

**Request for Proposal #03330-001-17**  
**Health Resource Data Planning Technical Assistance**  
**Simplified Bid**  
**Questions & Answers**  
**November 21, 2017**

1. Does GMCB have a definition of community need that it prefers, or is currently using, and if so can that be described?

Although we do not have a single specific definition of community need, the Vermont Department of Health publishes the State Health Assessment and State Health Improvement Plan (<http://www.healthvermont.gov/about/reports/assess-plan-2017-shaship-process>), informed by CDC and its resources, such as the Community Health Improvement Navigator (<https://www.cdc.gov/chinav/index.html>). In addition, Vermont's All-Payer ACO Model Agreement with the Center for Medicaid and Medicare Services (CMS) quality framework includes 20 measures to support improvement on important population health goals. (see this page on the Green Mountain Care Board website for more information: <http://gmcboard.vermont.gov/payment-reform/APM>)

2. Can the GMCB provide an example of a dynamic asset allocation model it perceives as a candidate to be included in best practices?

We do not know of any dynamic asset allocation models that currently exist.

3. What are your biggest challenges in assessing current and future needs and allocation of healthcare resources across the State today?

Currently we have data sources that provide us an inventory of health care resources in Vermont, however we struggle to harness these resources and to keep this inventory current, relevant and accessible. In addition, we do not have a good mechanism for understanding how what we have compares to the need across the state, regionally and/or locally. For example, if a hospital requests a sizeable expansion within a practice area, to add on a specialty, or an expensive piece of diagnostic equipment, we don't have a resource to help the Green Mountain Care Board gauge whether these additions are in fact necessary and would serve to fill a community need, or is filling the most pressing need within a community. We are seeking a method by which we can ascertain underlying community need so that when we consider proposals/applications we have better evidence to draw upon to determine our decisions.

4. How many stakeholders are estimated to be involved in this project that the successful bidder will interact with?

During the RFP development phase, we assembled a stakeholder group of approximately fifteen State agency and health care sector partners. We anticipate that the successful bidder will interact with approximately this same stakeholder group.

5. Are the existing health-related data sources documented?

We have begun to list various data sources currently in existence/use in Vermont and they include, but are not limited to, the following data sources listed here:

[http://gmcboard.vermont.gov/sites/gmcb/files/files/meetings/presentations/CON%20and%20HRAP%20draft%20proposal\\_2017\\_11\\_16\\_FINAL.pdf#page=8](http://gmcboard.vermont.gov/sites/gmcb/files/files/meetings/presentations/CON%20and%20HRAP%20draft%20proposal_2017_11_16_FINAL.pdf#page=8)

6. Regarding the tools sought, is there an intention to build v. buy the tool? Has any research in this area been done to date? If so, what?

No research on this has been done to date and we do not know whether we may consider building versus buying the tool. This would in large part depend upon cost estimates, feasibility.

7. Have there been any requirements gathered related to the tool?

No.

8. May we submit our electronic proposal in PDF?

Yes, however bidders must also be able to supply a Word version of the proposal upon request.