

State of Vermont, Green Mountain Care Board
Request for Proposal: Business Performance Management System
State's Response to Pre-bid Questions
December 7, 2012

Prospective bidders

The questions are ordered as they were received. In many instances, similar questions were raised and we repeated the same response to make it easier to follow. Many of the questions refer to the files contained in the weblinks below.

WEBSITE LINKS TO KEY REPORTS REFERENCED IN THE RESPONSES:

2009-2010 Expenditure Analysis Reports

http://gmcboard.vermont.gov/sites/gmcboard/files/2009_EA_REPORT.pdf

<http://gmcboard.vermont.gov/sites/gmcboard/files/2010EA040212.pdf>

http://gmcboard.vermont.gov/sites/gmcboard/files/FlowChart_EA_Hospitals_EAprov_payer.pdf

Hospital budget file and other reports

http://gmcboard.vermont.gov/sites/gmcboard/files/VTHosSysSum_Act11.pdf

<http://gmcboard.vermont.gov/hospitalbudgets>

[Hospital Budget Submission Worksheet - FY 2011 - Budget](#) (Excel Format)

Questions and Responses

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With respect to the user licensing, can you please let me know exactly how many users (Administrators, Power Users, Average Users, Offline) GMCB will require? If you could describe their required functionality, that would be helpful as this could have a significant impact on the licensing fees.

We anticipate the following types of users for the tool once we “go live” in the spring.

Internal (GMCB, other state users, consultants):

System administrators – 2 or 3 (all capabilities, ability to change data base)

Operational users – 5 includes the system administrators (report development, data analysis, error correction, etc)

Read only access – 10-15 (report extraction, query viewing- if available)

External:

Hospitals – 30 (data input, report extraction, read access)

Other providers and/or payers – unknown at this time – not needed now

We anticipate a 2 year contract at this time.

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1. Your RFP identified a preference for a COTS solution. Are you asking for COTS software to support the development and deployment of your Performance Management and BI solution or are you saying you prefer a prebuilt solution that includes performance metrics and BI reporting applications? **GMCB prefers COTS which can be customized to our needs. All options will be considered.**
 2. Your RFP requires that the vendor propose proven performance requirements and standards. It remains unclear as to what exactly this means. Are you looking for budget metrics or quality of care metrics or both. What other metrics might you include in your desire to measure performance?
The state contract will require detailed performance requirements and standards in order to ensure the deliverables will be met.
 3. Are you requiring predictive analysis and statistical modeling as part of the solution? **No**
 4. Your project includes moving your Excel data into a consolidated database. This includes creating a "standardized chart of accounts" Do each of your supplying facilities share a common chart of accounts or must the data be converted from their chart of accounts to a "common" COA.
All will have their own COA but will need to be converted to a common chart of accounts at a higher level.
 5. Do you have a budget for this project? **Yes, but we cannot provide you the amount.**
 6. Based on the timetable presented, you are asking vendors to meet all of your requirements from project initiation to deployment in 2 months? Is that realistic?
Timeline can be discussed and we also expect it to be as part of the contract negotiation. However, the hospital budget tool should be up and running by May. The Expenditure Analysis data base should be up and running by May. Specific or unique aspects such as finalizing the Expenditure Analysis COA design, unique reports or other value added services that may need a different timeline should be explained.
 7. Your RFP requires a Fixed price quote to deliver a complete solution. At the same time, you are asking vendors to meet unidentified performance metrics that may have a cost associated with meeting same. **The state typically asks for a fixed price quote. If certain aspects need to be variable, you should explain.**

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8. Please identify the number of report developer that will be tasked with creating reports and managing the data/operations of the performance management system.

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We anticipate a 2 year contract at this time.

1. Please clarify the size of the user community who'll be using the system? There's a per-user component of our pricing and the RFP isn't specific on the number of users who'll access the system. Please specify number of user with read/write access to the system and users who would be view only.

See response to question 8 above.

2. Please clarify whether XXXX XXXXX needs to register to obtain a Contractor's Business Account Number PRIOR to responding the RFP, or PRIOR to a final signed contract with the State of VT (reference page 20, section 4.15, business registration with VT Secretary of State's office).

A contractor's business account number must be in place prior to a signed contract.

3. Please describe the process for redacting confidential information. We understand our proposal response will be public record if we win, but that we can redact sensitive portions by marking confidential. Please describe details on how to do this and guidelines.

This will be done in consultation with our legal department.

4. Our software is provided as a Software as a Service, and we will want to include in the agreement we sign with the State of VT provisions that will reflect the SaaS nature of our solution and protect our IP, govern GMCB's use, etc. Will we be able to negotiate these provisions into the agreement if we are the selected vendor?

