Medicaid Electronic Health Record (MEHRS) and E-prescribing (eScript)
RFP #20090121

Responses to Submitted Questions

Question #	RFP Section #	RFP Page #	Question	Response
1	General		How many current individuals are covered by MS Medicaid? What is the average number of yearly Medicaid beneficiaries for the past 3 years?	Approximately 575,000 beneficiaries currently. Average for the last three years is approximately 570,000.
2	General		Please indicate the number of providers DOM predicts to interoperate with in Phase 1.	Section 8.3.6.5 contains a chart showing the number of providers that are anticipated in each year of the project. The initial rollout of Phase 1 will occur in 10/2009. 14,980 uniquely identified providers rendered service during the last 12 months.
3	General		What is the average number of claims/person/year or number of claims per year?	There were 10,652,644 paid claims in the last 12 months.
4	General		What is the number and type of Medicaid facilities to be supported? E.g., how many community clinics without existing systems are targeted?	All Medicaid providers will be allowed to have access to the system. Detailed information regarding number and type of providers is not available at this time.
5	General		How much funding is currently available?	Budgetary information will not be released.

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6	1.1	1	What is the expected date for the rollout of phases 2 and 3?	The objective of this RFP is to secure Phase 1 with an eye toward the future. Dates for Phase 2 and 3 rollouts have not been determined.
7	1.1	1	Who are the targeted lab and x-ray result providers for this effort?	DOM has not targeted or initiated contact with any providers or other entities that may be involved in this effort.
8	1.1	1	Are other non-acute care providers participating? e.g. Ambulatory Surgery centers, radiology groups, etc.	DOM has not targeted or initiated contact with any providers or other entities that may be involved in this effort.
9	1.1	1	How will providers be prioritized for participation?	Section 8.3.6.5 contains a chart showing the number of providers that are anticipated in each year of the project. The initial rollout of Phase 1 will occur in 10/2009. Prioritization will be at the discretion of the Offeror.
10	1.1	1	Will there be any hospital that will connect to the DOM data repository directly for the submission of hospital discharge information based upon claims, or will providers only get access to this discharge data based upon the claim data that the hospital submitted to Medicaid?	There is no plan for hospital connection in Phase 1. Discharge data will be based on claim data in Phase 1.
11	1.1	1	Do you have provisions for interfacing with a third party lab provider like Quest Diagnostics in order to obtain lab test results and x-rays in the web portal?	No provisions have been established. This is a design and implementation activity of Phase 2, a contractor responsibility.
12	1.1	1	Is there provision in Phase 1 to interface with a hospital provider for purposes of securing the lab test results for the DOM repository?	No. Lab results are to be incorporated in Phase 2, and the design and implementation would be a responsibility assigned to the contractor.

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13	1.1	1	When you mention x-ray, do you mean access to the x-ray report that will be generated once the radiologist has read the film? Or do you mean having access to the actual image of the film?	Requirements H-12 and H-16 in Appendix A address the requirements to have both reports and clinical quality images.
14	1.1	1	If you mean the provider should have access to the actual film x-ray image, will it be stored in a PAC's storage facility?	This is undetermined until design and implementation of Phase 2, a contractor responsibility.
15	1.1	1	How many distinct lab systems across Mississippi does DOM anticipate connecting to MEHRS in order to provide clinical laboratory results?	This is a design and implementation activity of Phase 2, a contractor responsibility.
16	1.1	1	How many distinct radiology systems across Mississippi does DOM anticipate connecting to MEHRS in order to provide clinical radiology reports and data?	This is a design and implementation activity of Phase 2, a contractor responsibility.
17	1.1	1	Are the MSCHIE, CFHC and the eHISN able to provide lab, demographic and radiology type feeds to MEHRS via HL7? If not will NHIN type connections or some other interface mechanism be used?	DOM is not familiar with the details of these projects. The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
18	1.1	1	Does the State currently receive x-ray and other data electronically? Is the data stored in the current data warehouse?	No.
19	2.2	5-7	Are there other initiatives and/or programs beyond normal business of DOM that would be higher priority in receiving funds?	DOM is unable to answer this question at this time.

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20	2.2	5-7	Has the State initiated a project similar to this in the past?	The State's work in this area are listed at Sec. 2.2, p.5-7.
21	2.2	5-7	Will the other EMR initiatives listed be included in Phase1?	No.
22	2.2	5-7	What are the approximate statistics?	Unknown at this time.
23	2.2	5-7	Are use and data sharing agreements in place with BCBSMI? What other payers and 3rd party Rx benefit admin?	Not at this time.
24	2.2	5-7	Is Medicaid in discussions with other payers about participating in this initiative in an active way?	No.
25	2.2	5-7	Of the programs listed in #1-6, what are the requirements to connect each to the exchange and what systems are involved?	The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
26	2.2	5-7	What is the total Physician population for these counties and other related demographics? We'll need to estimate the number of users and number of beneficiaries.	The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.

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27	2.2	5-7	Has an EMPI been chosen for these initiatives and which product? Especially as related to the IQH (#6)? We'll need to know the points of connection and data to be shared.	No.
28	2.2	5-7	What company provided the system integrators in conjunction with the Rural Hospital Initiate, Coastal Family Health Center, and the eHealth Information Support Network?	DOM is not familiar with the details of these projects. The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
29	2.2	5-7	What company provided the EHR software product in conjunction with the Rural Hospital Initiate, Coastal Family Health Center, and the eHealth Information Support Network?	DOM is not familiar with the details of these projects. The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
30	2.2	5-7	Information and Quality Healthcare (IQH) awarded a project to Medicity. Given the State's discussions with IQH and Medicity, is there a preference for this solution vendor/product?	No.
31	2.2	5-7	What systems integrator supported the implementation of the Medicity solution?	DOM is not familiar with the details of this project. The initiatives described in Section 2.2 are not planned for integration into Phase 1 of the MEHRS/eScript project. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
32	Data Environment		Please confirm the Medicaid data set is claims and medication history.	Data supplied by DOM consists of medical and prescription drug claims.

