



**MINNESOTA**  
RURAL HEALTH TRANSFORMATION

## **RHTP Technical Assistance for Health Care Providers on Health Information Technology**

### RFP QUESTIONS & ANSWERS

**Q1. Attachment C: Cost Detail Per the template instructions, how should respondents document expected level of State participation in this initiative? Additionally, can the State help define the phrase "cost allowances for this participation"?**

A1. Responders should propose a deliverables-based pricing structure for the type of support that will be available to RHTP sub-recipients. The selected vendor(s) will be the primary contact for subgrantees on their health information technology work plans. This RFP seeks vendors who with extensive knowledge of health information technology. The State will be the bridge between the subgrantees and the HIT vendor.

**Q2. Can the State clarify if the scope of Technical Assistance services includes on-site visits to subgrantee facilities and to MDH or will support be provided virtually?**

A2. Responders should describe their plan to provide technical assistance to include if the TA will be provided virtually or in-person. Determining the type or format of TA should be the result of the Responder's experience and recommendations. For either form of TA the Responder must include an itemized budget for the costs included in the scope of work.

**Q3. Could the Department provide further guidance on the precise distinction between "specific HIT vendors" and "specific eligible Minnesota RHTP awardees" in terms of affiliations? What types of relationships or financial interests constitute an "affiliation" in each category, and are there specific examples that would help responders differentiate between a disqualifying affiliation and one that requires a mitigation plan?**

A3. 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 interests 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 exists. 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 persons, 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.

**Q4. Scope Depth (Advisory vs. Hands-On?): Can MDH clarify the expected depth of technical assistance, specifically whether vendors are expected to provide advisory guidance only or to support hands-on activities such as solution configuration, integration, or implementation support?**

A4. The vendor for this contract is expected to interact on a regular basis with grantees who are seeking assistance with health information technology implementation . This may include working with subgrantees to understand their current capacity and systems, evaluate existing contracts for health information technology, help plan for additional future funding, identify appropriate tools, assist with deployment planning or implementation, and other ways subgrantees may request.

**Q5. Standardized Assessment Framework: Will MDH provide a standardized framework, templates, or tools for assessing subgrantees' existing HIT environments and identifying gaps, or is the Technical Assistance (TA) vendor expected to develop these?**

A5. Responders should demonstrate familiarity with state and national standards for assessing structure and readiness, familiarity with the HIT landscape and the various entities that certify or regulate different aspects of technology purposes. If tools are needed, they must meet all State of Minnesota Accessibility Standards and be published on Minnesota RHTP branded templates. These templates will be provided to the selected vendor after the date of execution. The Technical Assistance Vendor is expected to solicit input or feedback from grantees on tools or resources that are needed to implement the scope of work, with prior approval from MDH.

**Q6. Integration Expectations: To what extent is the TA provider expected to evaluate and/or design integration approaches between new HIT tools and existing systems (e.g., EHRs, HIEs), and is detailed technical architecture expected as part of deliverables?**

A6. The needs of subgrantees will vary, many hospitals and health systems have robust and existing IT departments while smaller, independent facilities may not always have dedicated staff, or staff with capacity to take on new projects to the scale and scope of RHTP. To accommodate a wide range of technical needs, assistance may include but is not limited to evaluation of and design integration between new and existing tools. If the vendor does not have technical architecture skills, they are expected to advise the subgrantee on where to seek this service.

**Q7. Data Access & Security Constraints: What level of system or data access (if any) will be provided to TA vendors when evaluating subgrantee environments, and what security/compliance requirements (e.g., HIPAA, state policies) will apply?**

A7. It is not expected that the vendor should access these systems.

## **Q8. Tool/Vendor Recommendations: Is the TA provider expected to recommend specific vendors/products, or provide category-level guidance only, and are there any pre-approved or preferred platforms aligned with state or federal initiatives?**

A8. Vendors should demonstrate familiarity with the HIT landscape and the various entities that certify or regulate different aspects of technology purposes. The TA vendor(s) may recommend specific vendors or products as appropriate for the subgrantee's needs and goals. All recommendations must remain neutral and focus solely on the needs of the subgrantee. Vendors should demonstrate they have met relevant certifications as applicable to the services they will be providing.

