Health Information Technology Advisory Services RFP Questions and Answers

April 10, 2026

Q1. In reviewing the bid package on your site, we were unable to locate the Sample Contract inclusive of Exhibits A -D referenced in the Table of Contents in the primary bid document, "Health IT Advisory RFP." Can you please direct me to where I can locate the Sample Contract on your site or send me file(s)?

A1. A sample contract can be found as an addendum to this posting as well as on the Minnesota Department of Administration's website: Sample Contract_ N EEF RFP.pdf (https://mn.gov/admin/assets/samplecontract_tcm36-523869.pdf).

Q2. Can the State provide the sample contract it references in the RFP, so that vendors can assess the proposed terms and conditions, and address any possible exceptions that may come up?

A2. A sample contract can be found on the Minnesota Department of Administration's website: Sample Contract_ N EEF RFP.pdf (https://mn.gov/admin/assets/samplecontract_tcm36-523869.pdf).

Q3. To what extent are the contractor's recommendations advisory vs. determinative in MDH's approval or denial of HIT funding requests?

A3. The contractor's recommendations will carry weight in MDH's approval of HIT funding requests, but they will not be determinative. MDH is the grantee organization of Rural Health Transformation Program funding and is responsible for making award decisions to subgrantees.

Q4. How does the State define and evaluate organizational conflicts of interest, including perceived conflicts, for the prime contractor?

A4. MN Statute 16C.04 Subd. 3 outlines organizational conflicts of interest: Sec. 16C.04 MN Statutes (https://www.revisor.mn.gov/statutes/cite/16C.04). Organizations shall disclose any real, perceived, or potential conflicts of interest with MDH or rural health care

entities, especially those named in the Notices of Grant Opportunity for Rural Hospitals, Rural Federally Qualified Health Centers, Rural Certified Community Behavioral Health Centers and Community Mental Health Centers, and Tribal Nations.

A potential conflict of interest may exist if an applicant has relationships, affiliations, or other interests that could create an inappropriate influence if the person is called on to make a decision or recommendation that would affect one or more of those relationships, affiliations, or interests. A perceived conflict of interest is any situation in which a reasonable person would conclude that conflicting duties or loyalties exist. A conflict of interest may exist even if no unethical, improper or illegal act results from it.

Organizational Conflict of Interest: An organizational conflict of interest exists when, because of other activities or relationships with other people, a person is unable or potentially unable to render impartial assistance or advice, or a person's objectivity in performing the grant work is or might be otherwise impaired, or a person has an unfair competitive advantage.

Q5. Our firm provides advisory and implementation services across a broad range of health information technologies and enterprise platforms and works with multiple leading software and product companies. We do have teams that implement solutions across many major platforms and remain technology-agnostic, recommending solutions based on client need and fit. Can MDH please clarify whether this type of multi-vendor implementation experience—absent any exclusive partnerships, would be considered an "affiliation" that creates a conflict of interest under this RFP? Additionally, would disclosure and mitigation strategies be acceptable in such cases, or would this categorically disqualify a responder? We pride ourselves for having expertise and relationships with majority of the software products in the industry that makes us a good candidate that has expertise around the larger ecosystem.

A5. While a broad range of circumstances may constitute conflicts of interest, MDH considers "affiliation", for this purpose, to mean current or recent exclusive relationships where the responder's financial interests could influence the advisory services it offers to MDH. In the example provided above, previous or existing relationships with a wide array of

HIT firms do not, by themselves, constitute the type of “affiliation” with which MDH is concerned.

All vendors selected for this solicitation should be neutral in their approach. Your conflict of interest disclosure should include any companies in which your firm has a financial stake in or could gain benefit from an affiliation.

Q6. Can MDH clarify what constitutes "affiliation" with a specific HIT vendor for purposes of the conflict-of-interest disclosure? For example, does affiliation include past project work, subcontracting relationships, or only current financial or ownership interests? Additionally, can MDH provide examples of the types of vendor relationships that would be considered disqualifying?

A6. While a broad range of circumstances may constitute conflicts of interest, MDH considers “affiliation”, for this purpose, to mean current or recent exclusive relationships where the responder’s financial interests could influence the advisory services it offers to MDH. MDH is concerned with exclusive relationships where current financial or ownership interests exist.

Q7. The RFP notes that affiliation with specific HIT vendors is disqualifying. Could MDH clarify whether prior implementation experience, general industry relationships, or informal collaborations (without financial interest or resale arrangements) would be considered “affiliation” for purposes of this procurement?

A7. While a broad range of circumstances may constitute conflicts of interest, MDH considers “affiliation”, for this purpose, to mean current or recent exclusive relationships where the responder’s financial interests could influence the advisory services it offers to MDH. In the example provided above, prior implementation experience, general industry relationships or informal collaborations without financial interest or resale arrangements

Q8. For firms with multiple practice areas, does MDH require disclosure of firm wide HIT vendor relationships, or only those related to the personnel proposed for this engagement?