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33	Data Environment		Will the eligibility file be available on a batch or is it query-able basis?	It can be done either way.
34	Data Environment		Who will be managing the State's data (i.e. State's current fiscal agent)? Will the contractor have access to the State's data warehouse? Will the fiscal agent provide data extracts to the contractor?	The fiscal agent will provide extracts to the contractor. The current fiscal agent is ACS.
35	Data Environment		Are there existing feeds today? If so, how many and which faculties?	There are none at this time.
36	Data Environment		Will DOM provide work space for on-site resources?	Yes, during the implementation period.
37	Data Environment		How will the connectivity be reconciled with existing EMR's?	Phase 1 is based strictly on Medicaid claims data. Details of subsequent phases will be determined during their design and implementation, a contractor responsibility.
38	Data Environment		Please describe the degree to which the vendor will be expected to work with data contributor/exchange stakeholders to determine phasing, funding, and other management and oversight related activities.	All outreach to providers, data contributors, and stakeholders should be proposed by the Offeror and pricing should be inclusive of these services.
39	Data Environment		From a clinician's perspective, please clarify the intended workflow for a physician with and without an EMR (hospital and office scenario).	DOM cannot answer how it will be implemented into their workflow. It is our goal to give them a tool to be used at the point of care.

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40	Data Environment		Is this tool intended to support provider documentation or view only?	Mainly view only, but providers will have limited data entry capabilities.
41	Data Environment		Will DOM, BCBS of MS, other payers, and PBM's data be integrated in Phase 1 of this project?	Data of other providers will be integrated in Phase 3. The PBM data will be integrated in Phase 1.
42	Data Environment		What are the approximate statistics for each of those entities?	DOM has approximately 575,000 beneficiaries enrolled with approximately 10,652,644 paid claims.
43	2.3	7	Will the e-Prescribing initiative provided by Gold Standard Multimedia remain operational and this service be continued by DOM?	The Gold Standard Multimedia will remain operational in its current form until the go-live of MEHRS/eScript Phase 1.
44	2.3	7	Will this project be incorporated into the current functionality required in the RFP?	The e-prescribing functional requirements are stated in the RFP. Any solution which meets these requirements is a candidate for integration into MEHRS/eScript.
45	2.3	7	Is this project funded beyond the current contract which ends in June 2009?	The Gold Standard Multimedia will remain operational in its current form until the go-live of MEHRS/eScript Phase 1.
46	2.3	7	Will existing data be available for the MEHRS? If so, how will it be accessed?	Phase 1 is based on claims data stored in the DOM MMIS system. This data will be transferred from the fiscal agent's system to the MEHRS/eScript system on a regularly scheduled basis.

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47	2.3	7	What is the source data for patient medication history which is stored in eMPOWERx?	The source is the fiscal agent.
48	2.3	7	How is data transferred to eMPOWERx and using what messaging/transaction standard?	Secure file transfer.
49	2.3	7	How does the eMPOWERx capability differ from the requirement stated in the RFP for the Medicaid e-Prescribing System?	The RFP has requested some enhancements but they are very similar.
50	2.3	7	Does the State intend to extend the contract with GSM when the current contract ends in June 2009?	The Gold Standard Multimedia will remain operational in its current form until the go-live of MEHRS/eScript Phase 1.
51	3.2	8	Has the State ever pursued liquidated damages with a company which has provided software services?	Yes.
52	3.2,3.3	8-10	The requirements for bid proposal bond, performance bond, liquidated damages, and retainage are very onerous for a small business. Is there an option for small businesses to negotiate these items?	No.
53	3.2	8	What are the specific system performance requirements that trace back to the $100 per occurrence penalty?	The performance requirements are stated in items T-6 and D-25 of Appendix A.

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54	3.2	8	"Failure to meet reporting and deliverable requirements in accordance with this contract. $100 per occurrence. An occurrence means submitting reports after the due date." Will the State amend this liquidated damage to include language related to report submission on mutually agreed-upon dates not constituting an occurrence?	Yes.
55	3.2.2	9	Sub-requirement 4 states that the performance bond must be delivered upon execution of the contract. Section 6.5 indicates that the proposal shall "contain evidence of the Performance Bonds required in Section 3.3.2". Does this mean that DOM wants the performance bonds issued as part of the vendor's proposal? If not, what constitutes "evidence of the Performance Bonds"?	A performance bond should be executed prior to the execution of the contract. Evidence of the performance bonds required in the RFP shall be demonstrated by but is not limited to the following – an actual performance bond executed in the required amount, a certified letter from a bond company or surety evidencing that the offeror is capable of securing the necessary performance bond, or other evidence which demonstrates to the satisfaction of the Division that the Offeror is capable of securing the necessary bond.
56	3.4	10	Does the requirement to provide "perpetual rights and/or license to operate and maintain all proprietary software" include software that is included in COTS products included in the solution? Does this requirement preclude continuing annual license fees?	This statement refers to software that is proprietary to the Contractor.
57	3.4	10	The RFP states that the period of performance is 5 months for setup followed by 43 months of operations. Is the expectation that all three phases can be completed in these 5 months, or just Phase 1? If the latter, what is the expected delivery time frame for phases 2 and 3?	The expectation is that Phase 1 will be implemented in five months. The delivery dates for Phase 2 and Phase 3 are undetermined at this time.
58	3.4	10	Given that no coding/configuration can start until the project plan is done, which will be within 30 days of contract award, and this 20% of the proposed implementation time would it be reasonable to extend the implementation time by a month?	No.