## **Q9. Interoperability & Standards Guidance: Will MDH provide guidance or requirements regarding preferred interoperability standards, HIE participation, or alignment with statewide/national initiatives that TA providers should incorporate into recommendations?**

A9. MDH expects the TA vendor(s) to focus on the current interoperability standards and HIE participation needs of subgrantees. Vendors should demonstrate familiarity with the HIT landscape and the various entities that certify or regulate different aspects of technology purposes. MDH may offer guidance on as RHTP work evolves and expands.

## **Q10. Work Intake & Prioritization Model: How will subgrantees access TA services (e.g., centralized intake, referral by MDH, first-come basis), and how will priorities be managed?**

A10. Responders should provide their approach for triaging requests as part of their proposals.

## **Q11. Deliverable Expectations & Level of Detail: Can MDH clarify the expected format and level of detail for documentation provided to subgrantees (e.g., high-level recommendations vs. detailed implementation plans, timelines, and cost estimates)?**

A11. The TA Vendor(s) are expected to provide services based on subgrantee's requests. If a subgrantee is looking for high-level assistance, that should be respected. Some subgrantees may desire more detailed

implementation plans, timelines, cost estimates, and assessments. The vendor is expected to be flexible based on subgrantee needs.

**Q12. Success Metrics & Outcomes: How will MDH measure the effectiveness of TA services, particularly in relation to technology adoption, implementation success, and progress toward RHTP goals?**

A12. MDH will measure performance based on timeliness of deliverables and quality of communication between the vendor, subgrantees, and MDH to advance the goals of this contract.

**Q13. Is the expectation that technical assistance will be provided virtually or on-site? If there is an on-site expectation, is there budget guidance for travel expenses?**

A13. Responders should describe their plan to provide technical assistance to include if the TA will be provided virtually or in-person. For either form of TA the Responder must include an itemized budget for the costs included in the scope of work.

**Q14. Will the a) subgrantee proposals and b) the reviews completed by the HIT Advisory Services contractor both be available to the technical assistance provider?**

A14. The subgrantee's hold discretion of what materials they will provide to the TA vendor(s), including grant proposals and materials.

**Q15. For TA tools and resources to be shared with subgrantees, is TA provider expected to utilize its own website or online system, or will the tools reside on an MDH website or online system?**

A15. Any tools and resources created by the TA vendor(s) must be meet all State of Minnesota Accessibility Standards and be published on Minnesota RHTP branded templates. All resources and tools used for the technical assistance will be housed on MDH's RHTP website.

**Q16. What is the budget that has been approved or allocated for this effort?**

A16. 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.).

**Q17. 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?**

A17. 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.).

**Q18. If a vendor has submitted a response to the HIT Advisory Services RFP (SWIFT Event 2000018129), are they eligible to also submit a response to this TA RFP? If so, what mitigation would MDH require?**

A18. Vendors who submitted a response to the HIT Advisory Services RFP are eligible to submit a response to this solicitation. Mitigation of conflict of interest will be implemented at the time of contracting.

**Q19. If a vendor has submitted a response as a prime on the HIT Advisory Services RFP (SWIFT Event 2000018129) and is determined to be ineligible to submit a prime response to this solicitation (SWIFT Event 2000018300) due to a conflict of interest, would that vendor be permitted to participate as a subcontractor to a prime respondent on this engagement?**

A19. Vendors who submitted a response to the HIT Advisory Services RFP are eligible to submit a response to this solicitation. Mitigation of conflict of interest will be implemented at the time of contracting.

**Q20. Is there a minimum guaranteed volume of subgrantees the TA provider can expect to serve, or is engagement entirely opt-in by subgrantees?**

A20. Subgrantees will request TA for HIT Advisory Services and MDH will provide the connection between the subgrantee and the TA provider. The number of engagements in Year 1 is unknown, however 125 subgrantees may request assistance.

**Q21. If opportunities are identified that were not specified or do not agree with the original proposal, what will be the governance structure to revise the approved work?**

A21. If opportunities for subgrantee work are identified, the subgrantee has the sole discretion to adjust their contract.

