requirements, functional specifications, design of shared services technical infrastructure</li> <li>• Must take into consideration the existing infrastructure of Contractor B and the funding available for Contractor B.</li> </ul>	Due within 9 months of contract execution; must have sign-off by Contractor B.




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## Part A: Statewide Shared Services Collaborative

### Contract Deliverables

Project Management & Risk Management Deliverables	
Deliverable	Due Date
Project Management Plan	Due within one month of contract execution and updates as needed
Status Reports	Due monthly; weekly progress review
Contractor Transition Plan	As needed – due upon notice of work authorization for execution of end-of-contract transition


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## Part A: Statewide Shared Services Collaborative


### Timeline for Major Deliverables

**Part A**


- 1 month: Short-Term Governance Plan, Project Management Plan
- 9 months: Long-Term Specifications, Long-Term Sustainability Plan
- 15 months: Long-Term Shared Services Policies and Agreements
- 1 month prior to end of contract: Final Long-Term Shared Services Policies and Agreements, Final Governance Plan, Final Sustainability Plan

**Part B**

- 1 month: Project Management Plan
- 2 months: Short-Term Shared Services Available
- 9 months: Security Plan, Disaster Recovery Plan
- 11 months: Long-Term Shared Services Test/Pilot Plan Implemented
- 14 months: Long-Term Shared Services Implemented
- 18 months: Long-Term Shared Services Policies and Agreements Implemented
- 1 month prior to end of contract: Final Security Plan, Final Disaster Recovery Plan



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<b>Part A: Statewide Shared Services Collaborative</b> <i>Technical Proposal Content</i>	
Section	Format / Page Limit
<b>Section A: Cover Letter</b> – Indicates that all mandatory requirements have been met – Must disclose any potential, actual or apparent conflict of interest	Organization's letter head signed by representative with legal contracting capacity.
<b>Section B: Table of Contents</b>	No page limit
<b>Section C: Response to Minimum (Pass/Fail) Requirements</b> – Certifies they are or have a mechanism to be a "neutral third party" that can effectively negotiate and balance the needs of health care providers, health care payers, HIE Service Providers, consumers, and other stakeholders – Certifies that they have a physical office with permanent staff in Minnesota – Agrees to incorporate Minnesota Information Technology Standards	No page limit



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<b>Part A: Statewide Shared Services Collaborative</b> <i>Technical Proposal Content</i>	
Section	Format / Page Limit
<b>Section D: Organizational Capacity and Experience</b> – Organizational capacity to meet the required deliverables in the timeframe necessary for successful execution of the contract – Organizational history for both the Responder and any proposed sub-contractor (see RFP for additional details)	No more than 5 pages
<b>Section E: Staff Qualifications</b> – Qualifications of proposed team members who will be working on the contract, including any proposed sub-contractors – Project Team Organizational Chart with reporting relationships and roles – Identify specific individuals assigned to the roles in the Organizational Chart – Professional resumes for key individuals assigned to the project	No more than 5 pages, plus resumes (which may be placed in appendices)



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<b>Part A: Statewide Shared Services Collaborative</b> <i>Technical Proposal Content</i>	
Section	Format / Page Limit
<b>Section F: Governance and Sustainability</b> Description of the Responder's proposed approach to ensure participation by key stakeholders, including: <ul style="list-style-type: none"> <li>- Process to be a "neutral third party" that can effectively negotiate and balance the needs of health care providers, health care payers, HIE Service Providers, and consumers</li> <li>- Proposed process and capacity to develop a governance and sustainability model for continuation and expansion beyond the contract for incorporation into the State-Designated Provider of Shared HIE Services long-term</li> <li>- Plan for convening broad stakeholders, incorporating their input and work towards reaching consensus regarding policy/governance, ongoing operations, and financial sustainability (see RFP for additional details)</li> <li>- Proposed key stakeholders, including name and organization</li> <li>- A plan for working with other states to ensure consistency and collaboration across state borders</li> </ul>	No more than 15 pages