This will be done in consultation with our legal department.

5. In section 4.1 Proposal Format, the fourth bullet states: "Write the proposal in the order given in Section 11 Exhibit A Technical Proposal." . . . Please clarify where in the RFP document to find Section 11, Exhibit A Technical Proposal.

I refer you to the order of items outlined in 5.2. Also, Exhibit A (Page 45-46) is a "sample contract" proposal that may be useful to refer to in preparing your proposal.

6. There doesn't seem to be a format specified for our description of our system meets the requirements of GMCB. Please clarify that the proposal response should include a narrative that describes our capabilities relative to (page 6) section 2.1 High Level Requirements, and (page 8) section 2.3 Detailed System Requirements. Please indicate whether Y/N answers to each section will suffice, with commentary to explain further where needed, or whether a narrative description is required in response to each function described in these sections.

Provide narrative as necessary to clarify at any place in the proposal.

7. It is our policy to meet with a prospective customer and conduct a scoping session* to discuss the detailed factors which affect a software implementation of XXXX XXXXX. This RFP is asking for an implementation plan and a services proposal for the implementation project as well as a software system itself. Please indicate whether a proposal response that is specific to the functional requirements, with a description of our implementation methodology, a sample project plan, and an estimate of costs based upon what we know about the implementation from the RFP, with a detailed, final statement of work and project plan to follow a scoping session?

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We don't intend to have a scoping session at this time.
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Green Mountain Care Board RFP Questions 12/1/12

1) The solution is licensed on a subscription basis, with prices based on the following:

- Duration of the contract- Subscription durations can be from 1 to 5+ years
- Number of seats licensed
- Type of seats licensed

There are three available seat types: Administrative, Standard and Analysis. Note that these seat descriptions convey all of the possible functionality available to each type. Your administrator can choose to restrict any user's access to specific functions and data with the user's unique permission profile.

Administrative Users can access and configure all aspects of the solution, including creation of accounts and structures, definition of sheets and templates, creation of assumptions, user management, data integration, and more. Access can include Adaptive Discovery. Members of finance and other managers or administrators of your existing budgeting, forecasting, and reporting processes are typically Administrative users.

Standard Users are given controlled access to sheets (for data input and modeling), participate in workflow, may author, interact with and share reports, and may have access to Adaptive Discovery. Typically, most individuals throughout the organization who participate in budgeting, forecasting, and reporting processes are Standard users.

Analysis Users can create and view reports, can participate in workflow, and can review (but not edit) data from sheets. This seat type is read only.

In order for us to provide accurate product pricing, please indicate anticipated # and type of seats as well as anticipated subscription duration.

See the response to question number 8 above.

2) Do you have any prioritization of your requirements? There is no way to determine whether a requirement is critical or "nice to have". There is also no way to determine if all requirements are required at the go live date.

Timeline can be discussed and we also expect it to be as part of the contract negotiation.

However, the hospital budget tool should be up and running by May. The Expenditure Analysis data base should be up and running by May. Specific or unique aspects such as finalizing the Expenditure Analysis COA design, unique reports or other value added services that may need a different timeline should be explained.

3) Can you please provide more detail on your expectations for the "Narrative that demonstrates an understanding of the requirements and how the vendor plans to address those

requirements" (page 21)? Do you expect commentary for every requirement detailed in Section 2(pages 6-13)?

Provide narrative as necessary to clarify at any place in the proposal.

- 4) Page 4, Section 1.2 references a "Private Cloud", can you provide a definition of "Private Cloud" and if a Multi-Tenant environment with SSAE 16 SOC 1 Type II certification is acceptable?

Answer to this to be sent soon.

- 5) Can you provide clarification to the point "The ability to establish and manage all application dimensions, business rules, organization structure, data integration maps and user security profile administration features in order to create a standardized BPM data architecture." Specifically, is user management required to be controlled by a separate SSO application and what are the specific data integration requirements?

Answer to this to be sent soon.

- 6) Page 7, Section 2.2.1 Bullet point number two references "Build Standard Input Maps and Documents from EXCEL to database". Is the requirement that budget input be from within Microsoft Excel? Will an intuitive web based interface with a similar look and feel to Excel be acceptable?

Yes, both options are acceptable. The key is that the tool must be able to work with Excel for ad hoc reporting. All reasonable input solutions can be considered.

- 7) What are the reporting dimensions that are required for actuals?

Budget, Projections, and Actuals will require the same structure in order to develop outputs such as an Income Statement and Balance Sheet. Both financial and administrative data will have many similar dimensions.

- 8) Page 9 #5: Multi-Dimensional Planning – can an example of the Work Breakdown Structure be provided?

