

**Data Services Vendor Request for Proposal**  
**Question & Answers**  
**February 14, 2014**



Question #1: Are the public websites for Q Corp, Partner for Quality Care and PCPCI part of the scope for portal section of the RFP?

Response #1: No. These sites are developed and maintained by Q Corp in coordination with its creative agency.

Question #2: Can Q Corp provide source copies of the RFP and Cost Proposal documents so we can use those in developing our LOI and proposal?

Response #2: Of course. An MS Word (.doc) of the RFP has been posted to the RFP website. If you desire an Excel (.xls) document of the Cost Proposal documents, please contact [karri.benjamin@q-corp.org](mailto:karri.benjamin@q-corp.org) and she will send you the document.

Question #3: If a vendor provided data aggregation, measures, and analytic services to a large employer that merged data from multiple health plans, would the vendor meet the published Minimum Vendor Qualification requirements?

Response #3: Yes, such a situation would meet the minimum qualification requirements.

Question #4: What are the provisions of the BAA between Q Corp and the Data Services Vendor? Can you share the proposed BAA document?

Response #4: The BAA is now posted on the RFP website.

Question #5: The RFP mentions Q Corp's data policies. What are those policies and how will they impact a vendor's proposal?

Response #5: Q Corp's Fair Information Practices and Data Use Policies are published to <http://q-corp.org/reports/fair-information-practices>

Question #6: For the existing Provider Portal, what is the current technology? Would the contractor just take over the current technology or should the portal be rebuilt?

Response #6: The current portal was built with standard web programming methods. We would expect the successful vendor to use a widely-adopted technology stack. Please price the proposal as if you are implementing and/or enhancing your own solution.

Question #7: What is the full extent of technical assistance that is needed for Providers?

Response #7: Q Corp's current vendor sets up user name/password, responds to identified portal bugs (ie: dead links, missing data, etc.), sets up legal agreements, and corrects data (removal of problem results). Further, during the data validation process, the vendor is expected to resolve technical issues identified by providers and confirmed by Q Corp staff.

Question #8: Will the contractors be responsible for training the providers on using any of the data and/or the provider directory?

Response #8: No.

Question #9: Will the providers go to the contractor to ask specific questions on metrics that they are measured on?

Response #9: No. Q Corp is the primary interface to providers for questions regarding metrics upon which they are measured.

Question #10: Is the expectation that the OHQRS will integrate with the APCD and HIE in the initial release as part of this RFP or should the architecture just support the possibility of integrating with HIE as it could be a future enhancement?

Response #10: Q Corp does not expect to integrate with the State of Oregon APAC or HIE integration at this time. Proposers should address the proposed configurations on page #11.

Question #11: In the context of this RFP, what integration is being done or will be done under this work with public and private exchanges? Will the OHQRS be providing data for any of the Risk Programs? Are there reports/data available for purchase?

Response #11: See answer to previous question.

Question #12: What is meant by Q Corp expects to have the ability to administer and create measures and dimensions (under Base Reporting and Analytics page 12 of 62)?

Response #12: (Numbered page 9). The expected solution would be a web interface for a business intelligence tool. Q Corp expects the ability to administer and create data structures such as FACTS and dimensions to extend the capabilities of the reporting solution. For the purpose of this RFP, Q Corp will assume the majority of analytic capacity and staffing; vendors will provide the platform, tools, and solution support to allow Q Corp to maintain leadership in the region as a provider of health care analysis and intelligence. Q Corp seeks to implement solutions that support standard metrics targeted to consumers, providers, health plans, government, and others, as well as powerful and ad hoc analytics and statistical capabilities.

Question #13: Can the solution be hosted or is the requirement for on-premise only?

Response #13: Q Corp expects the vendor to host the solution.

Question #14: Is there a plan to get third information like external pharmacy data, ETG, etc... If so will the vendor assume the cost?

Response #14: Yes see Figure 2 in the RFP which includes multiple data sources. Also, please refer to the proposal section on pharmacy data p. 33. For ETG yes you must provide the capability.

Question #15: Have service level agreements been established for each component such as provider directory, standard reporting, ad hoc reporting?

Response #15: Please include sample service-level agreements with your proposal.

Question #16: Will there be an ICD9/ICD10 flag add to the standard file layout?

Response #16: Please provide your proposed migration plan from ICD 9 to ICD 10, including the period when there is overlap. You may provide your preferred solution.

Question #17: Will the vendor be responsible for the crosswalk between ICD9 AND ICD10?