<b>Part A: Statewide Shared Services Collaborative</b> <i>Technical Proposal Content</i>	
Section	Format / Page Limit
<b>Section G: Proposed Approach to the Scope of Work and Project Schedule</b> Description of the proposed approach for meeting each of the requirements, including: <ul style="list-style-type: none"> <li>- Proposed project schedule that is appropriate based on Responder's experience and approach and includes tasks identified by the Responder in response to the requirements, milestones, and task durations</li> <li>- Description of how their current knowledge and awareness of national activities regarding shared services and meaningful use requirements/standards and their clear process to monitor, evaluate and incorporate national recommendations/standards into their proposed approach to the scope of work and project schedule</li> </ul>	No more than 15 pages
<b>Section H: Required Forms</b> - See RFP for additional details	No page limit
<b>Section I: Appendices</b> - Resumes of key staff - Client references	No page limit



## Part A: Statewide Shared Services Collaborative

### Cost Proposal Content


Cost Proposal	Format / Page Limit
<p><b>Cost Proposal Content</b></p> <p>Should plan for costs associated with out-of-state travel:</p> <ul style="list-style-type: none"> <li>- To Minnesota border states of Wisconsin, Iowa, South Dakota, and North Dakota. Costs should include travel for one executive-level staff person for trips to each of the four states in 2012 and 2013 (eight trips total).</li> <li>- To two ONC-sponsored meetings (location to be determined by ONC) in 2012 and 2013 for a total of four ONC-sponsored meetings</li> </ul>	<p>Use Appendix A; place in separately sealed envelope labeled, "Part A Cost Proposal" along with organization's name</p>


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## Part A: Statewide Shared Services Collaborative

### Proposal Evaluation

Criteria	Percentage of Points Awarded or Pass/Fail
<p><b>Response to Minimum Criteria</b></p> <ul style="list-style-type: none"> <li>- Certifies they are or have a mechanism to be a "neutral third party" that can effectively negotiate and balance the needs of health care providers, health care payers, HIE Service Providers, consumers, and other stakeholders</li> <li>- Certifies that they have a physical office with permanent staff in Minnesota</li> <li>- Agrees to incorporate Minnesota Information Technology Standards</li> </ul>	Pass/Fail
<b>Organizational Capacity and Experience</b>	10 points
<b>Staff Qualifications</b>	20 points
<b>Governance and Sustainability</b>	20 points
<b>Proposed Approach to the Scope of Work and Project Schedule</b>	20 points
<b>Cost Proposal</b>	30 points based on best value <small>32</small>



## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Overview

- Up to \$2,000,000 available over approximately two years
  - Up to \$750,000 for Short-Term Statewide HIE Services and Core HIE Services
  - At least \$1,250,000 for Long-Term Statewide HIE Services
- \$1 of funding match is required for every \$5 of funding available through this contract
- Primary activities:
  - Participate in all of the activities associated with Part A
  - Implement and maintain statewide shared HIE services long-term (past the contract period)
  - Develop core HIE services to support gaps in the Minnesota HIE marketplace



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Eligible Entities – 1 of 2

- A State-Certified Health Information Exchange Service Provider [Minn. Stat. § 62J.498-4982] that:
  - Offers existing technical infrastructure
  - Participates in the activities associated with the Statewide Shared Services Collaborative
  - Develops and implements the statewide shared HIE services consistent with the recommendations for policy and specifications developed through the Statewide Shared Services Collaborative



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Eligible Entities – 2 of 2

- In the event that an HIE Service Provider has submitted an application to the State to become a State-Certified HIE Service Provider, but has not yet been granted a Certificate of Authority, it must complete the application process and be granted a Certificate of Authority prior to contract execution



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Scope of Statewide Shared Services

- Statewide entity and individual provider directory solutions
  - Consistent with national recommendations to provide a single or virtual, authoritative source of information for entities and health care providers
- Statewide consumer preference and consent repositories
  - Beginning with patient opt-out information and expanding over time as additional consumer preference needs are defined
- Statewide record locator services
  - Expand and integrate record locator services sufficient to enable participating entities to query and retrieve patient records, with appropriate patient consent across all State-Certified HIE Service providers offering record locator services



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE *Overview of Services Provided – 1 of 4*

- Participate in the governance structure of the Statewide Shared Services Collaborative and adhere to any subsequent policies established related to data sharing, content, and quality, including executing reciprocal agreements with other State-Certified HIE Service Providers
- Contribute to discussions regarding the sustainability of the Statewide Shared Services through the governance structure established by the Statewide Shared Services Collaborative
- Contribute directory, consumer preference, and record locator service information to the Statewide Shared Services
- Design, develop, test, implement and maintain shared services with a technical architecture that is flexible and scalable enough to support a variety of exchange services and/or capabilities