A8. MDH requires disclosure of any relationships with an HIT vendor across a responder’s firm that could potentially introduce a conflict of interest.

MN Statute 16C.04 Subd. 3 outlines organizational conflicts of interest: Sec. 16C.04 MN Statutes (https://www.revisor.mn.gov/statutes/cite/16C.04). Organizations shall disclose any real, perceived, or potential conflicts of interest with MDH or rural health care entities, especially those named in the Notices of Grant Opportunity for Rural Hospitals, Rural Federally Qualified Health Centers, Rural Certified Community Behavioral Health Centers and Community Mental Health Centers, and Tribal Nations.

Q9. How does MDH define "affiliations" in regard to the disclosure of potential conflicts with specific HIT vendors or potential RHTP grantees.

A9. For purposes of this solicitation, "affiliation" with a specific HIT vendor means an exclusive arrangement to provide services for that HIT vendor, such that the respondent would have a conflict of interest in providing MDH neutral advice. That is considered disqualifying for purposes of this procurement.

MDH requires disclosure of any current commercial relationships with eligible RHTP providers. Those relationships are not disqualifying, but must be disclosed so that MDH can ensure appropriate mitigation strategies are put into place for selected vendors.

Q10. From this phrase in the RFP "affiliations with specific HIT vendors or services or with any potential RHTP grantees", how does MDH define affiliation? Does affiliation mean engaged in a paid capacity specific to Health Information Technology (HIT) - related services?

A10. For purposes of this solicitation, "affiliation" with a specific HIT vendor means an exclusive arrangement to provide services for that HIT vendor, such that the respondent would have a conflict of interest in providing MDH neutral advice. That is considered disqualifying for purposes of this procurement.

MDH requires disclosure of any current commercial relationships with eligible RHTP providers. Those relationships are not disqualifying, but must be disclosed so that MDH can ensure appropriate mitigation strategies are put into place for selected vendors.

Q11. Are primes permitted to have separate commercial relationships with RHTP-funded providers outside the scope of this contract, and if so, what mitigation is considered acceptable?

A11. Respondents are permitted to have separate commercial relationships with RHTP funded providers outside of the contract, however it is expected that respondents will disclose this relationship and its nature for any entities named in the Notices of Grant

Opportunity for Rural Hospitals, Rural Federally Qualified Health Centers, Rural Certified Community Behavioral Health Centers and Community Mental Health Centers, and Tribal Nations. A respondent selected to provide services under this engagement may not provide MDH advice about a specific potential RHTP subgrantee's application if they have an existing commercial relationship with that health care provider.

Q12. Is the State seeking a contractor to design and operate a standardized review and governance framework, or primarily to provide subject-matter input within an MDH-owned process?

A12. MDH will develop a draft rubric for evaluating HIT-related proposals. Vendor(s) selected to provide services under this engagement will have an opportunity to review and provide feedback on that draft rubric. MDH will finalize the rubric and all respondent(s) selected to provide services will use it as the basis of their review.

Q13. To what extent is the vendor expected to conduct detailed technical due diligence (e.g., infrastructure compatibility, cybersecurity architecture) versus providing a higher level feasibility and appropriateness assessment?

A13. The vendor is expected to conduct a higher-level assessment of suitability, appropriateness, feasibility, and sustainability.

Q14. Is the vendor expected to assess financial reasonableness of proposed budgets, or will MDH conduct financial review separately?

A14. The vendor is expected to assess financial reasonableness of proposed budgets for HIT-related activities. MDH will also conduct a financial review, but will look to selected respondent(s) for their subject matter expertise in this area.

Q15. Is MDH seeking a standardized review framework or scoring rubric for evaluating HIT proposals, or should responders propose their own structured evaluation methodology?

A15. MDH will develop a proposed rubric to be used by the HIT Advisory Services vendor(s). Selected responders will have an opportunity to provide input on the proposed rubric before it is finalized.

Q16. Should assessments focus strictly on HIT technology appropriateness and feasibility, or also include broader practice-transformation elements (e.g., workflow redesign, care model changes, alignment to measurable outcomes such as access, quality, or sustainability)?

A16. MDH will develop a draft rubric for evaluating HIT-related proposals. Vendor(s) selected to provide services under this engagement will have an opportunity to review and provide feedback on that draft rubric. MDH will finalize the rubric and all respondent(s) selected to provide services will use it as the basis of their review.

Q17. Which elements of governance (scoring criteria, escalation paths, documentation standards) are expected to be owned by the contractor versus the State?

A17. MDH will develop a draft rubric for evaluating HIT-related proposals. Vendor(s) selected to provide services under this engagement will have an opportunity to review and provide feedback on that draft rubric. MDH will finalize the rubric and all respondent(s) selected to provide services will use it as the basis of their review

Q18. What is the anticipated annual volume of provider submissions and expected turnaround time for reviews?

A18. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q19. Does MDH have a sense of what percentage of RHTP applicants would have an HIT component?

A19. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this

contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q20. What is the expected review cadence (e.g., rolling vs. batch submissions), and what turnaround time is required for completing reviews during peak application periods?

