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Request for Information: Vermont Provider Data Management and Directory

 Questions and Answers:

1. In Section 4 Current State examples of expected use cases: Please clarify the inputs relating to Emergency Preparedness.

   Answer: Inputs relating to emergency preparedness use case include, but may not be limited to, provider name, specialty, geographic indicators and contact information such as email, phone, address.

2. Regarding section 5.1 Anticipated Requirements, can the State please clarify: Does the state have more information about the Anticipated Requirements that it can provide? Are you looking for our solution's capabilities to meet those general requirements, or is there more detail relating to each requirement listed in 5.1.1 - 5.1.5 that you are looking for from the State's perspective?

   Answer: The State is seeking solutions with the capabilities to meet those general requirements and the functional requirements as described in Section 3. Section 5.1, relating to anticipated requirements will be detailed in a future Request for Proposal (RFP) if the State decides to solicit bids.

3. Section 6.2 Vendor Questionnaire the description states to "provide your answers to the stated questions related to this project". Please confirm the questions' location within the document: are they the anticipated requirements 5.1.1 through 5.1.5, or elsewhere?

   Answer: There is no official questionnaire, but Section 7 speaks to the items we'd like bidders to respond to when considering the requirements: a total cost estimate (low and high estimates) comprised of software, hardware, and necessary implementation services.

4. Is there an expectation that patient data be captured and saved?

   Answer: The Provider Directory should not have patient data captured or saved.

5. How is the patient data anticipated to be utilized?

   Answer: The Provider Directory should not have patient data captured or saved.

6. Who can access the patient information?

   Answer: The Provider Directory should not have patient data captured or saved.

7. Is the expectation about "3rd party Credentialing" to share Identified Credential data elements/values for a given provider, or is the State referring to "login credentials" for a provider?

   Answer: "Interface with third-party applications for credentialing, validation, locating missing data" refers to the ability to allow other applications to be potentially connected to aid in validating data and for this purpose to share identified credenital data elements/values for a given provider.

8. The State speaks about contacting providers via "notifications." Is the State looking for a delivery of notifications from connected applications to providers or sharing needed contact information to connected applications where the connected application will deliver notifications via other delivery channels?

   Answer: Ideally the solution would allow for notifications, for example via email, to providers meeting specific criteria within the directory as described in the emergency preparedness use case. As another option, the solution may have the ability to pull providers and their contact information meeting specific criteria and generate the report that would then be notified through other delivery channels.

9. Figure 1 indicates various source systems providing information. What type of integrations for provider information is in place today and what does GMCB have planned in the future?

   Answer: There are currently no integrations for provider information in place today. The State is seeking solutions to integrate data across different platforms.

10. What (if any) outreach programs or partnerships do you have today to collect provider information or contact providers?

    Answer: Section 4, Current State, outlines entities collecting some provider data. The data is available across many platforms, departments, and specific directories, and the need is to integrate those data sources to establish one holistic provider directory.

11. Who is envisioned as the primary consumer of the Directory? Vermont citizens? Or would the directory balance the needs of multiple stakeholders (such as the ones referenced in Subscribers at the top level of Figure 1)?

    Answer: The directory would balance the needs of many stakeholders as referenced in Subscribers of Figure 1. The uses cases in Section 4 may also provide more information on types of users.

12. Is the development of this directory being driven by regulation or by the more general "promotion of the health of the VT population"? Some CMS federal laws are referenced in the RFI. Are these the driving force for the development of this directory or just a nice byproduct?

Answer: The development of this directory is being driven by the need from many stakeholders across the State. The uses cases in Section 4 may also provided more information on types of uses. The CMS federal laws do invigorate the development of a centralized solution.

13. As these CMS regulations are placed on payers, is GMCB's idea that this directory would serve as a way for payers to meet these new "notice requirements" - making this information available to Vermont patients?

    Answer: The Provider Directory could potentially be used to meet that notice requirement, so it may serve that purpose, however that is not the primary goal.

14. Are the classifications desired by GMCB (provider type, specialty, credentials, demographics and service locations) currently fully defined, or does there need to be more work on these classifications?

    Answer: There would need to be work done to define each data element and which data source would be used for each element.

15. In a number of places in Section 3, the RFI states "The state's provider data management and directory solution shall be structured to allow a user interface for providers to keep info up to date". Does this 'provider' reference refer to "Individual Providers" or "Organizational Providers or both? If both, is the idea that there would be some sort of an admin user for the OPs?

    Answer: Yes, ideally both the individual provider and organization. It would likely make sense for there to be an admin user level.

16. In Section 3, again multiple times, there is a reference to multiple integration points: can you elucidate a little what you mean by an integration point?

    Answer: As seen in Figure 1, there are a large number of data sources that would potentially be combined to create the Provider Directory. The integration point refers to these disparate data sources required to fulfill the requirements outlined.

17. In Figure 1, there are a large number of data sources at the base of the pyramid. IS this only meant as potential data sources or are there required data elements from all of these sources - VHIE, licensure and certification data from OPR, Lexus Nexus, Payers, CAQH,etc). If there is required data from these assorted entities, can these required data points be shared?

    Answer: The listed data sources in Figure 1 are meant to provide a representation of potential sources that could be used to collect required data elements. At this point, the State does not have a comprehensive list of the data from each entity or data source. These are data sources that are thought to be helpful in creating such a directory and provided as an example to the need of having a solution the enables integration.