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE *Overview of Services Provided – 2 of 4*

- Host the Statewide Shared Services and work with MDH to make them available to State-Certified HIE Service Providers, participating entities as defined in Minn. Stat. §62J.498, and other authorized trading partners across Minnesota.
- Develop an implementation plan for the administration, operation, and maintenance of the Statewide Shared Services infrastructure
- Develop, expand, and market core health information exchange services that fill existing gaps in the HIE marketplace and support Minnesota health care providers and hospitals in achieving meaningful use



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE *Overview of Services Provided – 3 of 4*

### Scope of Core HIE Services

- Statewide secure web-based portal to send/receive push messages, including at minimum:
  - Continuity of care documents
  - Electronic orders for lab tests
  - Laboratory results
  - Discharge summaries
  - Medication reconciliation information
  - Referrals for medication therapy management
- Statewide secure web-based portal to query (pull) clinical information, including at minimum:
  - Continuity of care documents
  - Medication history
  - Laboratory results



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## Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE *Overview of Services Provided – 4 of 4*

### Scope of Core HIE Services

- Laboratory Services – may include:
  - LOINC/SNOMED mapping services to convert clinical results into a consistent format supported by providers, hospitals, and MDH
  - Delivery of laboratory results to health care providers and hospitals directly into the EHR as structured data
  - Delivery of reportable conditions to MDH




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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Contract Deliverables**

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**Governance and Sustainability Deliverables – From Part A**

Deliverable	Due Date
Short-Term Governance Plan	Due within 30 days of contract execution with ongoing updates provided monthly; <u>Requires sign-off by Part B Contractor</u>
Long-Term Governance Plan	Due one month prior to end of the contract period; <u>Requires sign-off by Part B contractor</u>
Long-Term Shared Services Policies and Standard Agreements	Due within 15 months of contract execution; final policies and standard agreements due one month prior to end of contract
Sustainability Plan	Due upon completion of specifications for long-term shared services solution (9 months after contract execution); final sustainability plan due one month prior to end of contract period; <u>both require sign-off by Part B contractor</u>




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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Contract Deliverables**

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**Short-Term Shared Services Deliverables**

Deliverable	Due Date
Web-portal directory solution that: <ul style="list-style-type: none"> <li>• Provides human-readable directory information to support look-up of routing information</li> <li>• Provides a mechanism for HIE Service Providers to supply entity-level and provider-level content</li> <li>• Provides links to blank copies of the Minnesota Standard Consent Form to Release Health Information, the Upper Midwest HIE Consortium Common Consent Form, and consent forms of participating entities</li> <li>• (See RFP for more details)</li> </ul>	Deployed within 2 months of contract execution




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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Contract Deliverables**

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**Long-Term Shared Services Deliverables**

Deliverable	Due Date
<p><b>From Part A:</b> Specifications Document, including:</p> <ul style="list-style-type: none"> <li>Long-term business and technical requirements, functional specifications, design of shared services technical infrastructure</li> <li>Must take into consideration the existing infrastructure of Contractor B and the funding available for Contractor B.</li> </ul>	Due within 9 months of contract execution; <b>must have sign-off by Contractor B.</b>
Develop, test and pilot plan implementation	Due within 2 months of Long-Term Shared Services Specifications sign-off
Execution of Long-Term Shared Services	Deployed within 5 months of Long-Term Shared Services Specifications sign-off




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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Contract Deliverables**

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**Core HIE Services Deliverables**