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59	3.9.4	17	Will the State give the contractor reasonable notice prior to entering the premises for inspection?	Yes.
60	3.11.6	19	The RFP provides that disputes will be decided by the executive director of DOM, with appeal to the Attorney General for an interpretation. Please clarify the contractor's subsequent appeal rights and process. Can the Contractor appeal to State court?	Yes.
61	3.11.6	8	The RFP provides that "the Contractor shall be given 15 days notice to respond before DOM makes assessment. What is the process in the event of a good faith dispute of the damage assessment?	See RFP Section 3.11.6.
62	3.17.8	27	Does the State intend to award points to proposal evaluation scores based on level of participation of Small and Minority Businesses? If so, how will points be awarded?	No additional information will be given concerning the evaluation process.
63	3.17.10	27	The Contractor is required to participate in a status verification system for all newly hired employees. This is run by the Department of Homeland Security and is currently the "E-Verify" Program. The Federal Government recently issued rules making use of E-Verify mandatory for most Federal Contractors. However, due to continuing concerns over potential errors in the information contained in E-Verify search results, implementation of such rules have just been postponed for a second time. As a result the Federal Government is not making use of E-Verify mandatory at this time. Due to such continuing concerns with the E-Verify Program and provided that the employer will verify an individual's status using traditional means, will the division remove the requirement that contractors utilize the E-Verify Program to verify employment eligibility?	The use of E-Verify is required by State law. Additional verification processes are allowed.

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64	4.2	29	RFP Provision 4.2 states: "All corporations shall be in full compliance with all Mississippi laws regarding incorporation or formation and doing business in Mississippi…." The Offeror is committed to full compliance with all Mississippi laws regarding doing business in Mississippi. However, the Offeror has not previously sought to do business with the State of Mississippi. Thus it is not currently registered to do business with Mississippi. Registration with a state typically gives rise to related business obligations, such as filing tax returns, even if a company is not actually doing business in the state. Rather than registering to do business in the State of Mississippi prior to submission of a proposal, is it acceptable for Offeror to execute requisite business registrations with the State of Mississippi immediately upon receipt of an award on this project?	The Contractor must be registered with the Mississippi Secretary of State prior to the execution of a contract. Please contact the Mississippi Secretary of State for Mississippi's requirements to register or visit their website at http://www.sos.state.ms.us.
65	4.3	30	The timetable identifies the proposal due no later than 5:00 PM CST on March 12, 2009. The subsequent section indicates submission by 3:00 PM CST the same date. Please clarify the due date and time for proposal submission.	Proposals must be received by 5:00 PM CST on March 12, 2009.
66	4.6.7	33	In reference to "presentation team shall include at a minimum the proposed Project Manager, Medical Director", please clarify the State's anticipated involvement of the Medical Director, since there is no required Medical Director in Staffing.	Strike the requirement that the Medical Director be included.
67	4.6.8	33	Could DOM send an e-mail notification to all offerors when updates are posted?	DOM will send e-mail notifications when updates are posted.

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68	4.6.19	36	"Every effort will be made by DOM, both before and after selection, to facilitate rapid approval and an early start date. Offerors must develop proposals and work plans to account for a contract signing date as early as April 27, 2009." If the date for contract execution extends beyond April 27, 2009, will the Offeror still have the full five-month implementation period?	Yes.
69	5.2.1,i	39	How should the Offeror indicate exceptions or reservations to RFP and contract terms and conditions?	Offeror should clearly state such exceptions or reservations in its proposal.
70	5.3.1	40	Is this data required for all subcontractors or just for the prime?	The data is required for the prime contractor and each of the subcontractors.
71	5.3.3	41	Please clarify this statement and define the "types of service" and "types of experience". "The corporate experience section must present the details of the Offeror's experience and the experience of each of its subcontractors with the type of service to be provided by this RFP. A minimum of three corporate references are required for each type of experience."	As stated in Section 5.3, DOM expects background and references to be presented for past experiences that are relevant to what is being sought by this RFP, specifically experiences with current or recent EHR and e-Prescribing projects.
72	5.3.3	41	Please clarify the first sentence: The corporate experience section must present the details of the Offeror's experience and the experience of each of its subcontractors with the type of service to be provided by this RFP.	As stated in Section 5.3, DOM expects background and references to be presented for past experiences that are relevant to what is being sought by this RFP, specifically experiences with current or recent EHR and e-Prescribing projects.
73	5.3.3	41	The RFP states that "A minimum of three corporate references are required for each type of experience." Please identify the "types of experience" the State would like to see references for.	As stated in Section 5.3, DOM expects background and references to be presented for past experiences that are relevant to what is being sought by this RFP, specifically experiences with current or recent EHR and e-Prescribing projects.

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74	5.3	40	How will the State score the relative strengths of the vendor background and qualifications, for example: will there be a minimal threshold for all vendors, or will there be a pro-rata based on greater/lesser strength of qualifications?	No additional information will be given concerning the evaluation process.
75	5.4	41	Please clarify the intent of the following statement: "address the use of walkthroughs with users to ensure agreement and understanding of each task."	This refers to any means necessary to ensure agreement and understanding with users.
76	5.4	41	Please define alternatives acceptable to the State. What current project management software programs are accessible to State users?	The State has Microsoft Project.
77	5.6, 5.7	42-43	In reading the Technical Proposal Format instructions, does DOM want a line-by-line response to all content in Section 8 brought over into Tab 5 and Tab 6?	The response to the Offeror's approach to turnover and to project organization and staffing should explain sufficiently enough that DOM will be able to make a valid determination as to the strength of the Offeror's proposal.
78	5.7	46	Our company policy is to provide sample resumes of our key staff in an unidentified state. All personnel assignments will be made after a definitive agreement has been reached and based on the project timetables at that time. Will this be a problem?	The Offeror must determine how this requirement will be met.
79	6.3	45	"Each Cost Proposal Form must be signed and dated by an authorized corporate official." Please clarify what "each cost proposal form" is, or if a cover letter can be used for the cost proposal section.	The Cost Proposal Form itself should be certified by appropriate corporate staff.