**Q22. Does the State have an existing IT governance structure or designated IT leadership body that the selected implementation vendor would be expected to partner with and report to?**

A22. The selected vendor will report to the MDH Office of Rural Health and Primary Care Rural Health Transformation Program Team, and other MDH sections and advisory bodies as needed.

**Q23. Will the group(s) retained via this proposal work with the subgrantees to develop funding requests as well as implement them?**

A23. As outlined in Tasks and Deliverables 2A, the vendor(s) may work with subgrantees to explore other RHTP HIT funded opportunities, at the request of the subgrantee. Vendors should not expect that they will help in proposal development for all subgrantees.

**Q24. Dual Contract- Eligibility: Can a firm that has responded to or been awarded the HIT Advisory Services contract (SWIFT 2000018129) also respond to and be awarded this TA contract? If so, what conflict mitigation does MDH expect?**

A24. Vendors who submitted a response to the HIT Advisory Services RFP are eligible to submit a response to this solicitation. Mitigation of conflict of interest will be implemented at the time of contracting.

**Q25. TA Volume and assignment: How will TA engagements be initiated? Will MDH assign subgrantees to the TA provider, or will subgrantees request TA directly? What is the estimated number of TA engagements anticipated in Year 1**

A25. Subgrantees will request TA for HIT Advisory Services and MDH will provide the connection between the subgrantee and the TA provider. The number of engagements in Year 1 is unknown, however 125 subgrantees may request assistance.

The vendor for this contract is expected to interact on a regular basis with subgrantees who are seeking assistance with health information technology implementation. This includes working with subgrantees to understand their current capacity and systems, evaluate their existing contracts for health information technology, help subgrantees plan for additional future funding, identify appropriate tools, assist in deployment planning, and other ways subgrantees may request (with prior written approval from MDH).

**Q26. Assessment Framework: Does MDH have a preferred framework or methodology for the HIT assessment, or is the TA provider expected to propose one?**

**A26. Responders should demonstrate familiarity with state and national standards for assessing structure and readiness, familiarity with the HIT landscape and the various entities that certify or regulate different aspects of technology purposes. If tools are needed, they must meet all State of Minnesota Accessibility Standards and be published on Minnesota RHTP branded templates. These templates will be provided to the selected vendor after the date of execution. The Technical Assistance Vendor is expected to solicit input or feedback from grantees on tools or resources that are needed to implement the scope of work, with prior approval from MDH.**

**Q27. Scope Boundaries: To what extent is the TA provider expected to support subgrantees during HIT implementation (post-procurement), versus focusing on pre-procurement assessment and planning?**

A27. The needs of subgrantees vary. Some subgrantees may request support during pre-procurement and others post procurement. The TA vendor(s) should be prepared to offer both to subgrantees at their request.

**Q28. Budget Range: Can MDH share the anticipated budget range or not-to-exceed amount for this contract?**

A28. 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.).

**Q29. Multiple Awards: The RFP states MDH may contract with one or more firms. If multiple firms are selected, how would hospitals be assigned — by region, HIT category, or another method?**

A29. Roles and responsibilities will be determined at the time of contracting with vendor(s).

**Q30. Multiple Contracts: If an organization participates in both the HIT Advisory Services procurement (SWIFT 2000018129) and this Technical Assistance procurement, are there any restrictions or required safeguards related to organizational independence, impartiality, or conflict management that responders should address in their proposals?**

A30. Responders should address any and all potential conflicts of interest in their response to the State. Mitigation of conflicts will be implemented at the time of contracting.

**Q31. TA Volume and assignment: Can MDH provide additional detail regarding the anticipated TA engagement process, including whether participating providers will be matched by MDH or independently select/request TA support? Additionally, does MDH have an estimated volume of participating providers or engagements expected during the initial contract period?**

A31. Subgrantees will request TA for HIT Advisory Services and MDH will provide the connection between the subgrantee and the TA provider. The number of engagements in Year 1 is unknown, however 125 subgrantees may request assistance.