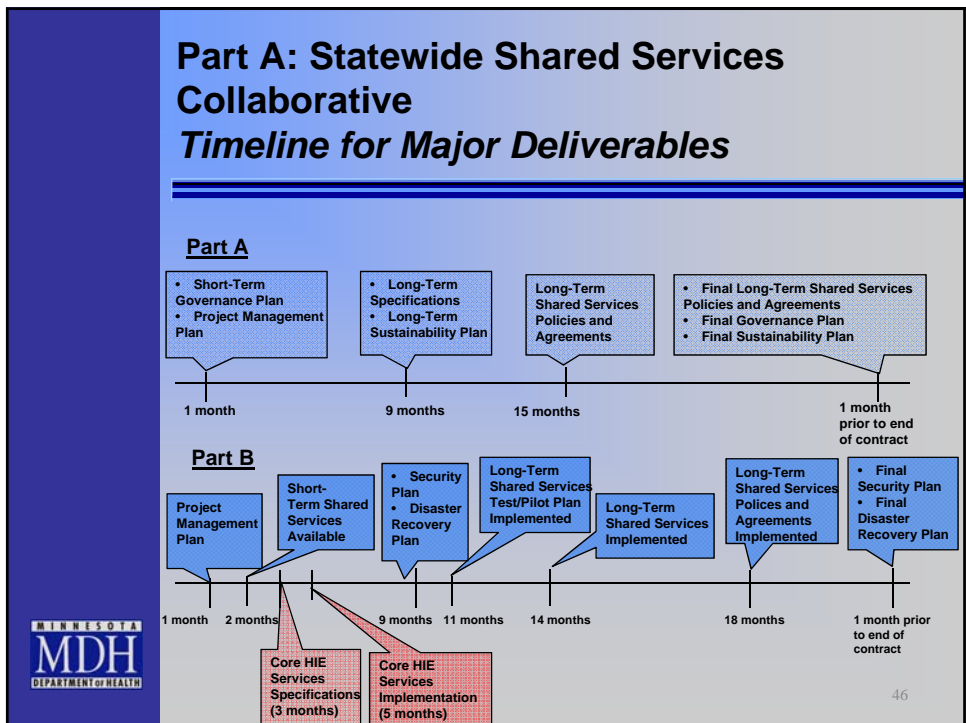
Deliverable	Due Date
<p>Specifications Document, outlining:</p> <ul style="list-style-type: none"> <li>Business and technical requirements, functional specifications, design of the Core HIE Services technical infrastructure</li> </ul>	Due within 3 months of contract execution
Execution of Core HIE Service Implementation	Due within 2 months of specification sign-off



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### Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Contract Deliverables

Project Management & Risk Management Deliverables	
Deliverable	Due Date
Project Management Plan	Due within one month of contract execution and updates as needed
Status Reports	Due monthly; weekly progress review
Security Plan	Due within 9 months of contract execution with update provided 1 month prior to end of contract period
Disaster Recovery Plan	Due within 9 months of contract execution with update provided 1 month prior to end of contract period
Contractor Transition Plan	As needed – due upon notice of work authorization for execution of end-of-contract transition

**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content**


Section	Format / Page Limit
<b><u>Section A: Cover Letter</u></b> – Indicates that all mandatory requirements have been met – Must disclose any potential, actual or apparent conflict of interest	Organization's letter head signed by representative with legal contracting capacity.
<b><u>Section B: Letters of Support</u></b>	No page limit
<b><u>Section C: Table of Contents</u></b>	No page limit



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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content**

Section	Format / Page Limit
<b><u>Section D: Response to Minimum (Pass/Fail) Requirements</u></b> – Be a State-Certified HIE Service Provider (or going through the certification process) – Offer existing technical infrastructure, content, and capacity to provide short-term access to interim statewide shared services – Demonstrate capacity to provide matching funds (\$1 for every \$5 of funding) – Accept the funding limitations for Part B – total contract amount of up to \$750,000 for the development of Short-Term Shared Services and Core HIE Services, leaving at least \$1,250,000 for the development of Long-Term Statewide Shared Services – Incorporate Minnesota IT Accessibility Standards – Participate in the activities of Part A – See RFP for additional details	No page limit




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<b>Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content</b>	
<b>Section</b>	<b>Format / Page Limit</b>
<p><b>Section E: Organizational Capacity and Experience</b></p> <ul style="list-style-type: none"> <li>- Organizational capacity to meet the required deliverables in the timeframe necessary for successful execution of the contract</li> <li>- Organizational history for both the Responder and any proposed sub-contractor (see RFP for additional details)</li> </ul>	No more than 5 pages
<p><b>Section F: Staff Qualifications</b></p> <ul style="list-style-type: none"> <li>- Qualifications of proposed team members who will be working on the contract, including any proposed sub-contractors</li> <li>- Project Team Organizational Chart with reporting relationships and roles</li> <li>- Identify specific individuals assigned to the roles in the Organizational Chart</li> <li>- Professional resumes for key individuals assigned to the project</li> </ul>	No more than 5 pages, plus resumes (which may be placed in appendices)