A20. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q21. What are MDH's expectations for turnaround times on application reviews, particularly during peak periods?

A21. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q22. The RFP references a "compressed timeframe" for reviewing applications and workplans. Could MDH clarify the expected turnaround time and peak-period workload?

A22. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q23. Will reviews be rolling, batched, or tied to specific funding cycles or cohorts?

A23. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q24. What is the anticipated duration of each provider application window (e.g., one annual cycle, multiple cycles, or rolling submissions)?

A24. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q25. With up to 150 provider organizations expected to apply annually, how many review cycles does MDH anticipate per year?

A25. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q26. The RFP states up to 150 providers may apply each year. Can MDH provide a more specific estimate of the volume of proposals expected in the first 90 days post-contract award to assist vendors in planning capacity?

A26. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q27. What is the expected turnaround time for the selected vendor to provide a written assessment of a subgrantee's proposed HIT investment after receiving the application/workplan materials?

A27. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q28. MDH notes that up to 150 provider organizations may apply annually and that work will "ebb and flow." Can MDH provide an estimated range of applications per review cycle (e.g., per month or per quarter) to support staffing assumptions?

A28. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q29. When application reviews occur within a "compressed timeframe," what is the expected turnaround time for vendor feedback (e.g., number of business days from receipt)?

A29. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q30. Based on review of Minnesota's RHTP application to CMS, our understanding is that MDH anticipated making initial awards to subgrantees by June 30, 2026, for the first round of applications. Has this timeline been extended? Please confirm.

A30. MDH anticipates a potential 125 applications could include HIT, though not every proposal will. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026 for the first budget period. The second round of review will begin in Fall 2026.

Q31. Are there any limitations on subcontracting core functions such as governance design, security review, or HIT domain expertise?

A31. The HIT advisory vendor is allowed to outline subcontracting in their proposal.

Q32. How will the State evaluate prime vs. subcontractor responsibility in scoring and accountability?

A32. MDH will not directly interface with subcontractors. That is the responsibility of the prime vendor.

Q33. What level of HIT expertise does MDH's grant management staff currently have for reviewing technology proposals?

A33. MDH grant management staff have a different skill set and do not have specific HIT expertise. This solicitation is intended to help provide that expertise.

Q34. Will the vendor's written recommendations be the primary HIT advisory input to MDH's approval decision, or will MDH conduct a parallel technical review?

A34. MDH will conduct a parallel review of the entire grant application; however, that review will focus on topics other than a technical review (for example, whether the provider is proposing to use the funds on allowable expenses). It is expected that the HIT advisory vendor will be the primary recommendations on HIT related activities.

Q35. Who at MDH will be the primary decision maker acting on the vendor's recommendations: grant management, program leadership, or IT staff?

A35. MDH grant managers and program leadership will be the primary decision makers about applications from subgrantees and the vendor's recommendations.

Q36. Has MDH managed a similar HIT grant review process before, and what gap is this engagement intended to address?

A36. No, MDH has not previously managed a similar HIT grant review process. As stated in the RFP, MDH grants management staff have expertise in other areas. This engagement is intended to provide subject matter expertise on HIT.

Q37. Does MDH have existing HIT assessment frameworks, evaluation criteria, or technology review checklists that the selected vendor should align to or build upon?

A37. MDH will develop a proposed rubric to be used by the HIT Advisory Services vendor(s). Selected responders will have an opportunity to provide input on the proposed rubric before it is finalized.

Q38. What is MDH's target timeline from subgrantee proposal submission to vendor recommendation delivery, and does that timeline vary by provider size or investment complexity?

A38. It is difficult for MDH to anticipate the exact number and length of time for each individual review. It is crucial to MN's success in the RHTP to have these rural providers contracted as quickly as possible, which includes the HIT review expected of this contractor. Ideally, reviews will be completed for all entities by the end of June 2026, with reviews submitted on a rolling basis, as rural providers submit their proposals, beginning May 15, 2026. The HIT advisory vendor should take the necessary time on each proposal to effectively make a recommendation.

Q39. Will proposals from hospitals, FQHCs, Tribal organizations, and behavioral health centers be submitted in one application cycle or under separate cycles?

A39. They will be submitted in one application cycle but accepted on a rolling basis. In year 1, applications are due by May 15, 2026.

Q40. Are the HIT categories listed on page 6 exhaustive, or should vendors anticipate additional technology types?

A40. MDH believes this is an exhaustive list at present as these technologies were included in MDH's approved RHTP grant award. MDH also recognizes that technologies will evolve over the course of RHTP.

Q41. Please clarify how MDH defines the 'appropriateness' of proposed HIT solutions (e.g., priority use cases, required capabilities, or alignment with specific state or federal frameworks).

A41. Any of these factors could be considered as part of an evaluation of whether a proposed HIT activity is appropriate.

Q42. Should responders assume this engagement is primarily remote, with any site related work limited to advisory recommendations, or should travel and participation in site visits be included? If travel may be required, should it be priced separately in Attachment C?

