Frequently Asked Questions: Privacy RFP

This document is intended for those interested in responding to the Privacy, Security and Consent Management for Electronic Health Information Exchange Grant Program Request for Proposals issued by the Minnesota Department of Health (MDH). It includes questions from the October 20, 2014, Informational Call and others received by the program as of November 17, 2014.

Errata

1) On page 25 of the RFP

D. Provide Education and Technical Assistance

7. Provide at least four training opportunities for stakeholders, including:
   ➢ A series of webinar or similar open access trainings requiring minimal or no or travel for participants.

   The Applicant should provide up to 24 training sessions over the 2 year period.

   This should be 24 training sessions over an 18 month period. The grant period is 18 months, and the 24 training sessions must be completed within the 18 month grant period.

Grant Timing and Review of Materials

2) Timing of grant period for Part A and Part B: Use of materials developed in Part A to be used with Part (overlap - seems not to fit the time frame)

   There are other activities that may be completed without the Part A materials. This includes the development of the education and technical assistance plan, environmental scan of other materials among others (see pages 20-25 of the RFP)

3) On page 25, evaluation of MDH OHIT webpages, is that looking at technical review of webpages or looking at content and placing of materials, education, training, etc.?

   It would be a content review to ensure that the right content is developed at the right level for anyone accessing pages.

4) If our RFP response addresses both Part A and Part B, is the page limit double? i.e. the page limit on the Project Team response is 5 pages, if we are responding to both Part A & B will the page limit then be 10 pages?

   Part A and Part B proposals for the project team response can be 5 pages each. The proposals must be separate and distinct, so that it is clear that the legal review is in part A and education/technical assistance is in part B.

5) This question is in reference to the fourth bullet on page 11 of the RFP, the paragraph starting with, "Provide technical assistance to providers..." This is wide open – can MDH define "provide technical assistance" in more detail and provide us with some examples of what this could include for the different settings?

   Technical assistance will be in the form of deliverables outlined in the RFP and will directly address issues, barriers and tensions that are identified by legal review completed by the Part A grantee.
6) On page 10, “Applicants should be familiar with the federal and state privacy and security laws...”
Question - On the October 20th Informational call were additional regulations cited that are not included on this list? No, there were no other ‘additional regulations’ cited on the informational call.

7) On page 10, last bullet, “Other regulations...”
Question – Should this be interpreted to include current regulations that are in effect as of the date of the contract and not regulations that may be enacted over the course of the contract; either federal or state? The intent is that this work will take into consideration all relevant laws, rules, statutes and regulations that are in effect during the life of the RFP.

8) On page 25, section E. The last sentence states “This plan must be approved by MDH before work begins." - My question is before what work begins? Before any work in part A or part B begins, the work plan must be approved by MDH. Before we begin creating education materials? Yes, no materials for education in part B and no analysis or research can begin until the work-plan is approved by MDH. The first work that the Part B grantee will do, relates to the dissemination of the tools and guides created by the Minnesota e-Health Initiative Workgroup 2013-2015. This will allow the Part A grantee to begin the legal review and analysis. The Part A grantee which will then inform all of the remaining Part B deliverables, because the purpose of the Part A and Part B Privacy RFP is to meet the needs of providers, health care organizations, accountable communities and those named as benefactors of this information-based on the gaps found in the Part A work. Before we begin disseminating them? Early dissemination activities will use the tools and guides created by the Minnesota e-Health Initiative Workgroup 2013-2015. Basically this statement creates a dependency but I am not sure upon what? The dependency that is built into this RFP is the need to have the Part A work started so that it can inform what Part B does for both education and technical assistance. Part B will need to depend on both Part A grantee findings and recommendations, and on MDH guidance/validation of the Part A work.

9) On page 25, section D, number 7. "A series of webinars or ... The Applicant should provide up to 24 training sessions over the 2 year period." - so my question is, isn’t the grant period only 18 months and not two years? If so, doesn’t this then reduce the training session to 18 (i.e. an average of 1 per month) or still the full 24 sessions? The respondent will need to provide 24 trainings over the 18 month period.