We do not have an example of this type of planning.

- 9) Page 10, Section 2.3.2.1 – can examples of internal reporting requirements be provided?

Trending reports and graphs, unique analyses that will compare and forecast selected information, unique targeted reports that may examine a cost center, payer type, expense type level, special requests that reconcile information between Provider and Payer information. etc. See files in weblinks on page 1 for other examples.

- 10) Page 10, #18: – Predictive analytics, can clarification be provided? We do not have Predictive Analytics as defined here. Is this a critical requirement or a nice to have? Can this be provided by an add - on product?

This is a nice to have feature, not necessary.

- 11) Page 13, Section 2.2.5 #2 Can examples of acceptable HTTPS alternatives be provided?

Answer to this to be sent soon.

- 12) Page 13, Section 2.2.5 #5: Can you comment on the level of importance SSO and Active Directory is to the proposed solution. **Not at this time**

- 13) How many supporting expenditure and revenue schedules are expected and can examples, including a non-personnel schedule, be provided?

See the hospital budget file and other web linkages on page 1. Expansion capability will also be necessary.

- 14) Do you expect to import voucher level detail for actual G/L information or just account balances? **We expect to import account balances – voucher level not contemplated.**

- 15) Page 8: Please elaborate on the content and purpose of the Expenditure Analysis data base. How is this related to the Budgeting & Planning process? This sounds more like a Business Intelligence capability.

The content and purpose of the EA database is related to budgeting and planning and is expected to be accessed using a Business Intelligence tool.

- 16) Page 10 #17: Can you comment on the level of importance of “disconnected work capabilities” are to the proposed solution? Is this a critical requirement?

This would be a nice to have feature.

- 17) Page 10, #6: 3rd sentence requirement is not understood, Please provide examples.

The tool should have management exception reporting functionality.

- 18) Page 11, #3: We have an Excel like user interface and can upload/download information to/from Excel. Do you expect the solution to use Excel as the primary user interface? Is this a requirement?

Not a requirement – we are open to solutions given that it can work with EXCEL.

19) Page 13, # 3: Automated, scheduled data ETL can be built by Adaptive. Do you expect this cost to be included in the bid? How many data sources and directions?

We expect all costs to be included. Data sources would be 14 hospitals and the various providers and payers identified in the Expenditure Analysis. See the flow chart, hospital budget file, and other web linkages on page 1. Expansion capability will also be necessary.

20) Page 15: Is this bid expected to cover Phase 3?

Not required but it is okay to provide an estimate or other information that might be relevant.

21) How many entities (individual units within the organization that contain a budget) do you create a budget for? Include all departments, cost/profit centers, divisions, business units, subsidiary companies, legal entities, etc.

See the flow chart, hospital budget file, and other web linkages on page 1. Expansion capability will also be necessary.

22) How many segments are included in your chart of accounts (COA)?

See the flow chart, hospital budget file, and other web linkages on page 1. Expansion capability will also be necessary.

23) Do you use the same natural (GL) accounts across all entities? **No**

24) Do you use the same COA for all entities? **No; but certain standardization will take place over time.**

25) Do you use the full COA for planning/reporting, or do you use a subset of the COA? **It is expected that there will be a common COA at some level for all entities. This could be as simple as "revenues" and "expenses". It is expected that we may need to enhance the common COA overtime.**

26) Is your planning primarily by function (e.g. Sales & Marketing, G&A), project-based, fund accounting, or a combination (e.g. departmental and project budgets, departmental and fund accounting budgets) of these? **We expect that we will need a combination.**

27) Are there complexities in your organization that are not identified through the questions above? (These are specific to the organizational structure. Other planning complexities will be captured below.) **No**

28) In order for us to provide any type of realistic implementation cost estimate, we need the attached implementation questionnaire filled out. Can you please complete? **See below.**

SECTION 2: REVENUE PLANNING	
2-1	Will you use the solution for revenue planning? If No, skip the rest of this section. No immediate need for detailed revenue planning.
2-2	Do you plan sales using bottoms-up or tops-down methodology, or some combination thereof?
2-3	How many entities (include all departments, cost/profit centers, divisions, business units, subsidiary companies, legal entities, etc.) within the organizational tree plan revenue?
2-4	How many dimensions do you use in revenue planning (e.g. product, geographic region, sales rep, part number, etc.)?
2-5	How many unique combinations of these dimensions do you plan? For example, 10 products planned across 20 regions are 200 unique combinations.
2-6	Do you plan any component of revenue based on recognition over time or are all sales recognized when sold/shipped?
2-7	Do you reference your revenue plan in formulas within other parts of your model?
2-8	Approximately how many revenue accounts are planned using formulas, such as "units x rate" or "prior year sales x %" (as opposed to simply keying in numbers)?
2-9	Are there complexities to your revenue planning that are not identified through the questions above?