Response #17: Please provide your proposed migration plan from ICD 9 to ICD 10, including the period when there is overlap. You may provide your preferred solution.

Question #18: Is there standard quality metrics that each submitter must adhere to or the file is rejected? If not, will the vendor be able to put standards in place?

Response #18: In response to section E in the RFP, the data services vendor should present its process for ensuring the quality of data submitted.

Question #19: How many EHR data suppliers are anticipated?

Response #19: At this time, Q Corp has identified a small number of initial pilot projects for clinical integration. Eventually Q Corp anticipates receiving data from all practices in Oregon. The ONC has provided the following overview regarding Oregon's current HIT status:

<http://dashboard.healthit.gov/quickstats/widget/state-summaries/OR.pdf>

Question #20: Page 41, Section N "Change Orders and Enhancements," Line #4 – What level of self-sufficiency is Q Corp expecting for portal management? Please clarify the requirement.

Response #20: The intent of the question is to ensure Q Corp staff has administrator-level (not developer-level) self-sufficiency. Q Corp expects to have analysts and power users perform common administration and configuration tasks on the portal. We do not expect to staff the portal with programmers.

Question #21: Pg 49, E. Implementation and Other..., #12 – asks what remedies are offered in case acceptance testing does NOT detect gaps in actual vs. required functionality. Is it a correct assumption that this is asking about remedies when testing DOES detect gaps?

Response #21: No. This is asking how the vendor intends to respond and support corrective measures if its acceptance testing proves inadequate.

Question #22: Pg 50, IX. Financial – The provided RFP documents included a PDF version of the Vendor Cost Proposal spreadsheet. Please provide an Excel version, as referenced.

Response #22: An MS Excel (.xls) version of the Vendor Cost Proposal spreadsheet can be requested from [karri.benjamin@q-corp.org](mailto:karri.benjamin@q-corp.org).

Question #23: On pages 12-13, APCD data is expected to be 1.25-1.5 times the anticipated data. Does Oregon want to separately maintain an APCD database or merge it with the other anticipated data and apply de-duplication procedures? Alternatively, is the APCD data the source of Q Corp's claims data?

Response #23: Q Corp maintains a completely separate and distinct database from the State of Oregon APCD. The data submission process for these two databases is separate. In order to simplify the administrative burden for data suppliers, Q Corp has adopted the APCD file format. APCD is NOT the source of Q Corp data. There is no plan to change this agreement. There are several State of Oregon contracted projects that may involve a transfer of additional APAC files to the Q Corp database.

Question #24: What formats are used now for the 9 TB of data, referenced on page 26, to be migrated?

Response #24: The bidder shall provide a preferred format and method for the export of data from Microsoft SQL server.

Question #25: On page 47 of the RFP, what kinds of "legal and financial commitments" to existing clients is Q Corp most interested in? The types listed in the specific questions on page 47, such as non-competes, ownership and indemnification, or are there other issues it would like to see addressed?

Response #25: If there are any potential conflicts of interest please include information about those legal and financial commitments as well. If there are any agreements with Q Corp competitors please reference those agreements.

Question #26: Who does Q Corp consider to be its direct competitors?

Response #26: To the best of our knowledge there is no other non-profit , neutral , independent organization dedicated to improving the quality and affordability of health care for all Oregonians by leading community collaborations and producing unbiased information.

Question #27: On page 9 of the RFP, custom measures from NCQA, URAC and other accreditation bodies are referenced – can Q Corp give examples of some of these custom measures?

Response #27: These are listed in Appendix A

Question #28: The number of providers referenced in the RFP grows from 3,400 (p. 2) to 100,000 (p.12). How is this exponential growth explained?

Response #28: There are more than 3,400 providers in the Q Corp provider directory and these providers currently receive results of their quality scores on the provider portal and in mailed reports. The number of providers referred to on page 12 refers to the number of unique providers in the claims data (specialists, physical therapists, primary care providers, etc) and the ability of the vendor to track these volumes and attributions.

Question #29: What is the relation to the APCD (p. 12) and Maternity Project Data and Clinical Data (p. 13) – will these efforts have to be supported as well?

Response #29: No relationship; see previous response regarding APCD indicating there is no integration of APAC data forecast. However, Perinatal/Maternity Project Data will need to be supported.

Question #30: The maximum numbers of web portal views per month are expected to increase from 160K to 300K – what will cause the near doubling of views?

Response #30: See diagram on page 11 and increased portals and utility.