10) Regarding Form A (Application face sheet) found on page 39 – it looks like we are supposed to insert this in Section 1 (according to page 27 of the RFP) and then insert again in Section 8 under Required Forms and Attachments (according to page 29 of the RFP). Is that true?

The first part (page 27) is the preferred order of the application and Section 8 (page 29) is just a listing of the required forms that are either part of sections 1-7 or additional attachments (e.g., due diligence).

Section 1 lists the application form (A);
Section 5 would include the work plan form (B);  
Section 7 includes the two budget forms (C and D) 

Applicants need to submit each form only once. 

11) On page 25, section E, the last sentence states “This plan must be approved by MDH before work begins.”  What does this mean? MDH must approve all project plans, deliverables (including educational materials, webinar presentations, etc.). This grantee is working on behalf of health care providers and SIM grantees, using MDH as the conduit to accomplish this work. 

12) On page 25, section D, number 6, “using the Health Information Technology and Health Information Exchange Tool-kits- which toolkits?” These are the toolkits that are in working draft and produced through a grant from MDH- and hosted on the Stratis Webpage. These toolkits are in working draft because they will most likely require additional refinement as information becomes available. 

13) Does the SIMs P/S RFP scope cover Indian Health Services/MN reservations? The RFP is does not specifically address data interoperability issues of Indian Health Services, but as issues arise and resources are available this would be in scope for this RFP and any found gaps or needs can be further examined through the work of MDH and the Centers for Health Equity as needed. 

14) Can you explain/describe the difference between the Client References and the Letters of Support or can you tell us what information should be included for the Client References, e.g., name, org. name, address, phone number etc.? Can the Client References be from the same people you have asked for Letters of Support?  
Client references are different from letters of support. A Client reference is documentation by a client, with whom the grantee has worked in the past, documenting the client experience with using this grantee (company, organization) for a specific work deliverable or service that is similar to those services requested in the RFP. The Letter of Support should be from an organization, community or stakeholder stating their support for the grantee to be considered as an acceptable respondent for this grant opportunity and why. These should come from different sources. 

15) On page 28. Proposals for Part B: e-Health Privacy, Security and Consent Management Technical Assistance and Education must include customer evaluation results of at least two past educational and/or technical assistance projects that Applicant has provided similar services to. 

“Deliverables and services offered for Part B: e-Health Privacy, Security and Consent Management Technical Assistance and Education must be print-ready and available in a format that can be posted on the MDH website, and in compliance with ADA and state accessibility requirements: (http://mn.gov/oet/programs/policies/accessibility/). The deliverables must cite all source material, and have all rights to publish or re-publish any materials obtained by others. Deliverables or services that do not fully comply with the identified standards will be rejected and will receive no further consideration.”
The text in quotation marks does not appear to go along with the previous sentence about past educational experiences. Is this an error? If not, please elaborate on what deliverables should accompany past educational experiences. The first statement in the paragraph above is related to the respondent providing examples evaluations from their own past educational and/or technical assistance project. The second statement is specifically talking about the education and technical assistance materials that will be produced during the grant.

16) **Will MDH be providing a Customer Evaluation form?** No, MDH will not be providing a customer evaluation form. All educators should have a customer evaluation form so that attendees can comment on the provided educational services during the grant period.

17) **Will MDH provide the technical resources to make the necessary changes to the website as proposed to meet the deliverables of grant?** MDH does not have technical resources to make the necessary changes to the website, though we do have our own staff that manages MDH website page content.

18) **Do the Project Deliverables and Work Plan section need to include the detailed project plan or can it refer to the Project Work Plan (Form B) appendix pages?** A respondent may use the Project Work Plan (Form B) but the work plan should include all of the required elements in Part B deliverables including a sufficient explanation of the work to be accomplished.

19) **Should the Project Team section have an organizational chart or should that be part of the appendix only?** Please include an organizational chart in the at least one of the sections.