SECTION 3: EXPENSE PLANNING

3-2	Do you plan expenses in time periods other than months? Months need to be rolled up into quarters and annual periods.
3-3	Roughly how many expense accounts are planned using formulas, such as "rate x headcount" or "% of another account" (as opposed to simply keying in numbers)? There are a limited number of calculated expenses.
3-4	Roughly how many expense accounts are planned using formulas that include historical expense or revenue data multiplied by an adjustment factor? There are a limited number of calculated expenses.
3-5	At what level do you use assumptions to drive expense formulas? Expense accounts have varying level of detail that will support the various summary expenses contained on the Profit and Loss. However, it is not contemplated that the level would be much more than Department level or a grouping of FTEs.
3-6	Are the expense formulas consistent across entities, or do they vary from entity to entity? They are consistent across entities.
3-7	Do you calculate interest expense for debt or credit-lines? No.
3-8	Do you want to customize the expense input screens to hide accounts that do not apply to a particular entity? No
3-9	Are there complexities to your expense planning that are not identified through the questions above? No

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SECTION 4: PERSONNEL PLANNING	
4-1	Do you plan to do personnel planning? If No, skip the rest of this section. No
4-2	How many employees are in your company?
4-3	How many employee groups do you budget for (e.g. unions with different benefits, employees in different countries requiring unique calculations)?
4-4	Is personnel planning done centrally and pushed out to the departments/cost centers or distributed at the department/cost center level and aggregated to the company level?
4-5	Will you plan for employees individually, by groups, or both individually and by groups?
4-6	Will you have hourly employees?
4-7	Will you spread wages/salaries evenly across 12 months, or pro-rata based on days in the month, or pro-rata based on number of weeks (e.g. 4-4-5)?
4-8	Will you plan merit increases/raises as a standard % increase for all employees, as a variable % or \$ per employee, or some other scheme?
4-9	Will you plan basic employee related expenses, such as payroll taxes, health benefits, bonuses as an aggregate % or will you calculate them by individual employee?
4-10	Will you plan for other employee expenses, such as commissions, 401k, PTO, car allowances as an aggregate% or will you calculate them by individual employee?
4-11	Will you distribute employees and their related expenses to departments/regions/projects/etc. other than their home department? (Distributions can be done by %, by hour/unit, by \$, etc.)

4-12	Are there complexities to your personnel planning that are not identified through the questions above?
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SECTION 5: ALLOCATIONS

5-1	Do you intend to use the solution for planning Allocations? If No, skip the rest of this section. No.
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5-2	Do you allocate overhead expenses?
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5-3	Do you allocate other types of expenses?
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5-4	Do you allocate individual accounts, totals, or both?
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5-5	Do you allocate based on headcount, square feet, sales, or some other metric?
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5-6	Do you consider your allocations to be complicated?
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SECTION 6: CAPITAL PLANNING

6-1	Do you plan on performing Capital Planning (fixed assets)? If No, skip the rest of this section. Capital budget and actual information will relate to the operating budget information but detailed depreciation schedules will not be needed. Planning, forecasting would be done at a hospital/provider and/or system level.
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6-2	Do you plan capital in one organizational level, such as Operations, or in individual levels, such as departments? Planning would probably be at system and/or organizational level.
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6-3	How many depreciation schedules do you use for your assets??? The hospitals build their own depreciation schedules.
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6-4	Do you plan using straight-line depreciation or some other method? Straight line is used by the hospitals.
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6-5	Do you reference the capital plan in other parts of your budget? Yes.
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SECTION 7: INCOME STATEMENT PLANNING

7-1	Will you use The solution for planning Income Statements? If No, skip the rest of this section. Income statement budget and actual information will relate to the operating budget information for each hospital and/or other provider entities in the Expenditure Analysis. Detailed planning not required. Planning, forecasting would be done at a hospital/provider and/or system level.
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7-2	For how many of your planning entities (include all profit centers, divisions, business units, subsidiary companies, legal entities, etc) do you want to model a complete Income Statement? At least organizational level.
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7-3	How many Income Statement formats do you want to create in The solution? (Note: Hiding the detailed lines for summarized data is not a separate format.) 2-3.
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7-4	Do you need to do any eliminations across entities for the consolidated Income Statement? No.
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7-5	Do you intend to do margin analysis for some level of products in The solution? Yes.
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SECTION 8: BALANCE SHEET PLANNING