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80	6.3	45	Does each detailed cost worksheet truly require an individual signature? Or, is it acceptable to have a single signature on the Appendix F form to cover the obligation?	A single signature on Appendix F is sufficient.
81	6.4	45	Please confirm that the tab should read “BID PROPOSAL’ as opposed to ‘BID PROPOSAL SECURITY’	Tab 1 should be labeled “BID PROPOSAL” and should contain the Offeror’s original Business Proposal.
82	6.5	45	Please confirm that the tab for this section should read ‘PERFORMANCE BOND’.	Tab 2 should be labeled “PERFORMANCE BOND” and should contain a quote or other statement of insurability concerning performance.
83	6.6	46	Please confirm that the tab for this section should read ‘COST INFORMATION’. There is no reference to cost information needed relative to hardware and software. Are there specific instructions for providing this information?	Tab 3 should be labeled “COST INFORMATION”. Details of pricing not specified in the RFP are at the Offeror’s discretion.
84	7.2	47	Will the Technical Proposal receive equal weighting for each phase of the DOM project or will Phase 1 garner more weight and more points? Example: A total of 700 points could be earned for the Technical proposal piece. Of that number 225 points could be earned for the requirements approach. Will that 225 points be subdivided into 75 points for each of the three phases and be awarded according to the vendor’s ability to deliver upon each phase?	No additional information will be given concerning the evaluation process.
85	7.2	47	Please provide a list of the titles, roles, and organizations for the individuals who are anticipated to be on the evaluation committee. Will a contractor be involved in the evaluation of the proposals? If so, how will they participate in the evaluation process?	No additional information will be given concerning the evaluation process.

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86	7.2.2	47	How will this “additional consideration” be scored? “Additional consideration will be given to Offerors that provide a distinct added benefit to DOM beyond the basic requirements of the RFP. Additional consideration will be given to Offerors that propose resources and a project work plan to complete the project in a shorter time frame than that required by the RFP	No additional information will be given concerning the evaluation process.
87	7.2.2.3	48	Item 5 - Please confirm that the data to be converted is limited to Medicaid claims and enrollment data. If other data is to be converted, please specify what additional data sources will need to be converted including a list of data elements for each source (alternatively, reference a standard messaging/transaction protocol that will be used to provide the data).	Phase 1 will be Medicaid claims.
88	7.2.2.3	48	Item 7 - Please confirm that the state-wide rollout will be to the users identified in the table provided in section 8.3.6 item 5 and that there will be no other users anticipated in the use of the solutions in the timeframe of the contract and option years.	The table in Section 8.3.6.5 identifies the users anticipated for the Phase 1 functionality. Design and implementation details for Phase 2 and Phase 3 are undetermined at this time.
89	7.2.2.3	48	Item 7 - Please confirm that the state-wide rollout will to beneficiaries will not require training beyond an online tutorial to be invoked by the user at his/her choice.	The rollout to beneficiaries will occur in Phase 3. Design and implementation details for Phase 2 and Phase 3 are undetermined at this time.
90	7.2.2.4	49	Please confirm that there will be no need to provide help desk support for Medicaid beneficiaries; only online support will be required. Please describe DOM requirement for Medicaid beneficiary outreach service (e.g., campaign via mail, TV advertisement, radio, public place poster/advertisement, etc.).	The rollout to beneficiaries will occur in Phase 3. Design and implementation details for Phase 2 and Phase 3 are undetermined at this time.
91	8.2	52	Please define functionality per 3.d. Are you asking the other payers to provide each component Medicaid will be offering through the portal or do you want links to other payers’ portals to be accessible?	The system should be built with the future in mind. Phase 3 will allow for other payers to input data.

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92	8.2	52	What are the total volume of claims data and the time period of this data? Where is this data stored and how is it to be accessed? "Web portal access for Medicaid providers to obtain an electronic health record based on Medicaid medical and prescription claims data."	Contractor will store the data. They are expected to have 36 months of data. It will be accessed via the web.
93	8.2	52	Please explain how ePrescribe will be performed on claims data?	Allows prescriber to view actual claim data prior to new order.
94			What are the total volume of claims data and the time period of this data? Where is the data stored and how is it to be accessed?	Contractor will store the data. They are expected to have 36 months of data. It will be accessed via the web.
95	8.2	52	What LIS and RIS systems will provide this data? How many points of connections, etc.? Where is this data stored and how is it to be accessed?	Claims data will come from the MMIS in Phase 1.
96	8.2	52	What are the RHIO's to be connected and what EMR vendors are involved? I.e. number of connections and associated volumes?	This will be determined during design and implementation of Phase 2 of the project, a contractor responsibility.
97	8.2	52	How many beneficiaries need access? Is their any PHR's currently in use in the state or in the designated RHIO's to be connected? What are the vendors involved? What PHI will be accessed and updated?	Beneficiary access is scheduled for Phase 3, and details will be determined during the design and implementation of Phase 3, a contractor responsibility.
98	8.2	52	What are the payers participating in Phase 1 and 2? Who is anticipated to be added in Phase 3?	DOM is the sole payer in Phase 1. Additional payers are scheduled for Phase 3 and the number is unknown at this time.

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99	8.2	52	Is a long-term Cloud computing/SaaS model acceptable? In this mode, a turnover of this nature could be potentially cost prohibitive.	No
100	8.2, 8.3	52	Please confirm that we are correct in assuming all Tasks listed in section 8.3 will be repeated for DDI (Phase 1) and Enhancement Phase (Phases 2 and 3). Please also confirm that the state will provide its resources (e.g., stakeholder participation in requirements validation, deliverable approvals, etc.) during the iteration of the tasks for each of the phases.	Yes, the tasks listed in 8.3 will be performed iteratively for Phases 1, 2 and 3.
101	8.2.3(d)	52	How many different payers does the State anticipate participating?	Additional payers are scheduled for Phase 3 and the number is unknown at this time.
102	8.3.2	54	Are you implying the Contractor has to use a COTS solution as the basis for configuration or are they allowed to build their own as long as it meets MS DOM requirements?	COTS is the preferred solution, but will consider a product that is built as long as the State maintains ownership.
103	8.3.2	54	Can the solution be several individual COTS solutions integrated together to provide best-in-class offerings to MS DOM?	DOM is requiring that a single prime contractor be responsible for the proposal and the project, but sub-contractors may participate. See Section 3.8 of the RFP.
104	8.3.2	54	Task requires definition of all known interfaces as part of that deliverable, etc. What are the estimated number of interfaces and the list of vendors/applications that have to be interfaced to?	For Phase1 the connection will be to the MMIS. The system must be built in a way as to support interfaces with future systems.
105	8.3.2	54	Item 1 – Requirements Validation – Please provide a list of the organizations, titles, and roles of the 20 stakeholders who will participate in the Requirements Validation activities.	This information is undetermined at this time.