A42. Responders should assume this is a fully remote engagement.

Q43. Does MDH anticipate or require any onsite presence from the vendor at any point during the contract? If optional, would MDH consider onsite engagement beneficial?

A43. Responders should assume this is a fully remote engagement.

Q44. The RFP indicates vendor participation in meetings with MDH staff. Could MDH clarify the expected meeting frequency, typical duration, and whether these meetings will be virtual or in person?

A44. Responders should assume this is a fully remote engagement.

Q45. Will meetings between the selected vendor and MDH grants management staff be exclusively virtual, or does MDH anticipate any in-person meetings?

A45. Responders should assume this is a fully remote engagement.

Q46. Does MDH anticipate that all work under this contract may be performed remotely, or should responders assume any on-site presence or travel during the contract term? If on site work is anticipated, please describe the expected frequency and locations.

A46. Responders should assume this is a fully remote engagement.

Q47. How would MDH like responders to structure Attachment C: hourly labor categories, a blended advisory rate, fixed fees for defined deliverables, or a combination of these approaches?

A47. In order to comply with CMS salary rate limitations, responders should submit a combination of these approaches, but be sure to include individual hourly labor rates, categories, any fixed fees attached to deliverables, and detailed description of any other costs proposed with meeting the requirements of the contract. Responders should propose a deliverables-based pricing structure for most of the activities described in the RFP, including the virtual presentation, assuming review and written feedback of 125 applications, participation in meetings with MDH grant managers to discuss applications as needed, and providing recommendations about MDH's monitoring of HIT-related activities. Responders should also include the hourly rates of staff and their assumptions

about the number of hours needed for these activities. In addition, respondents should propose an hourly rate(s) for staff available to provide MDH advisory services on an ad hoc basis (being available to help troubleshoot subgrantee implementation challenges and conducting limited research at MDH's request).

Q48. Can MDH confirm whether the 30-page proposal limit includes or excludes the cover letter, table of contents, dividers, and required attachments, given that resumes are excluded?

A48. The 30-page limit excludes a cover letter, table of contents, dividers, and required attachments (as well as resumes).

Q49. Do attachments and disclosures count toward the 30-page limit?

A49. The 30-page limit excludes a cover letter, table of contents, dividers, and required attachments (as well as resumes).

Q50. For the 10-page limit in Section 2.2, may responders use tables and graphics, and do those elements count fully toward the page limit?

A50. The 30-page limit excludes a cover letter, table of contents, dividers, and required attachments (as well as resumes).

Q51. Can you clarify if offshore labor is permitted to work on the Rural Health IT Transformation proposal as a subcontractor for some of the scope of work?

A51. Offshore labor is not permitted for the prime or any subcontractors.

Q52. Will you use Artificial Intelligence (AI) in the evaluation and scoring of the submitted proposals? And if so, which AI tool(s) will you use?

A52. No, MDH will not use AI in the evaluation and scoring of submitted proposals.

Q53. Will you conduct in-person oral evaluation of any finalists?

A53. While that is not currently envisioned as part of the review process, MDH reserves the right to conduct in-person interviews whenever necessary.

Q54. What is the budget that has been approved or allocated for this effort?

A54. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q55. Does MDH have a budget for this project, and if so, could MDH share this with vendors?

A55. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q56. Can the State provide guidance on the State's total cost or budget estimates for the tasks, activities, and goods covered under this RFP?

A56. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q57. Can MDH share the anticipated total contract budget or funding range, including approved CMS budget narrative, to assist respondents in developing appropriately scoped cost proposals?

A57. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q58. Is there an anticipated minimum, maximum, or average award amount per provider organization? If defined, could MDH share the expected funding range and any variation by provider type, geography, or project scope?

A58. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q59. Does MDH prefer the cost proposal to be structured as a not-to-exceed total, a time-and-materials arrangement, or another pricing model? Is there a budget ceiling MDH can share?

A59. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q60. Should cost proposals assume a not to exceed ceiling, or will cost be evaluated based on proposed rates and estimated level of effort only?

A60. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q61. Would including a cover page, transmittal letter, table of contents, and executive summary be considered part of the 30-page maximum for the proposal?

A61. The 30-page limit excludes a cover page, transmittal letter, table of contents, dividers, and required attachments (as well as resumes). An executive summary would be considered included as part of the 30-page maximum.

Q62. DH anticipates that up to 150 provider organizations may apply for RHTP funding opportunities each year. Would selected vendors only review those with an HIT component?

A62. Vendors will only review and advise on proposals with HIT components. The maximum number of provider organizations to apply for HIT-related funding in the first round of funding is now 125.

Q63. Does MDH have a range of the number of vendors it anticipates selecting for this opportunity?

A63. It is possible that MDH will award contracts to more than one vendor for this engagement. This may be necessary, for example, to ensure that MDH has advisory services in place for each type of HIT that may be funded with RHTP funds and/or to ensure that MDH has expertise in place related to applicability of HIT across different eligible provider types.