8-1	Will you use The solution for planning Balance Sheets? If No, skip the rest of this section. Balance sheet planning is not necessary. Cash flow statements are part of the submitted budget information.
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8-2	Do you need a Cash Flow Statement to accompany the Balance Sheet?
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8-3	For how many of your planning entities (include all divisions, business units, subsidiary companies, legal entities, etc) do want to model a complete Balance Sheet?
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8-4	How many Balance Sheet formats do you want to create in The solution?
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8-5	Do you have an existing budget model that includes a Balance Sheet?
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8-6	If you plan Balance Sheets at entity levels below the consolidated corporation, please confirm if the entities all use the same Balance Sheet accounts.
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8-7	Do you need to do eliminations across entities for the consolidated Balance Sheet?
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8-8	How many supporting schedules (prepaid, capital lease, inventory, debt/credit lines, etc.) do you plan to model in The solution to support your Balance Sheet?
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SECTION 9: REPORTING & DASHBOARDS

9-1	Will you use The solution for reports and/or dashboards? If No, skip the rest of this section. Yes, reports and dashboards are expected.
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9-2	Approximately how many reports do you want The solution to create including the standard financial statements, Income Statement, Balance Sheet, and Cash Flow Statement? The hospital reports will
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	<p>include Income statement, Balance sheet, Statistical Trends, Peer comparisons, and Capital budgets for individual hospital and system reports.</p> <p>The Expenditure Analysis reports will require Provider spending by time by payer source and Payer spending by time by provider and services. In addition, there will be reports that convey the same information for a given year as necessary.</p> <p>We will need flexibility in the number of reports.</p>
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9-3	<p>How many of your reports, from above, require specifically defined formatting? You can leverage Excel, PowerPoint, Word, etc. for additional formatting capabilities. Defined formatting – probably Income Statement, Balance Sheet, Statistical Trends, Peer comparisons, and capital budgets.</p>
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9-4	<p>Do you use alternative hierarchies, organizational structures, or rollups for reporting than you use for gathering budget/forecast data (e.g. Legal vs. Management, Geography vs. Business Unit, etc.)? It is expected that alternative organizational hierarchies will be used.</p>
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9-5	<p>How many dashboards do you want The solution to create? A single dashboard contains up to 9 charts/graphs or 1 report. Dashboard solutions could be multiple as they may serve different audiences for different topics such as revenues by payer mix, capital, financial health, etc. Typically, we currently examine individual hospital year-to-date information 3-4 times a year, review their year end financials, and an annual budget review.</p>
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9-6	How many charts/graphs/dials/scorecards do you want The solution to create? The need is various, the number unknown. System needs to be flexible and have an ability to provide ad hoc reports.
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SECTION 11: DATA INTEGRATION

11-1	Do you intend to import and/or export data (historical GL data, transactions, prior/current budgets, other) to and/or from The solution? If no, skip the rest of this section. Yes we will import historical data for both the hospitals and the Expenditure analysis. The hospital budget system has a more mature chart of accounts while the Expenditure Analysis is much less robust. Plans are to expand that data base, but not in this phase.
11-2	Can you provide historical data in a customizable Excel format including fields such as account number, department name, and dates? Historical data is contained in EXCEL files that are structured in content over time; both hospitals and Expenditure Analysis.
11-3	Can you provide detailed reports to allow The solution to tie out the imported historical data? Yes
11-4	If you use a different list of accounts for planning than you use in your GL, can you provide a mapping of each natural (GL) account to the planning accounts? Mapping can be provided as necessary.
11-5	Do you intend to import budget data (e.g. the finished budget from your previous process) to support forecasting and reporting in the current year into The solution? Yes
11-6	Can you provide this budget data in an Excel or CSV file format? Yes
11-7	How do you intend to import monthly Actuals into The solution? Imports should be provided through EXCEL templates or a web based solution.

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11-8	What source system (and version) will the connector extract data from to import into The solution? EXCEL files from our (state) servers.
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11-9	What type of General Ledger data are you planning to import into The solution? Revenue, expense, assets, and liabilities. Administrative data such as utilization must also be imported.
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11-10	How many instances (separate The solution models that may be linked together) of The solution will we be importing data to? This is unknown at this time.
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11-11	Is it a hosted/SaaS or traditional/on-premise source system? Either system is an option.
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11-12	How is data extracted? Currently the data is in EXCEL files.
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11-13	Is online authentication used? Not at this time.
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11-14	How many tables or data elements need to be combined for the import? See the hospital budget file (1 of 14) and the Expenditure Analysis report that will give you a sense of other providers and payers though they would not presently has as much depth. See files in weblinks on page 1 for more detail.
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11-15	If you are implementing the Transactions Module, how do you intend to import transactions into The solution? None at this time.
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11-16	If you chose the solution Connector to import Transactions, what type of data so you intend to import? None at this time.
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11-17	Will a resource from your IT group be available to assist in developing queries to extract the desired transaction information? Yes – this assumes you mean extracting data off an internal server.
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11-18	How do you intend to export data (finalized budgets, etc.) from The solution for import into another system? Final budget reports or summaries are expected to come from the solution the bidders propose.
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SECTION 12: PROJECT MANAGEMENT