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106	8.3.2	54	Item 2 – Business Rules Reference – The RFP states that “The Contractor, may at the request of the State, be required to provide the venue for these sessions.” Given that this is a fixed price contract, should the proposal cost information include venue costs or not?	Yes.
107	8.3.2	54	Item 3 – Interface Specifications – Developing a fixed price proposal for interface components requires us to know more about the interface requirements. As such, please provide: • List of organizations for which interfaces must be developed; • For each organization, a list of systems for which interfaces must be developed; • For each system, a list of interfaces that must be developed; • For each interface, a description or reference to the transaction/message data elements to be included in the interface.	For Phase1 the connection will be to the MMIS. The system must be built in a way as to support interfaces with future systems.
108	8.3.3	55	Item 2 – Data Conversion/Migration – Please confirm that the data to be converted is limited to Medicaid claims and enrollment data. If other data is to be converted, please specify what additional data sources will need to be converted including a list of data elements for each source (alternatively, reference a standard messaging/transaction protocol that will be used to provide the data). Separately, please confirm that the State will provide resources to make final decisions regarding association of unique identifiers on source data with the unique identifiers of Medicaid beneficiaries where the automated tool is unable to reconcile highly similar identifiers.	For Phase1 the data will come from the MMIS (Medicaid Claims data).

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109	8.3.3	55	Item 3 – Develop Interfaces – Developing a fixed price proposal for interface components requires us to know more about the interface requirements. As such, please provide: • List of organizations for which interfaces must be developed; • For each organization, a list of systems for which interfaces must be developed; • For each system, a list of interfaces that must be developed; and, • For each interface, a description or reference to the transaction/message data elements to be included in the interface.	For Phase1 the connection will be to the MMIS. The system must be built in a way as to support interfaces with future systems.
110	8.3.4	56	With current paper claim formats being the MCS1500 and UB04, are you requiring claims submitted on a UB92 to be included in the claim extraction from the MMIS?	Yes.
111	8.3.4	56	Will proprietary claim formats specific to the State of Mississippi be required to be converted or migrated?	Yes.
112	8.3.4	56	What format will be used for claim information coming from MMIS?	The file format for data transfer will be determined by mutual agreement of the contractor and DOM during Task Two: Requirement Validation/System Specification. See Section 8.3.2 of the RFP.
113	8.3.4	56	During which phase will this public facing component be required, for “project communication”?	It is the contractor’s responsibility to do outreach for the purpose of engaging users of the system. The public facing portal would be used for this purpose, so it is a contractor decision as to when it should be scheduled for delivery. See Section 8.3.6.5 of the RFP.

Question #	RFP Section #	RFP Page #	Question	Response
114	Statistical	56	What is the estimated number of secured users, 1) for project stakeholders? 2) For providers? 3) For access to functionality?	Undetermined.
115	8.3.4	56	What are the external systems that need to be accessed for data migration? What data is to be migrated and what are the associated volumes? What is the volume of claims data represented by the last 3 years?	Phase 1 will require an interface to access claims data stored in the DOM MMIS system. There were 10,652,644 paid claims in the last 12 months.
116	8.3.6	57	Is it the expectation of DOM that the portal training with the Medicaid providers be delivered via face to face training or via remote training?	Combination of the two.
117	8.3.6	57	Please explain and describe the expected “training venue”.	Place to conduct training.
118	8.3.6	57	The average number of eScript and EHR users projected in year 1 is 275, and goes to 360 in year 4, with a range of 225-550 EHR users anticipated. What incentive is the State providing for participation and why do these numbers appear so low?	It is a contractor responsibility to design and manage the provider outreach program. See Section 8.3.6.5 of the RFP.
119	8.3.6	57	Item 1 – Implementation Planning – Please confirm that there is no need to plan for, or deliver, outreach services to Medicaid beneficiaries. Please confirm that there is no need to plan for, or deliver, help desk support for Medicaid beneficiaries. Please confirm that there is no need to plan for, or deliver, training services for Medicaid beneficiaries.	The system will be targeted to Providers in Phase 1.

120	8.3.6	57	Item 3 – Training – To provide a fixed price cost that will be equal amongst all proposals, we recommend that the State provide planning assumptions regarding the instructor led training (i.e., "as requested by DOM" does not provide specifics). To that end, please provide the following information: • Locations for instructor led training sessions; • Number of instructor led training sessions per location; and, • Average number of training session attendees.	Training will be held in state office for Medicaid employees. The Provider training is envisioned to be some face-to-face and some on-line.
121	8.3.6	57	Item 3 – Training – The RFP states that "DOM may request the Contractor to provide a training venue." Given that this is a fixed price contract, should the proposal cost information include venue costs or not? If so, how many instances will a venue need to be provided, by location?	Training venue cost should be included in the Offeror's cost proposal. Number of instances has not been determined at this time.
122	8.3.6	57	The RFP states that "The Contractor shall create a database of all providers as identified by DOM…" When will the providers be identified? Since the number to conduct outreach to will be larger than the expected number of users, how many potential provider users will be identified? How many of the providers will be existing uses of eMPOWERx (as a percentage)?	Section 8.3.6.5 contains a chart showing the number of providers that are anticipated in each year of the project. The initial rollout of Phase 1 will occur in 10/2009. There are approximately 25 current users of eMPOWERx.
123	8.3.6	57	What is the projected concurrent user count for the MEHRS/e-Prescribing solution?	Section 8.3.6.5 contains a chart showing the number of providers that are anticipated in each year of the project. The initial rollout of Phase 1 will occur in 10/2009.
124	8.3.6	57	How does DOM envision training for end-users? All face-to-face at provider's practice?	Combination of face-to-face and on-line will be allowed.
125	8.3.6	57	What are the State's requirements for training?	Details on training are outlined in Section 8.3.6 under #3 Training.