**Q32. Assessment Framework: Is there an existing assessment structure, toolkit, or evaluation model that MDH intends contractors to utilize for HIT readiness and needs assessments, or should responders propose their own methodology and framework?**

**A32. Responders should demonstrate familiarity with state and national standards for assessing structure and readiness, familiarity with the HIT landscape and the various entities that certify or regulate different aspects of technology purposes. If tools are needed, they must meet all State of Minnesota Accessibility Standards and be published on Minnesota RHTP branded templates. These templates will be provided to the selected vendor after the date of execution. The Technical Assistance Vendor is expected to solicit input or feedback from grantees on tools or resources that are needed to implement the scope of work, with prior approval from MDH.**

**Q33. Confirm Scope: Please clarify the expected level of contractor involvement after assessment and planning activities are completed. For example, is the selected vendor expected to provide implementation-phase advisory support related to HIT deployment and adoption activities?**

A33. The needs of subgrantees will vary. Many hospitals and health systems have robust and existing IT departments while smaller, independent facilities may not always have dedicated staff, or staff with capacity to take on new projects to the scale and scope of RHTP. To accommodate a wide range of technical needs, assistance may include but is not limited to evaluation of and design integration between new and existing tools. If the vendor does not have technical architecture skills, they are expected to advise the subgrantee on where to seek this service.

**Q34. Budget: Is MDH able to provide an anticipated funding range, estimated contract value, or maximum available funding allocation associated with this solicitation?**

A34. 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.).

**Q35. Multiple Awards: In the event that multiple vendors are selected for award, how does MDH anticipate distributing work among contractors (e.g., geographic alignment, provider type, project specialization, capacity, or another allocation approach)?**

A35. Roles and responsibilities will be determined at the time of contracting with vendor(s).

**Q36. Providers: Can MDH provide additional information regarding the anticipated mix of participating providers (e.g., critical access hospitals, rural health clinics, behavioral health providers, long-term care organizations, tribal health entities, etc.) expected to receive TA services under this contract?**

A36. Minnesota's RHTP direct allocation subgrantees include 94 critical access hospitals, 16 mental & behavioral health providers, 5 federally qualified health centers, and 10 tribal nations.

**Q37. Deliverable Expectations: Beyond the required assessments and recommendations, are there specific deliverables, templates, reporting formats, or implementation roadmaps that MDH expects the contractor to produce for participating providers?**

A37. The TA vendor(s) are expected to propose assessment structure, tools, and other resources needed to complete the tasks and deliverables of this solicitation. All tasks and deliverables are outlined in section 2.2 of the RFP.

**Q38. Coordination with other vendors: Will the selected TA contractor be expected to coordinate activities with other MDH-funded vendors, implementation partners, or advisory contractors supporting the Rural Health Transformation Program?**

A38. 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.

**Q39. Data Access and Security: Will participating providers be expected to share operational, financial, clinical, or HIT-related data with the contractor as part of the assessment process, and are there specific MDH data governance or security requirements responders should anticipate?**

A39. Subgrantee needs vary and have the discretion to provide information to the TA vendor. The TA vendor(s) are expected to comply with all clauses of the contract (refer to the Sample Contract), including Government Data Practices. Additionally, vendor(s) must abide by all security requirements set forth by subgrantees to maintain privacy of their records, including HIPAA.

**Q40. Timeline and Rollout Sequencing: Does MDH anticipate a phased onboarding approach for participating providers, or will TA activities begin concurrently across all selected organizations following contract execution?**

A40. Technical assistance is available to subgrantees on a rolling basis.

**Q41. Performance Measurement: Are there defined success metrics, KPIs, or outcome measures that MDH intends to use to evaluate contractor performance and the effectiveness of the TA engagement activities?**

A41. MDH will measure performance based on timeliness of deliverables and quality of communication between the vendor, subgrantees, and MDH to advance the goals of this contract.

## **Q42. Existing Provider readiness: Has MDH conducted any preliminary assessment of provider HIT maturity or readiness that will be shared with the selected contractor(s), or will all readiness evaluation activities begin under this engagement?**

A42. Readiness activities for participating sites may be included under the scope of work if that is a necessary step and agreed upon between the Vendor and TA recipient.

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