12-1	
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12-2	How many weeks until you need to "go live" (have your application completed and available for End Users) with The solution? We plan to go live by May latest.
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12-3	Is your budgeting, forecasting and reporting process well documented (e.g. flowcharts, process flow document, etc.)? Documentation exists for much of the hospital budget process.
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12-4	Are you available for (as a minimum) weekly status and review meetings? We are available and expect to be heavily involved in development.
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12-5	How many employees will attend Administrator training? Three.
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12-6	If you would like The solution to train your end users, how many end users will need training? See response question 8 on page 2-3.
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In section 2.2.1, page 7, "Expenditure Analysis Provider and Payer Data". How many payers and transactions per payer per month per hospital are anticipated?

See the WEB linkages to the hospital files and Expenditure Analysis on page 1. Transactions on a monthly basis are not expected in this proposal. We do not need to build a monthly transactional system. Summary monthly GL data is collected occasionally for hospital budget monitoring.

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1	Will the budget software be used for preparing only budgets or is there any need for forecasts as well?	Forecasting is part of our ongoing work and the bidder should propose there solution.
2	Is this an annual budget or a multi-year budget? Same question for forecast, if forecast is in scope.	Multi-year budget is contemplated as part of future development.
3	Do you want to do salary planning by individual, job code, groups (i.e. employee grade), etc.?	Not now, maybe a later expansion.
4	To how many individuals, job codes, and/or groups do you plan headcount?	Na
5	If planning by employee, do you have an HR or Headcount Tracking system that keeps track of all current employees? If so, what system? Is it ODBC compliant? Can you obtain a download ASCII file?	Na
6	Do you intend to budget/forecast by job code and grade?	Na
7	Do you intend to use information from the budgeting software for collective bargaining	No
8	Will Green Mountain Care Board Resource be available	Yes, Staff resources and selected other managers as necessary.
9	How many hours a day is the Green Mountain Care Board resource available?	This will be determined with the selected bidder.
10	Do we have easy access to the decision maker regarding budgeting/forecasting process?	Yes
11	What is the source for the HR file - Lawson/ADP/Ceridian?	NA
12	Is detail revenue planning in scope for this project?	No immediate need for detailed revenue planning.
13	Are different types of items forecasted/budgeted at varying levels of detail with respect to time (for	na

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	example, sales planned by week, salaries planned by month, etc.)? If so, please describe expected need.	
14	Please describe the different types of allocations to be performed. Please provide logic if possible.	Various cost and revenue allocations would be needed as special requests are made to analyze cost structure and revenue projections.
15	Will your allocations be only across Entities – Top Down (from one entity to many)?	No.
16	Will your allocations be only across Accounts?	No

17	What reporting needs are you trying to address beyond those for budgeting and forecasting?	Ad hoc reporting to meet unique levels of costs or revenues for peer comparison and trending. Evaluation of key measures that are a result of the budget data submitted.
18	What types of reports would need to be accessed via a mobile device, such as an iPad or iPhone?	Access reports to read and dashboards but not necessarily input documents
19	In our opinion, creating a budgeting/forecasting application that contains 10 years of data has some disadvantages. It is better to create a reporting application with actual data and a budgeting/forecasting application. Is Green Mountain Care board open to that?	Explain in the RFP – not sure what you are suggesting. We use historical data to inform.
	RE: Install and Interfaces	
1	Is the client team responsible for providing the clean converted data or is the consulting firm responsible for developing the interfaces to get data?	Client team and bidder will need to determine structure historical data for loading.
2	Besides the general ledger, what other global data sources do we need to consider (ODBC, Mfg., Order Entry, Fixed Asset, Sales, spreadsheet, manual entry)?	Spreadsheet and manual entry.
3	Does Green Mountain Care Board have a specific company standard in terms of integration tools? Which integration tool is expected to be utilized (example: Oracle Data Integration, DIM, Informatica etc)?	No.

4	Are there any planned changes to your source/destination systems that need to be incorporated into the implementation (example: rolling out a new General Ledger System, rolling out a new Payroll System, etc.)?	No.
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1. Which (if any) technology vendors does the Board have existing enterprise software license agreements (e.g. IBM, Oracle, SAP, Microsoft, etc.)