Q64. Does MDH intend to award to one vendor or multiple vendors for this advisory service? How will roles be determined if more than one vendor is selected?

A64. It is possible that MDH will award contracts to more than one vendor for this engagement. This may be necessary, for example, to ensure that MDH has advisory services in place for each type of HIT that may be funded with RHTP funds and/or to ensure that MDH has expertise in place related to applicability of HIT across different eligible provider types.

Q65. The RFP notes that MDH may contract with one or more firms. If multiple awards are made, can MDH clarify how work may be allocated (e.g., by technology domain, provider type, geographic region, or workload balancing)?

A65. It is possible that MDH will award contracts to more than one vendor for this engagement. This may be necessary, for example, to ensure that MDH has advisory services in place for each type of HIT that may be funded with RHTP funds and/or to ensure that MDH has expertise in place related to applicability of HIT across different eligible provider types.

Q66. If MDH awards to multiple vendors, will vendors be assigned specific subgrantee types or technology categories, or will multiple vendors potentially review the same applications?

A66. It is possible that MDH will award contracts to more than one vendor for this engagement. This may be necessary, for example, to ensure that MDH has advisory services in place for each type of HIT that may be funded with RHTP funds and/or to ensure that MDH has expertise in place related to applicability of HIT across different eligible provider types. Multiple vendors will not review the same application.

Q67. Is the vendor expected to provide written review memoranda for each application, or will feedback primarily be delivered verbally during meetings with MDH staff?

A67. The vendor will be expected to provide a written review of each application for which it is responsible to review, using the MDH-developed rubric as the basis of its assessment.

Q68. If multiple vendors are selected, how does MDH anticipate allocating application reviews among vendors?

A68. It is possible that MDH will award contracts to more than one vendor for this engagement. This may be necessary, for example, to ensure that MDH has advisory services in place for each type of HIT that may be funded with RHTP funds and/or to ensure that MDH has expertise in place related to applicability of HIT across different eligible provider types.

Q69. Will the selected contractor be expected to coordinate with other vendors or technical assistance providers supporting the RHTP, and if so, how will roles and responsibilities be delineated?

A69. It is possible that MDH will award contracts to more than one vendor for this engagement. The selected vendor(s) are not expected to coordinate with each other. MDH will engage with each vendor (if more than one is selected) and coordinate with them individually.

Q70. For purposes of the conflict-of-interest disclosure, does MDH define "HIT vendor" as a company that directly sells or licenses health information technology products to healthcare providers?

A70. For purposes of the conflict of interest disclosure, "HIT vendor" is a company that directly sells or licenses HIT products to providers.

Q71. Can MDH share any key milestones or deliverable deadlines from its CMS RHTP application or grant agreement that may inform the scope, sequencing, or timeline expectations for the Health IT Advisory Services engagement?

A71. The work being done by rural providers to implement HIT in their organizations is a way in which MN envisions meeting the key performance objective outlined on page 13 of the program narrative: Number of participating rural providers that increase capacity to implement Value-based Care. More specifically, the outcome measures on pages 40-41 relate more to the HIT implementation and transformative impact for rural providers. It is expected that by assisting in evaluation of proposals, the HIT advisory vendor will help MN determine appropriate HIT for rural providers to purchase to advance these goals.

Q72. Could MDH clarify if they would like vendors to submit the attachments listed in 4. Sample Transaction Documents (Attachment A, B, C, D, and the disclosure statement) in a separate document from the technical proposal?

A72. Vendors must submit Attachment C (Cost Proposal) separate from the technical proposal. The other documents may be submitted as part of the technical proposal or as a separate set of attachments. Sample Transaction documents do not need to be submitted with the proposal and will not be scored as part of the response.

Q73. Can MDH describe the current and desired telehealth environment?

A73. Each rural provider has variable access and utilization of telehealth in their organization. The RHTP provides opportunity for rural providers to increase their capacity and ultimately serve more patients and keep care closer to home. MDH strives for all rural Minnesotans to have access to care in their own communities which serves their unique needs.

Q74. Does MDH have IT goals related to each provider group (tribal health, mental health, etc.)?

A74. MDH does not have specific IT goals for each provider group. MDH is working towards developing a set of metrics related to IT implementation. That work is not part of this solicitation.

Q75. Does MDH have predefined metrics, reporting templates, or performance indicators for monitoring subgrantee HIT implementation, or is the contractor expected to develop these frameworks?

A75. MDH does not have specific IT goals for each provider group. MDH is working towards developing a set of metrics related to IT implementation. That work is not part of this solicitation.

Q76. The State indicates a volume of approximately 150 entities submitting applications - is this an annual estimation, a budget cycle estimation or something else?

A76. This is an annual estimation, though the exact volumes of those who submit applications with HIT related proposals may vary from that number. The maximum number of proposals with HIT investments in the first round is 125 with potential HIT investment proposals coming later in the spring/summer.

Q77. Are vendor recommendations advisory only, or will they materially determine funding approval decisions?