18. There is a reference to "interface with third party applications". Is the complete list of these third parties already fully defined?

    Answer: The list of third parties provided in the RFI is comprehensive, but may not be complete. "Interface with third-party applications for credentialing, validation, locating missing data" refers to the ability to allow other applications to be potentially connected to aid in validating data and for this purpose to share identified credneital data elements/values for a given provider.

19. What is the difference between "Organize relationships between providers and organizations" and "Organize hierarchical relationships between providers"?

    Answer: "Organize relationships between providers and organizations" refers to which provider has professional connections with specified organizations. "Organize hierarchical relationships between providers" refers to how organizations are associated to one another. A relationship between a provider and organization would be, for example, a physician working for a practice; hierarchical relationship would be the physician working with a practice that, in turn, is affiliated with a hospital.

20. Can you give an example of why there would be a difference of "frequency of updating data based on payer and/or professional requirements" that would require customization?

    Answer: The different data sources that would be potentially integrated into the platform all have different update mechanisms at different frequencies, therefore the solution should take into consideration these variations.

21. When the RFP talks about 'truth' in data sets, does this mean data accuracy? I.e., "does Provider X still have Y license to practice?" or "is Provider X still affiliated with Practice Y?"

    Answer: It is possible that multiple data sources being used to integrate into the platform will have the same type of information for the same individual. If data source A has no email for the provider but data source B does, then we would want to keep the information from data source B. If the two data sources have an email but one is different from the other, then which email is the "truth". There should be an ability to allow for hierarchical rules to determine with data set should be used in this instance. This could be established through business rules or verification through a third data sources, for example.

22. The RFI states the notice requirements of a number of Federal and State laws for payers. Why does that have any impact on this directory?

    Answer: The RFI lists the notice requirements of Federal and State laws in order to provide the current landscape of initiatives of collecting centralized provider information. These laws should be leveraged for the Provider Directory and may fulfill the requirements established by the laws.

23. Will the directory contain medical technicians and medical assistants? Any provider types who do NOT have an NPI?

Answer: Ideally, yes, medical technicians and medical assistants would be included in the directory. Most are registered, but are not required, therefore some provider types may not have an NPI.

24. Why is the provider census data separate from the licensure data?

Answer: Two different State of Vermont agencies have been tasked through legislation with licensing and collecting census data. The reason for the separation of tasks should not change the solution's capabilities.

25. Does OPR have an existing API available for data exchange?

Answer: Yes, OPR does have an existing API available for data exchange.

26. Will any of the entities listed in the first paragraph of Section 4 be eligible to develop this directory?

Answer: The entities listed could be eligible to develop this directory, although GMCB can not speak to the qualifications of those entities.

27. Is there an expectation for this Directory to be directly tied to the HAN network? OR would such an integration be an additional project?

Answer: The HAN database could potentially be used as another data source for provider information to obtain information necessary to fulfill the data element needs. Providers currently must voluntarily sign-up for the Network. This would likely not be an additional project, but rather a potential integration point.

28. The GMCB use case put forward discusses health care utilization analysis. This seems like additional scope to the rest of the functionality discussed in the RFI.
    a. Is this accurate assessment?
    b. Why is health care utilization discussed in this use case?

Answer: The GMCB needs a provider directory to improve their health care utilization analysis. Many State and non-State entities would be users of this directory for a variety of use cases, with a few provided as an example in the RFI.

29. Similarly, the Licensing use case discusses reviewing claims data. How is this related to the proposed Directory in the short term?

Answer: The use case for Licensing provides an example of how the Provider Directory data could be used: it would allow the State to match provider information submitted in claims data to that in the Directory to aid the licensing staff to monitor provider who are practicing with a suspended license.

30. Can companies from outside USA can apply for this?

    Answer: Companies from outside the USA are able to submit proposals to the State of Vermont, however they must be registered to conduct business in Vermont and comply with all State requirements. Please visit the [Buildings and General Services website](#) for detailed information on purchasing and contracting.

31. Would in-person meetings be required?

    Answer: Specific to this Request for Information, no contract will result from proposals submitted and therefore no in person meetings would be required. Should an RFP be released as a result of this RFI, meeting requirements will be specified at that time.

32. Can a vendor perform the tasks (related to RFP) outside USA?

    Answer: Should an RFP result from this Request for Information, it is possible that some tasks may be able to be performed outside the US. However, bidders should refer to conditions in State contract Attachment C, Section 12 for data storage requirements: "No State data received, obtained, or generated by the Party in connection with performance under this Agreement shall be processed, transmitted, stored, or transferred by any means outside the continental United States, except with the express written permission of the State."

    Pursuant to the clause, the State may permit data to be transferred outside the continental U.S. The State may allow this to occur if it is possible to define what the data are, how the data will be stored, where the data will be stored, and how the data will be protected, and if the State's subject matter experts, such as Chief Data Officer, Chief Information Security Officer, the Office of Risk Management, and the Attorney General's Office, and, potentially, others, are comfortable with the specifics in a given instance.

33. Can proposals be submitted via email?

    Answer: Yes, for this Request for Information we are accepting electronic bids via email. Please refer to section 6.4.4.c Bid Delivery Instructions.