Question #31: In section 3.10, can Q Corp share examples of the metrics history file?

Response #31: Please see the technical appendix. The vendor will be expected to run historical and trend information on metric year over year to determine improvements over time.

Question #32: In section 3.12, can Q Corp provide more information regarding the complexity embedded into the proposed routine reports?

Response #32: See previous response.

Question #33: On today's Bid Conference, Q Corp mentioned the desire to receive clinical data in a more timely manner – do you have specific timing requirements for EHR/clinical data? i.e. real time, near real time, daily, monthly, etc.?

Response #33: Q Corp would prefer that vendors present their product, services, and solutions roadmaps.

Question #34: How does the statewide health information exchange in Oregon fit into this RFP, if at all? Does the statewide HIE have clinical data already that might offer Q Corp an efficient/effective approach to accessing clinical data?

Response #34: These efforts are evolving in the region, and the solution must be based on standards that will allow Q Corp to be able to receive data from public and private exchanges. More information about the State of Oregon's HIT efforts can be found at:

<http://www.oregon.gov/oha/OHPR/HITOC/Pages/index.aspx>

Question #35: On page 27 of the RFP, there is a section titled Support for Direct Messaging. What are the use cases for Direct Messaging from Q Corp's view? How does Direct Messaging add value to Q Corp?

Response #35: Q Corp will provide a more complete response following additional staffing with stakeholders.

Question #36: The RFP information regarding the vendor's cost proposal implies a 5 year contract – can you confirm that a 5 year contract is your preferred contract duration?

Response #36: This is negotiable. However, Q Corp is looking to build a long term collaborative relationship with its vendor.

Question #37: What is the source of funding for this project?

Response #37: Q Corp has a diverse funding stream provided by grants, donations, federal, state, and private contracts.

Question #38: How many months/years do you anticipate the current funding financing?

Response #38: Q Corp is 14 years old and has tripled in size during the past three years. The organization is committed to its mission and the sustainability to achieve it.

Question #39: Who are the incumbent vendors currently providing the services being sought in the RFP?

Response #39: Q Corp currently receives data services from Milliman.

Question #40: When questions are sanitized before being posted, will proprietary information be kept confidential?

Response #40: Yes. Q Corp requests that any proprietary information included in the question should be annotated specifically to ensure Q Corp knows which information to exclude.

Question #41: Does Q Corp have a preference for a vendor that will partner with additional vendors and bundle all services acting as a central point for contract management?

Response #41: Q Corp is interested in proposals that provide the best solutions.

Question #42: If a vendor is proposing to address all components in partnership with one or more organizations can the individual partners also submit individually for separate components or is it possible that Q Corp might select only some portions of a proposal?

Response #42: Ideally Q Corp intends to contract with one vendor for the full scope of services, but reserves the right to contract with multiple vendors. Proposers may respond to some or all of the five separate service requirements outlined in Sections 1-5 of Part V.

Question #43: Are all of the providers on a single EMR, or are there multiple EMRs? If there are multiple do you have any idea how many?

Response #42: There are a number of sources providing overviews of Oregon's current state of EHR adoption. One source is: <http://dashboard.healthit.gov/quickstats/widget/state-summaries/OR.pdf>.

Question #44: How many vendors received the RPF?

Response #44: Roughly 50 vendors were directly contacted by Q Corp and the RFP was posted on its website. However, additional networks have subsequently re-posted the announcement, so exact numbers are unknown.

Question #45: Is there a timeframe that is considered successful between contract implementation and project delivery rollout?

Response #45: Q Corp is seeking to have the first phase of project delivery rolled out by the end of the 2014 calendar year.



Question #46: The reporting and analytics platform will primarily serve providers who would need access to reports and data. Who are some of the other stakeholders that would receive reports and data from the system?

Response #46: Q Corp's vision for data uses for quality improvement is illustrated on page 6 of the RFP showing the analytics output perspective. Consumer reporting regarding quality, utilization, cost, population and consumer translation. Health plans, health systems, ACOs, CCOs, CMS, providers, Oregon Health Authority, purchasers, and custom reports.

Q Corp would be amenable if respondents indicate when they could roll out various levels as well as their product roadmap if they propose a tiered rollout of capabilities.

Question #47: Does end of calendar year for rollout include the clinical data aggregation and integration or will this be phased in later?

Response #47: Q Corp would like to discuss what is feasible while developing scope of work with a vendor including clinical data integration in 2015.