A77. The contractor's recommendations will carry weight in MDH's approval of HIT funding requests, but they will not be determinative. MDH is the grantee organization of Rural Health Transformation Program funding and is responsible for making award decisions to subgrantees.

Q78. Is there a not-to-exceed budget ceiling?

A78. Respondents are expected to put together a proposal which they feel is accurate for the potential volume of work and needed to meet deliverables. This project is pending a fully approved budget. At this time, up to $900,000 has been allocated. Respondents should include adequate breakdown of all hourly rates, including what is included in that rate (staff, fringe, travel, supplies, etc.).

Q79. What will MDH request as supporting documentation for grant submissions to review for these particular initiatives?

A79. Grantees will submit the expected HIT purchases they are proposing to procure, the purpose of said purchases, and any exploration of vendors that they have done.

Q80. Will the selected vendor(s) interact directly with providers to request clarification or will communication flow through MDH staff?

A80. The HIT advisory vendors will interact with MDH staff who will communicate with the grantees.

Q81. Will the selected vendor(s) engage directly with any RHTP grantee or only with MDH?

A81. The vendor(s) will work directly with MDH staff. In outlier circumstances, MDH may request the HIT Advisory Services vendor to participate in a call with MDH staff and a subgrantee if, for example, a highly technical issue requires discussion.

Q82. Should responders assume that all communication with potential subgrantees will flow exclusively through MDH staff, or may limited direct interaction with subgrantees be required?

A82. At this time, MDH does not anticipate any vendor-subgrantee communication. If a circumstance does arise, MDH will facilitate and be present at points of communication.

Q83. How will MDH measure performance under this contract besides timeliness of deliverables?

A83. MDH will measure performance based on timeliness of deliverables and quality of communication between the vendor and MDH to advance the goals of this contract.

Q84. Does MDH anticipate expanding this advisory function beyond HIT purchase review?

A84. At this time, MDH does not anticipate further tasks and deliverables beyond those outlined in Section 2.2 of the RFP.

Q85. Is the vendor expected to assess the applicant's ability to comply with interoperability or any other standards?

A85. No, the vendor is not expected to assess an applicant’s ability to comply with interoperability or any other standards.

Q86. Should advisory reviews include an assessment of cybersecurity risk?

A86. The responder(s) engaged for this work will not conduct assessments of cybersecurity risk for individual provider applicants. They will, however, need to analyze and provide feedback on any information applicants provide in their grant proposals about cybersecurity risk.

Q87. Will MDH be supplying information about broadband capability across the state or will applicants provide information?

A87. The Minnesota Office of Broadband Development at the MN Employment and Economic Development Department is available to provide information to applicants on MN's broadband capabilities. MDH grant managers provide individualized technical assistance to grantees to obtain necessary data for their proposals.

Q88. Is the advisory scope limited to initial purchase review or should the vendor evaluate long-term sustainability (maintenance fees, subscription costs, staffing impact)?

A88. The vendor should plan to evaluate both initial purchases and factors associated with their long-term sustainability, including maintenance fees, subscription costs, and staffing impact.

Q89. Does MDH anticipate needing additional support from vendor in post-award monitoring or validation of technology implementation?

A89. Section 2.2 of the RFP outlines recommendations needed for grant staff in monitoring grantee progress. The HIT Advisory Services vendor will provide recommendations about information subgrantees should submit in their progress reports and what factors MDH should look for during site reviews for HIT implementation.

Q90. Beyond application and workplan review, does MDH anticipate the vendor providing ongoing advisory support during implementation, monitoring subgrantee progress, or assisting with challenges throughout the award period?

A90. MDH anticipates the vendor will be available for questions and consultation following the initial review. The vendor will not be responsible for monitoring subgrantee progress; however, MDH may wish to ask the Advisory Services vendor questions based on MDH's monitoring of subgrantee progress or to assist MDH staff in helping subgrantees troubleshoot implementation challenges.

Q91. Can MDH clarify the intended depth of review, for example: Whether vendors are expected to assess detailed vendor contracts, licensing terms, or pricing benchmarks or whether the review is intended to be a reasonableness and feasibility assessment at a higher level? Understanding this will help responders align effort, staffing, and pricing with MDH expectations.

A91. Respondents chosen to provide services under this engagement are not expected to assess detailed vendor contracts or licensing terms. The reviews are expected to incorporate analyses of reasonableness and feasibility as well as the rationale and proposed implementation plan for technology.

Q92. How does the State want "Additional Tasks or Activities" (RFP Section 3.3) presented, understanding that costs associated with additional tasks/activities are to be marked and separated from costs associated with RFP-required tasks and activities? For instance, should Additional Tasks/Activities be presented in a separate file that would include proposed additional task/activity narrative and budget estimates? Or, should the narrative for Additional Tasks/Activities be presented in a Proposal Appendix (and not counted towards the 30 page narrative limit) with the associated budget included in the RFP Cost Detail document, but as a separate page and not included in Proposal Cost Summaries/Detail?