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<b>Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content</b>	
<b>Section</b>	<b>Format / Page Limit</b>
<p><b>Section G: Existing Technical Infrastructure</b></p> <p>Description of the existing technical infrastructure and how it can be expanded upon over time to meet requirements of the Statewide Shared HIE Services technical infrastructure, including:</p> <ul style="list-style-type: none"> <li>- How existing services function and how they can be scaled to provide services statewide</li> <li>- Current architectures (software architecture, logical architecture, physical architecture preferences, and security architecture) for directories, record locator services, and mechanisms to manage consumer preferences</li> <li>- Functionality and processes for how current directories, record locator services, and mechanisms to manage consumer preferences work</li> <li>- Scalability of architectures for statewide functionality</li> <li>- Details on current directories, including: number of health care providers currently in the directories, data fields contained in the directories, capacity for the rapidly expanding directory content, and current mechanisms for accessing the directory</li> </ul>	No more than 10 pages


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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content**

Section	Format / Page Limit
<p><b><u>Section H: Minnesota Information Technology Accessibility Standards</u></b></p> <ul style="list-style-type: none"> <li>- The extent to which the current and proposed technology solution agrees to incorporate the Minnesota Information Technology Accessibility Standards</li> <li>- Complete Appendix B</li> <li>- See RFP for additional details</li> </ul>	<p>No page limit</p>


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**Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content**

Section	Format / Page Limit
<p><b><u>Section I: Proposed Approach to the Scope of Work and Project Schedule</u></b></p> <p>Description of the proposed approach for meeting each of the requirements with the <u>exception of</u> Core HIE Services (a separate section), including:</p> <ul style="list-style-type: none"> <li>- Proposed project schedule that is appropriate based on Responder's experience and approach and includes tasks identified by the Responder in response to the requirements, milestones, and task durations</li> <li>- Plans to provide an established infrastructure that can be expanded to support the needs of the state and support the full range of shared services necessary to support meaningful use requirements</li> <li>- Description of how their current knowledge and awareness of national activities regarding shared services and meaningful use requirements/standards and their clear process to monitor, evaluate and incorporate national recommendations/standards into their proposed approach to the scope of work and project schedule</li> <li>- Description of the process that will be used to identify and evaluate technology solutions, including solutions by multiple technology vendors and open source solutions</li> </ul>	<p>No more than 15 pages</p>


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Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Technical Proposal Content	
Section	Format / Page Limit
<p><b><u>Section J: Proposed Approach to Core Health Information Exchange Services</u></b>                      Plans to offer <u>Core Health Information Exchange Services</u>, including:</p> <ul style="list-style-type: none"> <li>- Current Core HIE Service offerings (including architecture and functionality of current Core HIE Service offerings)</li> <li>- Proposed solution for enhancing current or offering new Core HIE Services (including additional architecture and functionalities)</li> <li>- Timeframe for future offerings</li> <li>- Anticipated demand for both current and future Core HIE Service offerings by Minnesota health care providers</li> </ul>	No more than 10 pages
<p><b><u>Section K: Proposed Approach to Funding Match</u></b></p> <ul style="list-style-type: none"> <li>- Sources of funds that will be applied towards funding match</li> <li>- Methods for tracking match</li> </ul>	No more than 1 page
<p><b><u>Section L: Required Forms</u></b></p> <ul style="list-style-type: none"> <li>- See RFP for additional details</li> </ul>	No page limit
<p><b><u>Section M: Appendices</u></b></p> <ul style="list-style-type: none"> <li>- Resumes of key staff</li> </ul>	No page limit



Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Cost Proposal Content	
Cost Proposal	Format / Page Limit
<p><b><u>Cost Proposal Content</u></b></p> <p>Should plan for costs associated with out-of-state travel:</p> <ul style="list-style-type: none"> <li>- To Minnesota border states of Wisconsin, Iowa, South Dakota, and North Dakota. Costs should include travel for one executive-level staff person for trips to each of the four states in 2012 and 2013 (eight trips total).</li> <li>- To two ONC-sponsored meetings (location to be determined by ONC) in 2012 and 2013 for a total of four ONC-sponsored meetings</li> </ul> <p>Funding match:</p> <ul style="list-style-type: none"> <li>- Identify sources and amounts of match funds. Cash match is preferred. See RFP for additional details.</li> </ul> <p>Other:</p> <ul style="list-style-type: none"> <li>- Separate costs associated with developing Statewide Shared HIE Services and costs associated with developing Core HIE Services (see RFP for additional details).</li> </ul>	Use Appendix A; place in separately sealed envelope labeled, "Part B Cost Proposal" along with organization's name



<b>Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Proposal Evaluation</b>	
Criteria	Percentage of Points Awarded or Pass/Fail
<b>Response to Minimum Criteria</b> <ul style="list-style-type: none"> <li>- Be a State-Certified HIE Service Provider (or going through the certification process)</li> <li>- Offer existing technical infrastructure, content, and capacity to provide short-term access to interim statewide shared services</li> <li>- Demonstrate capacity to provide matching funds (\$1 for every \$5 of funding)</li> <li>- Accept the funding limitations for Part B – total contract amount of up to \$750,000 for the development of Short-Term Shared Services and Core HIE Services, leaving at least \$1,250,000 for the development of Long-Term Statewide Shared Services</li> <li>- Incorporate Minnesota IT Accessibility Standards</li> <li>- Participate in the activities of Part A</li> <li>- See RFP for additional details</li> </ul>	Pass/Fail
<b>Letters of Support</b>	5 points
<b>Organizational Capacity and Experience</b>	10 points



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<b>Part B: State-Designated Provider of Statewide Shared HIE Services and Core Services for HIE Proposal Evaluation</b>	
Criteria	Percentage of Points Awarded or Pass/Fail
<b>Staff Qualifications</b>	10 points
<b>Existing Technical Infrastructure</b>	10 points
<b>Minnesota Information Technology and Accessibility Standards</b>	5 points
<b>Proposed Approach to the Scope of Work and Project Schedule, excluding Core HIE Services</b>	15 points
<b>Proposed Approach to Core HIE Services</b>	10 points
<b>Proposed Approach to Funding Match</b>	5 points
<b>Cost Proposal</b>	30 points total 15 points for completeness of technical aspects, 15 points based on best value



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### **Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**

#### **Overview**

- Up to \$1,000,000 available over approximately 15 months
- Up to 3 contracts will be awarded based on the quality and quantity of proposals received
- \$1 of funding match is required for every \$5 of funding available through this contract
- Primary activities:
  - Participate in all of the activities associated with Part A
  - Develop outreach programs for providers and hospitals eligible or necessary for meaningful use
  - Pay-for-performance for onboarding providers for one-year agreements for HIE services



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### **Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**

#### **Eligible Entities**

- State-Certified Health Information Exchange Service Providers [Minn. Stat. § 62J.498-4982]
- In the event that an HIE Service Provider has submitted an application to the State to become a State-Certified HIE Service Provider, but has not yet been granted a Certificate of Authority, it must complete the application process and be granted a Certificate of Authority prior to contract execution



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## Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers

### Overview of Services Provided – 1 of 5

- Participate in the governance structure of the Statewide Shared Services Collaborative and adhere to any subsequent policies established related to data sharing, content, and quality, including executing reciprocal agreements with other State-Certified HIE Service Providers
- Contribute to discussions regarding the sustainability of the Statewide Shared Services through the governance structure established by the Statewide Shared Services Collaborative
- Contribute directory, consumer preference, and record locator service information to the Statewide Shared Services
- Implement targeted programs for HIE connectivity statewide for meaningful use eligible health care professionals and hospitals and other health care providers necessary for meaningful use
- Participate in the performance-based connectivity incentive program



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## Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers

### Overview of Services Provided – 2 of 5

#### Connectivity Programs for Health Information Exchange

- Implement targeted programs for HIE connectivity statewide for meaningful use eligible health care professionals and hospitals and other health care providers necessary for meaningful use
- Funds must be used to expand current connectivity programs and/or offer additional programs, services and outreach efforts to effectively on-board meaningful use eligible clinics with at least one eligible professional employed at least half time, hospitals, and other health care providers necessary for meaningful use
- A total of \$300,000 is available
- Responder's may request up to \$100,000 for the implementation costs of their proposed targeted connectivity program



