1. RFI
    a. This RFI was not distributed with a questionnaire. We apologize for any confusion.
    b. Responses to the RFI will be placed in the public domain. Respondents may request confidentiality with respect to trade secrets, including pricing estimates.
    c. VHCURES 3.0 follows a prior RFP (VHCURES 2.0) which was terminated after an independent review pointed out staffing-level problems. The GMCB has augmented its staffing for the VHCURES 3.0 project
    d. Please organize your responses to the RFI in whatever manner best conveys your message.
    e. There is no implied linkage of this VHCURES 3.0 RFI or subsequent RFP/contract with the All-Payer ACO Model (APM) or other efforts. However, VHCURES may supply some of the information used by the APM and other projects.
    f. The current technical contact for the VHCURES system is Roger Tubby (roger.tubby@vermont.gov).

2. General Environment
    a. There is a data governance program in place at the GMCB. It may undergo some changes as we may move into a new environment such as a secure cloud-based data enclave. The state is also working on broader Data Governance programs which may influence the GMCB Data Governance.
    b. Under state contracting guidelines, we are required to periodically rebid this project.
    c. No "live" identifiers (PHI) will be stored within VHCURES. Data will be de-identified by the payers prior to transmittal.

3. Current Configuration
    a. VHCURES is currently implemented by Onpoint Health Data Systems who has been performing the claims collection and processing for almost 10 years. It is expected that most of the current capabilities will need to be re-implemented in VHCURES 3.0.
    b. VHCURES receives claims information from Medicare (CMS), Medicaid (Vermont), and commercial payers. Other data sources are being contemplated but are not in scope of this RFI.
    c. The VHCURES database resides in an Oracle RDBMS with periodic extracts made to state, contractor, and other entities. Extracts have been loaded onto a variety of other databases for analyses. The current estimated size of the VHCURES database is 1.5-2TB depending on storage/DB technologies.
    d. The GMCB is in a trial period using a cloud-based analytic environment. We hope to replace many of the physical extracts with a similar SaaS solution as this trial has been positive
    e. Current tools used to perform data analyses with VHCURES include SAS, R, SPSS, Excel, among others. Any tool that can connect to a database instance of VHCURES should be able to be utilized. The GMCB prefers tools that are open-source or that don't require large license fees or have proprietary formats.

      f.   Data quality monitoring systems are in place. These include data checks on the incoming claims information as well as multiple consistency tests on the data products.

4. Schedule
    a. We expect to issue the RFP in the first quarter of 2018 and hope to have completion of the implementation by the fourth quarter of 2018.
    b. The project may be contracted for up to six (6) years with possible subsequent extensions.

5. Financial
    a. The current operating expenses of VHCURES is around $900,000 per year not including state staffing. We anticipate newer technology will be able to reduce the operating costs for similar capabilities but we are also expecting to increase our requirements on vendor staffing and analytic features. These requirements will not be fully specified until an RFP is issued.
    b. Funding for VHCURES 3.0 will come from the state through an annual budget appropriation.
    c. If price estimates are supplied, we encourage a range to be submitted.

6. Future Configuration and Capabilities
    a. The state will consider a variety of offerings that may include multiple vendors supplying different aspects of the requirements.
    b. The state does not have any existing infrastructure for VHCURES outside of that managed by our current vendor. Any discussion of reuse of capabilities would need to take place between the interested parties.
    c. We envision a publicly available website that can be used for managing data requests and public reporting. This website would not have direct access to the data stored within the VHCURES APCD.
    d. Master Person and Master Provider Indexes, if included, would need to be developed by the vendor(s). We would expect collaboration between organizations that specialize in this functionality to participate in a possible RFP response.
    e. There are no fixed number of reports/displays that will be generated. It is expected that new output products will be developed over the life of the project. We anticipate that new software capabilities will be able to enhance our reporting ability, especially using open-source or non-proprietary tools.