A92. Additional tasks and activities should be outlined in the proposed narrative with all costs separated from the costs for tasks and deliverables in Attachment C.

Q93. Can you clarify the scoring methodology for determining the best value of a bid?

A93. Please refer to the RFP for scoring criteria. ("Best value" refers to the entirety of the response and not just the cost proposal.)

Q94. Does MDH currently have a vendor providing PMO support for the rural health transformation program, and if so, how will that vendor's work interface with the HIT advisory contractor's responsibilities?

A94. MDH has project management support in place overseeing the entirety of the RHTP. The responder(s) selected to provide services under this engagement will not interface directly with the PMO; they will, however, work extensively with a contract manager, who will provide direction and oversee their work.

Q95. Will vendors be expected to provide vendor management support for subgrantees' HIT purchases, or is the role strictly limited to advisory and review services for MDH?

A95. This role is strictly for advisory services to MDH on the HIT investments made by grantees.

Q96. Has the state conducted a current state assessment of technology that is being used by providers across Minnesota?

A96. No, the state has not conducted a statewide assessment of technology being used by health care providers in MN.

Q97. If not yet defined, should applicants assume a standardized award structure, or will award size be determined based on the strength and scale of individual proposals?

A97. Grantees have an overall award for their whole RTHP budget each year. Given variability of needs, applicants are to provide a budget that is most appropriate for their needs and organization for each activity, including any HIT related activities. Different provider types are eligible to receive varying levels of funding in their first year of funding allocations.

Q98. Should the vendor assess external constraints—such as broadband availability, IT staffing limitations, or EHR system fragmentation—when evaluating proposed HIT investments?

A98. Yes, the HIT Advisory Services vendor should take these factors into account as part of their reviews.

Q99. Does MDH expect the vendor to evaluate operational change readiness (e.g., staffing models, workflow redesign) in addition to technology feasibility?

A99. Yes, the HIT Advisory Services vendor should evaluate operational change readiness associated with HIT implementation.

Q100. Should the vendor evaluate the performance history of the subgrantee's chosen HIT vendor, or focus solely on the proposed solution's suitability?

A100. Subgrantees will need to procure their HIT vendors and solutions through a competitive process. It is possible some subgrantees may have completed that procurement process already. The HIT Advisory Services vendor should focus on whether a proposed solution is suitable for the subgrantee's expressed needs; whether implementation plans are feasible; and other factors identified in a to-be-developed assessment rubric.

Q101. If multiple vendor staff may contribute across different HIT domains, does MDH prefer resumes for all possible contributors or only for core personnel expected to be consistently involved?

A101. Resumes should be provided for all staff proposed to work on the project.

Q102. If multiple vendors are selected, does MDH anticipate assigning applications based on provider type or subject-matter expertise (e.g., rural hospitals vs. FQHCs/clinics vs. Tribal health)?

A102. Roles and responsibilities will be determined at the time of contracting with vendor(s).

Q103. Will all eligible subgrantee types (rural hospitals, FQHCs, CCBHCs, rural Tribal nations, etc.) be included in the first round of grant applications, or will certain provider types be phased in over time?

A103. Yes, all eligible provider types are eligible to submit HIT related proposals in the first round of grant applications.

Q104. The RFP states the vendor should work with MDH staff rather than with potential subgrantees directly. Are there circumstances under which direct vendor-subgrantee communication would be authorized by MDH?

A104. At this time, MDH does not anticipate any vendor-subgrantee communication. If a circumstance does arise, MDH will facilitate and be present at points of communication.

Q105. What process will MDH use to pre-approve limited research on new HIT capabilities as referenced in the scope? Will this be ad hoc on a per-request basis, or will there be a standing authorization?

A105. MDH will make requests of the vendor(s) to conduct limited research on new HIT capabilities when MDH deems necessary.

Q106. Does MDH have a preferred format for the Section 2.2 HIT capability overview, or may the vendor determine the most effective organizational structure (e.g., by technology category vs. by provider type)?

A106. The vendor may determine the best format to present the information, while adhering to the page limit outlined in the RFP.

Q107. Can MDH clarify whether the option to extend the contract by up to three additional years would be exercised in a single increment or in multiple increments, and what process will be used to evaluate the extension?

A107. MDH will determine the appropriate increments of extension offered. It could be single or multiple, whichever is deemed appropriate by MDH. MDH will determine the need for extension as the contract comes to a close.

Q108. Will MDH assign applications to vendors on a rotational or workload balanced basis, or will all selected vendors review all applications concurrently?

A108. Each application will be assigned to one HIT Advisory Services vendor.

Q109. For the required overview presentation to MDH staff, is there an anticipated length, format, or target audience size MDH prefers?

A109. MDH does not have a length for this presentation. The presentation will be given virtually and should include a slide deck. The audience will consist of MDH's RHTP staff and grants managers who have limited HIT understanding. Plain language should be used whenever possible.