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## Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers

### Overview of Services Provided – 3 of 5

#### Performance-Based Connectivity Incentive Program

- Contractors are eligible to receive performance-based connectivity incentive payments based on the number of one-year signed agreements resulting from their connectivity programs
- Must target a minimum of 50 new connectivity agreements
- Agreements are recognized at the entity level (e.g., clinic, hospital)
- Meaningful use eligible clinics with at least one eligible professional employed at least half time, hospitals, and other health care providers necessary for meaningful use for health information exchange services
- New connectivity agreements are defined as: an agreement between the contractor and a participating entity where no previous agreement was held for the electronic exchange of transactions containing health information for clinical purposes



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## Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers

### Overview of Services Provided – 4 of 5

#### Performance-Based Connectivity Incentive Program

- **Exclusions:** new connectivity agreements for entities that have received HIE Connectivity Grants through the MDH Office of Health Information Technology in collaboration with the Office of Rural Health and Primary Care may not be counted for purposes of determining connectivity incentives under this program.
- A current listing of HIE Connectivity Grants can be found at: <http://www.health.state.mn.us/divs/hpsc/ohit/hiegrants.html>
- Up to \$700,000 is available for performance-based connectivity incentives
  - \$300,000 for Basic HIE connectivity
  - \$400,000 for Robust HIE connectivity



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**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
**Overview of Services Provided – 5 of 5**



HIE Incentive Type	Total Funds Available	Projected Individual Contractor Connectivity Incentive Calculation
<b>Basic HIE Connectivity</b> Includes the capacity for the connected entity to send and receive push transactions	\$300,000	<b>Total Estimated Contractor Incentive</b> = Total funds available by HIE Incentive Type / Total # of estimated connections by all funded contractors for HIE Incentive Type (based on proposals selected) X Number of connections estimated by individual contractor for HIE Incentive Type  <b>Incentive per Connectivity Agreement</b> = Total Funds available by HIE Incentive Type / Total Estimated Connections by all funded contractor for HIE Incentive Type (based on proposals)  <b>Total Actual Incentive Payment</b> = Actual # Agreements Signed X Incentive per Connectivity Agreement
<b>Robust HIE Connectivity</b> Includes the capacity for the connected entity to send and receive push transactions with clinical information as well as run a query. The connected entity becomes a data source for record locator services to enable others on the network to find patient information.	\$700,000	

**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
**Contract Deliverables**




Connectivity Programs for HIE	
Deliverable	Due Date
Final Outreach Plan	Due within 2 months of contract execution
Status Reports and Corresponding Updates to Outreach Plan	Due monthly after contract execution

**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
**Contract Deliverables**

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Performance-Based Connectivity Incentives for HIE	
Deliverable	Due Date
Documentation of Signed Connectivity Agreements Contractor must produce the following details on each of the signed agreements, including at a minimum: <ul style="list-style-type: none"> <li>- The names of contracted entities</li> <li>- The type of HIE connectivity (robust or basic)</li> <li>- The duration of the contract</li> <li>- Number of meaningful use eligible professionals accessing HIE services as a result of the connectivity agreement</li> </ul> Upon execution of the contract, MDH will provide a format for reporting the above information	Monthly submissions due at time of monthly status reports




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**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
**Contract Deliverables**


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Project Management	
Deliverable	Due Date
Project Management Plan	Due within one month of contract execution and updates as needed
Monthly Status Reports	Due monthly




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<b>Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers</b> <b><i>Technical Proposal Content</i></b>	
Section	Format / Page Limit
<b><u>Section A: Cover Letter</u></b> – Indicates that all mandatory requirements have been met – Must disclose any potential, actual or apparent conflict of interest	Organization's letter head signed by representative with legal contracting capacity.
<b><u>Section B: Letters of Support</u></b>	No page limit
<b><u>Section C: Table of Contents</u></b>	No page limit