126	8.3.6	57	Specify when the helpdesk must be available.	DOM would expect that the helpdesk would be available at least by the go-live date of Phase 1. However, the project plan is the responsibility of the contractor and that plan may dictate an earlier availability to support other aspects of implementation.
127	8.3.8	59	The RFP states that “The State reserves the right to assume the hosting of the application in the State’s technical environment during the term of this contract.” Should the Proposal Cost Response assume that the State will assume hosting services and associated costs?	No.
128	8.4.1	60	Are we required to have letters of commitment for current company employees? If so, are these letters of commitment on behalf of the employee, company, or both?	Letters of commitment are required for proposed staff associated with this RFP. The letters of commitment are on the behalf of both the employee and Offeror.
129	8.5	62	Regarding reporting, does the State desire an enterprise-class reporting/business intelligence tool and database platform, such as Cognos and Oracle?	The platform and tools are up to the contractor.
130	8.5.1	62	Please confirm that the State will be responsible for obtaining signed Data Sharing Agreements and Business Partner agreements with those organizations that will be providing data to the MEHRS/eScript.	The State and the vendor will work together to accomplish this task.
131	8.5.3.1	65	Will the State continue to use the PM Portal following the conclusion of this contract? If so, does the State expect all proposing contractors to include PM Portal costs within the Proposal Cost Response? How many PM Portal users does the State anticipate (during the contract and after)?	No, DOM does not expect to use the PM Portal after conclusion of the contract.
132	8.5.3.2.1	65	When is the PMO Policy and Procedure Overview Document due?	Within 30 days.

133	8.5.3.3.3	68	Is the State looking to replace their current Risk Management Plan COTS?	No.
134	8.5.3.3.3	68	Is the State looking for the contractor to provide Risk Management services including: 1. Identification of beneficiaries who are at risk for high cost, potential inpatient, emergency room visits, high cost pharmacy users and beneficiaries not following evidence based guidelines? 2. Once identified does the State have the clinical staff to manage the high risk beneficiaries or are you looking for the contractor to provide the disease management and case management programs and staff to manage the identified beneficiaries' population?	No. This is a reference to tracking the risk associated with the project design, implementation, and operation.
135	8.5.3.4	70	Should the first line item in the table read "Project Management Portal" rather than "Project Portal"?	Deliverable Number 3 is referring to the requirement described in 8.3.1.3, the "Project Web Portal". For consistency with 8.5.3.1, the portal in Section 8.3.1.3 and as Deliverable 3 in the deliverable table should have been called the "Project Management Portal".
136	8.5.4	70	For the purpose of providing a fixed price Proposal Cost Response and enabling the State to evaluate comparable proposals, please provide a profile of the change requests to be included in the proposed costs. Specifically: • Number of Complex change requests (40-80 hrs); • Number of Medium Complex change requests (24-40 hrs); and, • Number of Low Complex change requests (8-24 hrs).	The State cannot answer this question at this time. It will depend on the system that is provided as well as the needs that arise over the course of the contract.
137	8.6.1, 8.6.2	70	These two sub-sections (8.6.1 and 8.6.2) are in conflict. 8.6.2 conveys a State requirement to work iteratively and rapidly while 8.6.1 suggests a rather significant potential for delay in the iterative process if the State requires 10 days to approve deliverables and work products. How will the State reconcile this discrepancy?	The State intends to work closely with the contractor to assist them during the process of creating the deliverables.

138	8.6.1	70	Deliverables review time for DOM is identified as 10, and in some cases (design documents), 15 business days. We appreciate the approach to iterative deliverable development, but are concerned that timelines of this length for review and approval impedes the successful implementation of the aggressive timelines. Would the State be willing to shorten the 15-business-day review period, considering the 5-month implementation schedule?	The State will work to complete their review as quickly as possible as long as it does not jeopardize the success and quality of the product.
139	8.6.3	71	Deliverable number 3 in the table is labeled as "Project Web Portal"; for consistency with 8.5.3.1, should this deliverable read "Project Management Portal"?	Deliverable Number 3 is referring to the requirement described in 8.3.1.3, the "Project Web Portal". For consistency with 8.5.3.1, the portal in Section 8.3.1.3 should have been called the "Project Management Portal".
140	Appendix A, H-1	75	Will the State want to provide web access to the physicians providing care to its beneficiaries to all information and data including risk stratification of the beneficiaries in that physician's panel? If not what information data does the State want to give to physicians practicing in the field?	This will be covered in the design phase of the system
141	Appendix A, H-1	75	If providing access to physicians providing care to Medicaid beneficiaries can the contractor assume that the physicians will provide the hardware necessary to access the web based physician portal?	Yes, the provider will be required to provide the hardware for Web access.
142	Appendix A, H-1	75	Do you want physicians providing care to beneficiaries to see Risk Stratification information on the web portal?	No
143	Appendix A, H-2	75	Please explain what is meant by "identify". In what way will elements be identified and in what context (i.e., user interfaces, system documentation etc.).	The intention of this requirement is that the source of the data should be persisted in the database for use as needed in reports, audits, etc.