2. Are there any technology standards with respect to:

2.1 ETL tools

2.2 Data quality tools

2.3 MDM tools

2.4 BI suites

Answer to this to be sent soon.

3. Does the Board currently utilize any cloud-based solutions? **Not at this time**



Requirement 2.3.1 #5

1. What is the WBS used by Vermont GMCB?

Project breakdown not necessary at this time.

2. Is there more than one WBS?

Project breakdown not necessary at this time.

3. Are cost centers linked to departments? If so, what is that relationship?

The hospital budget file will reflect this.

4. Is revenue type mapped to revenue accounts? If so, what is that relationship?

Examples:

Revenue is linked by payer source.

Revenue is linked by cost center; and reimbursement type – Inpatient, Outpatient, Outpatient Professional (physician).

See the flow chart, hospital budget file, and other web linkages on page 1. Expansion capability will also be necessary.

Requirement 2.3.1 #6

5. What are the primary seasonal patterns?

Quarterly by federal fiscal year.

6. Is the expectation that seasonal patterns be gleaned from historical data? If so, how many years of data is needed to define a “pattern”? **No**

Requirement 2.3.1 #7

7. What product does Vermont GMCB use for their General Ledger? **No formal product is used.**

8. Does Vermont GMCB intend to include position budgeting as part of the system, or will this be performed outside of the planning and budgeting system? **No**

9. Do any other systems provide or use budget information? **Other users, but not “systems”.**

Requirement 2.3.1 #9

10. Do the multiple calendars eventually aggregate together, or do these budgets remain separate?

All budgets will be aggregated but need to also be separated for reporting and monitoring purposes.

Requirement 2.3.1 #17

11. Do/will tablet computers have Internet access? **Yes.**

12. Does Vermont GMCB have a tablet O/S preference? (I.e. IOS, Droid, Windows) **Droid and IOS.**

13. Does Vermont GMCB have a browser standard? **Answer to this to be sent soon.**

Requirement 2.3.5 #6

14. Does "immediate" mean that calculations are updated during data entry (Excel like) or after on saving data? **After saving date should be sufficient.**

Project Management

15. Does Vermont GMCB have a change management strategy/organization in place for this project? **We have staff allocated for this project.**

16. Is the vendor expected to lead change management or just provide training? **Both**

1. How many of the entities listed on page 4 will be licensed to use the solution?

We anticipate the following types of users for the tool once we "go live" in the spring.

Internal (GMCB, other state users, consultants):

System administrators – 2 or 3 (all capabilities, ability to change data base)

Operational users – 5 includes the system administrators (report development, data analysis, error correction, etc)

Read only access – 10-15 (report extraction, query viewing- if available)

External:

Hospitals – 30 (data input, report extraction, read access)

Other providers and/or payers – unknown at this time – not needed now

We anticipate a 2 year contract at this time.

2. How many users, including report users?

Explained in question above.

3. Will hospital users need licenses, if so how many user licenses per hospital?

Explained above.

4. Should our proposal response include an estimate for the Future Phase deliverables?

a. VCHURES, UHDDS

A discussion of how you might contemplate addressing those deliverables would be useful.

Please elaborate on this requirement:

We contemplate using those data sets to populate the data bases in a more enhanced manner. It is contemplated that the information ultimately reporting through the hospital and Expenditure Analysis data system will be readily available to the public through web site access. Mapping those data sets to would help inform budgeting, analysis, and monitoring.

5. Is the solution intended for Budget creation and formulation at the hospitals and providers?

No. It is expected that the solution can receive hospital information in order to serve the GMCB's needs for data integrity, reporting, and analysis. However, a value added feature would be to eventually provide a capability for budget development and reporting at the hospital and/or provider level.

1. 6. Are the capital planning requirements for the hospitals/providers or for GMCB only? Are the capital planning requirements for the hospitals/providers or for GMCB only?

Capital planning is directed by the GMCB. Capital budget development would rest with the hospitals/providers.

1. On page 6, section 2.2, the second bullet specifies a planning for both the Unified Health Care Budget level, AND the Hospital/Provider AND Payer level. Does this mean that GMCB envisions the development of 15 separate budgets or plans? In other words, one discrete plan for each of the 14 major providers and the centralized plan? Please elaborate.

See the flow chart, hospital budget file, and other web linkages on page 1. Expansion capability will also be necessary.

2. On page 7, section 2.2, several bullets relate to the integration with other systems, including "timely updates of . . . actual data, and "elimination of data collection and integration issues from multiple source systems". Please identify what specific General Ledger systems will

source data into the system? Please also indicate what other source systems (such as HR/payroll systems, other) anticipated as source systems into the system? Please indicate how many discrete, automated feeds the team anticipates into the system?