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<b>Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers</b> <b><i>Technical Proposal Content</i></b>	
Section	Format / Page Limit
<b><u>Section D: Response to Minimum (Pass/Fail) Requirements</u></b> – Be a State-Certified HIE Service Provider (or going through the certification process) – Demonstrate capacity to provide matching funds (\$1 for every \$5 of funding) – Certify that that they will accept the Performance-based Connectivity Incentive payment structure as outlined in Part C of the RFP. – Certify that they will participate in the activities associated with Part A of this funding opportunity, including: <ul style="list-style-type: none"> <li>• A commitment to participate in the governance structure for the Statewide Shared Services Collaborative and adhere to any subsequent policies established related to data sharing, content, and quality.</li> <li>• A commitment to contribute to discussion regarding sustainability of the Statewide Shared Services through the established governance structure.</li> <li>• A commitment to contribute content to the Statewide Shared Services, participate in testing and/or pilots of Statewide Shared Services as they are developed, and incorporate the use of Statewide Shared Services into their service offerings.</li> </ul>	No page limit



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<b>Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers</b> <b><i>Technical Proposal Content</i></b>	
Section	Format / Page Limit
<b><u>Section E: Organizational Capacity and Staff Qualifications</u></b> – Organizational capacity to execute on deliverables as part of the contract – Roles, responsibilities, and qualifications of key internal or external project team members who will be implementing the proposed targeted connectivity program – Stability of the Responder's Organization – Professional resumes for key individuals assigned to the project	No more than 5 pages
<b><u>Section F: Proposed Approach to Targeted Programs for HIE Connectivity</u></b> – Describe programs and plans to enable connectivity among MN meaningful use eligible health care professionals and hospitals and other health care providers necessary for meaningful use – See RFP for descriptions of what should be included – Complete appendix C	No more than 10 pages




<b>Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers</b> <b><i>Technical Proposal Content</i></b>	
Section	Format / Page Limit
<b><u>Section G: Proposed Approach to Funding Match</u></b> – Sources of funds that will be applied towards funding match – Methods for tracking match	No more than 1 page
<b><u>Section H: Required Forms</u></b> – See RFP for additional details	No page limit
<b><u>Section I: Appendices</u></b> – Resumes of key staff	No page limit



**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
*Cost Proposal Content*


Cost Proposal	Format / Page Limit
<p><b><u>Cost Proposal Content</u></b></p> <p>The cost proposal should include the costs, up to \$100,000 for the development and implementation of the proposed Connectivity Program.</p> <p>Funding match:</p> <ul style="list-style-type: none"> <li>- Identify sources and amounts of match funds. Cash match is preferred. See RFP for additional details.</li> </ul>	<p>Use Appendix A; place in separately sealed envelope labeled, "Part C Cost Proposal" along with organization's name</p>



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**Part C: Connectivity Programs and Performance-Based Connectivity Incentives for State-Certified Health Information Exchange Service Providers**  
*Proposal Evaluation*

Criteria	Percentage of Points Awarded or Pass/Fail
<p><b>Response to Minimum Criteria</b></p> <ul style="list-style-type: none"> <li>- Be a State-Certified HIE Service Provider (or going through the certification process)</li> <li>- Demonstrate capacity to provide matching funds (\$1 for every \$5 of funding)</li> <li>- Certify that they will accept the Performance-based Connectivity Incentive payment structure as outlined in Part C of the RFP</li> <li>- Certify that they will participate in the activities associated with Part A of this funding opportunity</li> </ul>	Pass/Fail
<b>Organizational Capacity and Staff Qualifications</b>	25 points
<b>Proposed Approach to Targeted Programs for HIE Connectivity</b>	40 points
<b>Proposed Approach to Funding Match</b>	5 points
<b>Cost Proposal</b>	30 points total 15 points for completeness of technical aspects, 15 points based on best value



## Relevant Website Resources

- RFP, Q&A, MN approved Strategic and Operational Plans for Health Information Exchange:  
<http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html>
- Minnesota Health Information Exchange Oversight:  
<http://www.health.state.mn.us/divs/hpsc/ohit/hieoversight.html>
- 2011 MN e-Health Connectivity for HIE Grant Program:  
<http://www.health.state.mn.us/divs/hpsc/ohit/hiegrants.html>
- Upper Midwest Health Information Exchange (UM HIE) State Health Policy Consortium tools:  
<http://www.health.state.mn.us/divs/hpsc/ohit/umhie.html>
- Minnesota e-Health Initiative:  
<http://www.health.state.mn.us/e-health/index.html>



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***Break – 15 minutes***



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**Q&A**

MINNESOTA  
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