144	H-5, P-4	75	Do these requirements preclude a solution where information is queried from the source MMIS and PBM systems upon request each time rather than persisted in the MEHRS/eScript?	DOM is seeking a solution that persists the data from the MMIS in a database, via batch transfer from the MMIS.
145	Appendix A, H-5	75	Will DOM accept vendors who utilize a federated model?	DOM will evaluate the merit of all proposals according to the guidelines outlined in Section 7 of the RFP.
146	Appendix A, H -9	75	Do the narratives described in this requirement come from external clinical systems, or are they expected to be manually entered in the EHR web application? If they come from external systems, how many distinct interfaces will these notes come from?	Manually entered.
147	Appendix A, H -9	75	H-9: "The system shall provide the ability to incorporate narratives from external clinical information as free text." What are the specific sources of this information (e.g., system interface, messages, data entry via user interface)?	Could be all.
148	Appendix A, H-11	75	Are there any statutes in Mississippi that limit who can receive lab results?	DOM is not aware of any specific statutes that limits who can receive lab results. Offerors are encouraged to conduct their own research into this issue and are reminded that all requirements of the Health Insurance Portability and Accountability Act are applicable. The Division is unable to render legal advice to Offerors.
149	Appendix A, H-11	75	What are all the published applicable State and Federal rules?	This is a reference to any possible State and Federal rules that prohibit certain data from being viewed. The system needs to allow for this type of filtering. Offerors are expected to have presumptive knowledge of all federal and state rules which are applicable to this agreement. These rules are contained in the annotated volumes of the Mississippi Code of 1972 and the United States Code.
150	Appendix A, H-11	75	H-11: "The system shall capture laboratory results together with normal reference ranges." What is the source of the data to be used as "normal reference ranges?	Nationally accepted ranges.

151	Appendix A, H-12	76	"The system shall capture radiology reports together with the associated clinical quality images, if available." Does this requirement indicate access to diagnostic-quality images, review-quality images, and/or radiology reports? It would appear that Requirement H-12 requires radiology reports and images that are not of diagnostic quality.	Requirements H-12 and H-16 in Appendix A address the requirements to have both reports and clinical quality images. Decisions with regard to the quality of the images would be deferred to the design and implementation of Phase 2, which is a contractor responsibility.
152	Appendix A, H-12	76	What is the source for clinical quality images? Must the MEHRS/eScript interface produce clinical quality images from diagnostic images? Or are clinical quality images available on a source system?	The Offeror should provide a source for all images and lab results.[Decisions with regard to the source of the images would be deferred to the design and implementation of Phase 2, which is a contractor responsibility.]
153	Appendix A, H-12	76	Will the image be stored in a PACs system? What is the system? Or will DOM require the contractor to supply the storage for the image?	This is undetermined until design and implementation of Phase 2, a contractor responsibility.
154	Appendix A, H-12	76	Is it sufficient to capture the radiology notes and a DICOM link to the diagnostic images from the source PACS component, or is the DOM expecting a PACS archive as part of the solution?	This is undetermined until design and implementation of Phase 2, a contractor responsibility.
155	Appendix A, H-12	76	What are the information sources and interface/ messaging specifications? Does this data exist within the MMIS claims data? What are the data elements?	No, it does not exist today.
156	Appendix A, H-13	76	"The system shall capture immunization data from immunization registry data maintained by the Department of Health." What are the information source systems and interface/messaging specifications? What are the data elements?	This is a design and implementation activity of Phase 3, a contractor responsibility.

157	Appendix A, H-16	76	"The system shall include external clinical information such as image documents and other clinically relevant data, identifying the source of the information?" What are the information sources and interface/messaging specifications? Does this data exist within the MMIS claims data? What are the data elements?	This is a design and implementation activity of Phase 2, a contractor responsibility.
158	Appendix A, H-19	76	Will the claims data be accessible real-time from the DOM databases?	No. The data will be batch transferred.
159	Appendix A, H-22	76	The system shall capture beneficiary vital signs through direct provider input to include height/weight; blood type/ blood pressure/ pulse; and O2 level. Will this input be via an interface with a nursing documentation system, or will contractor be required to provide an input device like a template form for gathering and submitting the data to the DOM repository?	The contractor is required to provide an input mechanism.
160	Appendix A, H-22	76	This requirement implies that a user of the web based EHR will be able to manually add in information into the system. Other than vital signs, what other information is the EHR expected to capture from direct user input (as opposed to interfaces to external clinical systems)?	Just what is listed in H-22, with the addition of a small notes section.
161	Appendix A, H-25	77	What is meant by Source systems for eRx data?	Claim at the service line level, patient attestation, provider/pharmacist order (i.e., e-prescribing).
162	Appendix A, H-25	77	H-25: "The system shall populate the medication profile from the following sources, maintaining a record of the source: claim at the service line level, patient attestation, provider/pharmacist order (i.e., e-prescribing)." What is the source of patient attestation data? How will the data be provided to the MEHRS/eScript system? Data elements? What is the source of provider/pharmacist data? How will the data be provided to the MEHRS/eScript system? Data elements?	The patient and it will be entered by the treating provider.

163	Appendix A, H-26	77	Is it expected that the system will allow physicians to make referrals, via some clinical messaging functionality, or simply track referrals. If the latter what is the source of the referral data?	Yes.
164	Appendix A, H-26	77	H-26: “The system shall originate, document, and track referrals between care providers including emergency room, specialty referrals and source for the coordinating of care.” What is the source of referral data indicated by this requirement? How will the data be provided to the MEHRS/eScript system? What are the data elements?	The treating provider would be the source.
165	Appendix A, H-28	77	H-28: “The system should have the capability to link to external Prior Authorization portal sources.” What is the source of prior authorizations? How will the data be provided to the MEHRS/eScript system? What are the data elements?	There is an existing DOM web portal for Prior Authorization information that should be included in the EHR solution.
166	Appendix A, P-1	78	Please provide more details on the types and levels of formularies and benefit plans that need to be considered for the system to support this requirement.	This will be provided during the design process.
167	Appendix A, P-2	78	Is the drug reference file the same as a formulary file?	No.
168	Appendix A, P-3	78	Is DOM intent to have the contractor display the requirements to override a PA rather than actually override a PA?	Yes.
169	Appendix A, P-4	78	Should the claim history include non-Medicaid prescriptions, such as those from RxHub?	Yes.