This discussion contemplated the complete development of a budget system that would have access to other disparate data systems in order to collect and load information. Our initial understanding of the possibilities was very uncertain when developing this RFP. The key is to provide the GMCB with an understanding and the ability to expand or upgrade the solution being proposed.

3. On page 19, section 4.12, first bullet states that "The Contractor will be responsible for any and all travel expenses and not the State of Vermont". Is this referring to travel expenses related to the development of the RFP response, or to travel related to the implementation of the selected vendor's solution?

Any travel expenses should be included in the cost proposal.

4. On page 20, section 4.13 Contract/Project Change Orders, will a time & materials proposal be acceptable for the services to implement the selected system?

Yes.

5. On page 21, Section 5.2 Response Expectation, please provide a sample of the format and content that would be deemed responsive to the following three sections titled:

- a. Approach to Risk Analysis and Recommendation Plan
- b. Approach to Staffing Plan Analysis and Recommendation Plan
- c. Approach to New Processes and/or Procedures Recommendations

No sample is available at this time.

6. On page 22, Section 6.2 the request is for profiles on specific individuals, however, we need to reserve the assignment of specific members to the GMCB project team until such time when we know we are selected and can schedule the appropriate resources based on availability. Please advice as to how best to respond to this section.

Skills and experience need to be evaluated. This is a function of the depth of the organization. The response should meet the request at some level in order to evaluate the capability of the staff and organization.

7. On page 25, Section 6.8 Independent Review. Please indicate over what term the \$500,000 threshold is calculated. Please verify if it covers the two years from January, 2013 to December, 2014, as indicated in section 7.1 Contract term, plus all services costs to implement, plus other estimated costs such as travel, etc.

The \$500,000 is the total contract amount, regardless of term. It is State of Vermont contract policy. See Vermont Agency of Administration Bulletin 3.5 for more information.



Section 1.2 - The GMCB is looking for 'fixed price proposals'. What portion of the proposal do you want to be fixed price?

- Software License?
- Maintenance ?
- Consulting services?

We want a fixed price for all portions of the proposal and a general understanding of how you arrived at that bid. If this is not possible, please provide an explanation and estimate.

How many users will you have?

We anticipate the following types of users for the tool once we "go live" in the spring.

Internal (GMCB, other state users, consultants):

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Operational users – 5 includes the system administrators (report development, data analysis, error correction, etc)

Read only access – 10-15 (report extraction, query viewing- if available)

External:

Hospitals – 30 (data input, report extraction, read access)

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Other providers and/or payers – unknown at this time – not needed now

We anticipate a 2 year contract at this time.

Section 2.2 – Develop a 10-20 year historical database with data from the 14 hospitals. Will we be given direct read access to the hospital data bases, or will we be provided with extracted data files?

You will have EXCEL files that contain the historical data. It is expected they will need to be formatted to meet importing needs.

Section 2.3.5-1 – Web or cloud based solution / True zero footprint application.

Will a client-server application using Microsoft ClickOnce deployment be considered? What about a Citrix deployed application?

Answer to this to be sent soon.

Sections 2.3.1-4 & 2.3.3-4 – Entry of Actual data is mentioned. Under what circumstances would Actual data be entered into this budgeting and reporting system?

Actual data would be entered on an annual basis or more often if the capability exists.

Section 2.3.1-16 – Top-Level adjustments.

Would this be limited to Budget/Forecast data or to Actual data as well?

This was written to contemplate the need for prior year audit adjustments and current year updates.

Section 2.3.1-18 – Complex statistical analysis (Predictive Analysis).

Would export of data to Excel or other software be sufficient for this requirement?

Yes.

Section 2.3.4-8 – Workflow.

Would workflow processes be required beyond budget / forecast approvals?

Not at this time.

Section 3.2 - Timeline

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Can you review the timeline during the bidders conference? When do you want to put the system into production? May 2013? What's happening in 2014 and 2015? Will there be multiple go-lives?

Timeline can be discussed and we also expect it to be as part of the contract negotiation. However, the hospital budget tool should be up and running by May. The Expenditure Analysis data base should be up and running by May. Specific or unique aspects such as finalizing the Expenditure Analysis COA design, unique reports or other value added services that may need a different timeline should be explained.

Section 4.1 - Proposal Format

We are uncertain of the proposal format. Where is Section 11 Exhibit A Technical Proposal?

I refer you to the order of items outlined in 5.2. Also, Exhibit A is a "sample contract" proposal that may be useful to refer to in preparing your proposal.