20) **Will the use of students or recent graduates for the research efforts of Part B be an issue? Those resources are not known at this time.** The use of students or recent graduates is acceptable if they possess the required credentials, work experience and skills related to Part B. All potential contributors must be named in the RFP and their credentials, work experience and skills related to this work must be included as part of the Part B response.

21) **Form C - Budget Form has the dates of the project from 3/1/15 - 12/31/15. Confirming this is a typo?** This is not a typo; The Center for Medicare and Medicaid Innovation are funding this grant and each grant requires budget approval for each calendar year budget be provided. The first budget period is from 3/1/15 to 12/31/15. There is another tab on the budget form for the next year of the grant period.

22) **Does the respondent need to be a non-profit organization?** No, the respondent does not need to be a non-profit organization.

23) **Clarification of Training Requirements: (note: The Part B work is statewide)**
a. All 24 webinars are required to be live over the 18 months. Each webinar should be recorded for possible posting on MDH website for replay or later reuse.
b. The training sessions on privacy, security and consent management issues are in addition to the webinars or similar open access trainings.
c. Webinars and Trainings at this time are planned for each separate topic, however based on the findings and deliverables of the Part A grant, some of the sessions may be combined. We won’t know what topics will be combined, so please plan for all of the live training sessions as outlined (by topic) in the RFP.
d. Yes, the grantee is responsible for providing the recording equipment and tools.

24) Is it expected to provide online reference material or formal training sessions for consumers? Consumers and communities are also a potential target audience.

25) When does the project end? Tuesday, August 30, 2016.

26) Will MDH be providing marketing and promotional support for the training sessions listed on page 25, section D, number 7? MDH will not be providing separate funding for marketing or promoting the training sessions. Some, but not all of the promotion of the training sessions can occur using MDH workgroups, SIM activities, email lists of interested parties, etc.

27) Will the project team have access to the resources currently distributing email communication updates as part of the communication plan objectives proposed? Yes, the project team will have access to the resources currently distributing email communications updates as part of the communication plan.

28) Any materials needed for training - will that expense need to come out of the grant budget? Will the budget need to include any costs for physical building space for training (also equipment rental, etc.) Yes, any materials needed for training will need to come out of the grant budget. MDH will work with the Part B grantee to find some of the needed meeting space for trainings. The respondent should consider meeting space to be an expense, though MDH may be able to help with the identification and coordination of some meeting spaces during the grant period. Please note that meeting spaces will need to be spread out across Minnesota as this is grant for statewide education.

29) Will the state provide the resources and tools to allow the materials developed to be compliant? No, the state does not have a resource or tool to make materials ADA compliant.

30) On page 36, number 6, “A project schedule that is appropriate based on the needs of both Part A and Part B Grants to have Major Deliverables completed within the first six months of the Grant term”. Please clarify: Part A Grant will need to complete the majority of its work in the first 6 months, so that the Part B grantee can begin to work on deliverables that fit with the gaps in knowledge, educational materials, etc. from the Part A grant. The Part B Grantee will immediately begin to provide education and technical assistance on the
tools and guidance documents developed by the Minnesota e-Health Privacy Security workgroup from 2013-2014.

31) Concerning the training sessions listed on page 25, section D, number 7, have sites already been identified by MDH where the training sessions will be held? MDH has not identified sites for the training sites, this may be dependent on other grant work supporting Accountable Communities for Health or Connectivity Grantees that are part of the larger SIM (Minnesota Accountable Health Model) work.

32) For Part B under Proposal Requirements, “Letters of Support” is listed on pg. 25. Should these be letters of recommendation for the grant applicant? These should be letters in support of the respondent applying for and completing this work on behalf of MDH.

33) Stakeholders are referenced throughout the RFP. For Part B, have stakeholders already been identified? There are many external stakeholders working on the SIM (MAHM) grant. For examples of external stakeholders, please refer to the Minnesota Health Reform website.

34) Does MDH consider entering into a Grant Agreement for the services described under Part A as creating an attorney/client relationship between the grantee and MDH? MDH does not consider any licensed attorney entering into a Grant Agreement with MDH to perform the deliverables described under Part A of the Request for Proposals as entering an attorney / client relationship with MDH.