170	Appendix A, P-4	78	If it can be shown that RxHub is a superset of Medicaid prescription claims, would it be acceptable to just use RxHub claims?	Yes.
171	Appendix A, P-5	78	Will this information be coming from the MMIS system or are you looking for interfaces with Part D plan providers? Or a direct CMS feed?	There are no plans to interface with Part D plan providers.
172	Appendix A, P-6	78	P-6: “The system shall utilize a Provider lock-in indicator. This data shall be displayed in the Beneficiary summary view.” What is a “Provider lock-in indicator”; what is being “locked-in” and why?	The provider lock-in indicator is used to associate a specific beneficiary with a provider.
173	Appendix A, P-7	79	Can the program allow staff users to queue up scripts? Under the supervision of a physician, can ARNP and PA’s prescribe and if so is there a limitation to what they can prescribe?	Yes.
174	Appendix A, P-8	79	P-8: “The system shall display monthly script limits and number of scripts used, as obtained from the PBM nightly extract.” How will PBM extract data be accessed by the MEHRS/eScript system? Which organization will provide that data?	Data will be provided by Fiscal Agent.
175	Appendix A, P-9	79	P-9: “The system shall check for dose range based on predetermined characteristics, including age, height, weight and additional attributes, such as pregnancy, gender, and BMI calculation (derived from height and weight).” Please confirm that the State or its delegate will provide the dose range characteristics to be imbedded in MEHRS/eScripts.	Yes.
176	Appendix A, P-9	79	Will the State provide the above listed biometric data on all beneficiaries? If not, is it acceptable to use administrative data (gender) and acceptable dosage based on age?	The State will provide demographic data from the Eligibility file.

177	Appendix A, P-10	79	What is the difference between drug-to-drug compatibility and drug interactions?	No difference.
178	Appendix A, P-10	79	P-10: "The system shall perform Drug Utilization Review (pro-DUR) and generate alerts…" What will be the source of data and business rules that will be used in DURs and alert generation?	Generally accepted standards of care.
179	Appendix A, P-12	79	Will DOM accept current certification standards for submission?	Yes.
180	Appendix A, P-13	79	Does the State provide preferred vs. non-preferred data in the formulary or PDL file?	Yes.
181	Appendix A, T-4	80	If vendors allow users to edit a patient's beneficiary information, what is the vendor expected to preset to users?	This update will not overwrite the Eligibility record.
182	Appendix A, T-8	80	Does the State have standardized file format for submission?	The file format for data transfer will be determined by mutual agreement of the contractor and DOM during Task Two: Requirement Validation/System Specification. See Section 8.3.2 of the RFP.
183	Appendix A, T-8	80	T-8: "The Contractor shall ensure the successful upload of files transferred to Contractor by the DOM within 24 hours of the completed file transfer from DOM…" What files will be transferred to the Contractor? What data elements will exist within the files? What is the anticipated average number of records per file? At what frequency will each file be provided to the Contractor?	The State will deliver the claims files, and work with contractor to deliver other files as specified in the design.

184	Appendix A, T-10	80	Will the State provide Primary Care Physician information or must the vendor purchase it?	The State will provide it.
185	Appendix A, T-13	81	Can DOM provide some additional clarification about the types of alerts that they anticipate that physicians would create and manage?	T-13 refers to alerts that DOM will create. Examples (proper usage alerts, system change alerts, etc).
186	Appendix A, T-13	81	Can the vendor assume that problem lists received will already be coded into ICD 9 or SNOMED CT? Is it expected that the vendor will have to perform this standardization? If so what percentage of problem list data sources in the state can be assumed to require this standardization?	Yes.
187	Appendix A, I-8 to I-14	82	What data sources (organization(s) and system(s)) will provide the information for the interface requirements below? What data elements will be included from each data source for each interface requirement below? What transaction/messaging standard(s) will be used for each interface requirement? • I-8: Immunizations; • I-9: Lab results; • I-10: X-Ray results; • I-11: Claims data; • I-12: Emergency information; and, • I-14: Health Records for Uninsured Individuals.	The owners of the systems will provide the interface requirements and data elements.
188	Appendix A, I-14	82	Does the State have an identified data source or an expectation of where this information will be coming from?	Not at this time.
189	Appendix A, I-14	82	Does the State maintain records for all uninsured? Will the contractor have a way to identify uninsured vs. Medicare/Medicaid eligible?	Not at this time.

190	Appendix A, E-7	83	Can the vendor assume that all lab results will be coded into LOINC and/or SNOMED CT? If not is it expected that the vendor will have to perform this standardization? If so what percentage of lab sources in the state can be assumed to require this standardization?	Yes.
191	Appendix A, E-7	83	Does DOM have an existing DiCom viewer?	No.
192	Appendix A, R-1	84	Please define the "State's technical environment"? Do you want to physically host all the applications in your data center at some point, or is a long-term Cloud computing SaaS model acceptable? Would a separate instance of your applications in our hosting center be acceptable?	Hosting in our Data Center at some point is an option. We would consider a separate instance in your hosting center also.
193	Appendix A, R-2	84	Would Dom be open to a SaaS model whereby all your services are provided through a continuing service agreement? In order to transition our services to your environment, DOM will have to replace our Stack of services from the security layer and ID management, all the way through to assuming 3rd party applications and contacts.	Could be considered.
194	Appendix A, S-5	89	"Allow beneficiary to receive notification that their data may be included in an EHR" What does "allow" mean; what process is envisioned; what media/interface is envisioned?	Although the beneficiary will not be able to access their data electronically via a portal until Phase 3, the Phase 1 system must allow for the beneficiary to know what data is in their EHR via report, prevent the access to the beneficiary's data if he/she has asked to opt out of the EHR via an external process, and authorize or restrict specific providers from accessing beneficiary data at the beneficiary's request.
195	Appendix A, S-7, S-8	89	These two requirements are identified as being implemented in Phase 1 yet other parts of the RFP indicate Beneficiary access will not be implemented until Phase 3. Please explain the vision for implementing these requirements in Phase 1.	Same as above.

196	Appendix F	113	The form provided is clear and understood, but there remain a couple of questions: • The form does not differentiate between labor costs, software license costs, and hardware costs. Is this intentional? • How will the State evaluate costs at this level of labor, hardware, and software?	Yes.