Q110. When proposing alternative options for a subgrantee whose proposed HIT investment is not appropriate, should alternatives reference specific products/vendors, or remain at a category or functional level?

A110. Provider organizations will need to procure their solutions, not just choose. It would be more appropriate to focus on the functions the solution is intended to accomplish.

Q111. Does MDH anticipate issuing task orders or work authorizations during the contract term, or will work be managed under a single master scope with time and materials billing?

A111. Work will be managed under one master scope of work for each vendor selected.

Q112. If responders propose optional “value added” tasks beyond the base scope, will those be evaluated as part of the Approach score or considered separately?

A112. The value added tasks will not be a part of the evaluation score.

Q113. Please clarify what MDH considers “transaction documents” in this context (e.g., review templates, advisory memoranda, monitoring tools), as no examples are provided.

A113. Transaction documents are not required as part of the technical proposal nor are they scored. These may include but are not limited to invoice templates, standard review templates, etc.

Q114. Will evaluators assign separate scores to subsections of the Approach (e.g., review methodology, project management, monitoring recommendations), or a single composite Approach score?

A114. Evaluators will use the scoring criteria as described in the RFP.

Q115. For evaluation purposes, will MDH apply estimated usage scenarios (e.g., number of applications reviewed) to normalize cost scoring across responders?

A115. An updated cost proposal guidance has been posted with an addendum.

Q116. How does MDH anticipate receiving and processing applications from grantees (e.g., using an existing tool or system)? Will MDH conduct basic vetting of applications (e.g., completeness review) before your selected vendor's HIT review?

A116. MDH utilizes a grant management system where applications are submitted. MDH will conduct initial reviews of proposals prior to routing to the HIT advisory vendor.

Q117. Does MDH's grants management team have an existing process to review subgrantees? What risk reviews/compliance checks will the MDH team complete? Which checks does it expect its selected vendor to complete?

A117. MDH follows all State of Minnesota grant management policies and procedures to ensure grantees are eligible and have submitted eligible proposals. The HIT advisory vendor will only assess elements of the HIT proposals appropriateness.

Q118. To what extent will the selected vendor support the development of criteria to review applications?

A118. The HIT Advisory Services vendor will have an opportunity to review proposed criteria/a rubric for evaluating HIT components of proposals.

Q119. Will MDH be developing and executing the process to review applications for permissibility against applicable federal regulations, or will this be a task supported by the vendor?

A119. The HIT advisory vendor should familiarize themselves with the federal limits around the RHTP. MDH will conduct all final reviews of proposals and check against federal compliance as it relates to MN's award and terms from CMS.

Q120. If vendors propose additional tasks or activities, should these costs be included in Attachment C – Cost Proposal or in a separate Cost Proposal?

A120. Yes, include in Attachment C, however they should be separated in that attachment from the regular tasks and deliverables.

Q121. I reviewed your bid for work on the MN Supplier portal and had a couple clarification questions regarding scoping information: 1. Are you guys looking for a specific solution, i.e. software for the criteria, or more of an advisory role based on the criteria? 2. Is there an opportunity to schedule a call and meet to go further in-depth to the scoping information you guys are looking for us to submit a formal proposal based on the scope?

A121. Each rural provider has variable needs. Rural Minnesota does not need a one size fits all solution and it is important for the HIT advisory vendor to evaluate proposals based on the individual rural provider's needs. The State of Minnesota's procurement processes do not allow for individualized phone calls to discuss proposals.

Q122. If I apply for this, am I able to apply for and participate in other forms of the Rural Health Transformation Program as a provider of services, or would that remove that as an opportunity for me?

A122. Responders selected to provide services under this engagement may not provide advice to MDH about a provider’s application if they have an existing commercial relationship with that provider. More complete eligibility criteria for other RHTP opportunities will be published at a later time.

Q123. Regarding, the RFP Rural Health Transformation Program Health Information Technology Advisory Services, SWIFT Event #2000018129. We noticed that this came out recently but also noticed a very similar RFP that came out in early February that appears to be the same scope of services. Would you be able to tell us if these are two separate RFP's or was this reissued?

A123. These RFPs are the same. The RFP published in early February was removed for a period of time and re-issued.

Q124. Regarding the Rural Health Transform Program Health Information RFP (Event ID H1201-2000018129), we are currently experiencing difficulties downloading the attachment labeled "Health_IT_Advisory_RFP_3.16.26.docx." While all other documents are accessible, this particular file cannot be downloaded. Below is the error message we received: "Dear xxx, Thank you for your inquiry about the MDH Health IT Advisory Services Request for Proposal (SWIFT Event #2000018129)."

A124. Due to a technical issue we are trying to resolve, there are two iterations of the RFP document posted within the solicitation package of documents. If you open the document at the bottom of the list called "Health_IT_Advisory_RFP," that is the document that you need. You do not need to access the first document in the list. The only document with RFP instructions you will need to access is the file "Health_IT_Advisory_RFP.docx". For technical support accessing documents on the Department of Admin's website, please contact: OSPHelp.Line@state.mn.us.

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