



RHTP: Quick Call: Identifying Performance Measures for RHTP HIT Investments Questions and Answers

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Q1. Is there currently a vendor or organization under contract with the Minnesota Department of Health (MDH) to perform work that is the same as or substantially similar to the scope described in this Quick Call? If so, please provide the name of that organization

A1. MDH's Rural Health Transformation Program (RHTP) team does not currently have a vendor or organization performing this work. All existing performance measures have been developed by the internal project team thus far.

Q2. Has any organization previously completed work for MDH or the Rural Health Transformation Program that is the same as or substantially similar to the performance measurement framework described in this solicitation? If so, please provide the name of that organization and a brief description of the work performed.

A2. No other organization beyond the internal MDH RHTP team has done work as described in this solicitation. All existing performance measures have been developed by the internal project team thus far.

Q3. The RFP references the Rural Health Value Value-Based Care Strategic Planning Tool as part of MDH's measurement approach. Will MDH provide access to this tool and any existing grantee assessment data prior to or at contract execution, so the selected vendor can align proposed indicators with current baseline measures?

A3. The Rural Health Value Value-Based Care Assessment tool is a publicly available tool developed by the Rural Policy Research Institute, Iowa College of Public Health, and Stratis Health. The tool can be found online: [RuralHealthValue \(https://ruralhealthvalue.public-health.uiowa.edu/VBC_assess.html\)](https://ruralhealthvalue.public-health.uiowa.edu/VBC_assess.html).

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Q4. The RFP lists five types of HIT investments and six types of eligible providers. Must the performance measurement framework include at least one proposed indicator and measure for each combination of HIT type and provider type (i.e., up to 30 distinct measure specifications), or is the requirement limited to at least one measure per HIT type with provider-type variation described qualitatively?

A4. The framework should include at least one measure per HIT investment type incorporating the various abilities of a mixed provider type to report on the measure.

Q5. Task 4 requires the draft framework to align with CMS reporting requirements. Will MDH provide the specific CMS reporting templates, data elements, or measure sets currently in use under the RHTP financial assistance award prior to contract execution, or will the vendor be expected to identify these independently?

A5. MDH will provide all necessary information for compliance with CMS requirements to the selected vendor.

Q6. The maximum budget for this engagement is \$25,000. Does this ceiling apply only to the three required deliverables, or does it also include any optional additional tasks proposed by the vendor? If optional tasks may push total costs above \$25,000, will MDH consider a two-part cost structure (required scope at or below \$25,000 plus optional enhancements at additional cost)?

A6. The agreement maximum of \$25,000 should at minimum cover the three required deliverables. If a responder wishes to submit additional tasks or activities, they should be included in the \$25,000 total cost proposal.

Q7. For the required sample work product, does MDH have a preference for the format, length, or type of prior work submitted (e.g., a performance measurement framework, an evaluation report, a logic model, a strategic plan)? Are there any restrictions on submitting a work product developed

for a non-Minnesota client, provided it has been appropriately redacted for confidentiality?

A7. Submissions of previous work should align with the scope of the project. If samples are longer than 5 pages, please include an executive summary.

Q8. The Technical Proposal asks vendors to describe 'timelines and final deliverables.' Should the proposed timeline mirror the specific day/week benchmarks stated in the RFP (10 business days, 21 days, 45 days, 90 days post-contract), or does MDH expect vendors to propose a modified timeline, and if so, is there flexibility to negotiate these milestone dates?

A8. The timeline should reflect the outlined 10, 21, 45, 90 days post contracting timeframe. If there are additional deliverable steps in between those days, please indicate those as appropriate.

Q9. The Cost Proposal instructs that hourly rates must include all costs including travel. Does MDH anticipate any in-person meetings, or is the entire engagement expected to be conducted virtually? If in-person travel to St. Paul/Minneapolis may be required, approximately how many trips should vendors budget for?

A9. This is a remote only engagement and no in-person travel is expected.

Q10. Task 5 allows up to six weeks for MDH review and feedback on the draft framework, with a final deliverable due 30 days after receiving feedback. Given that the contract period is not specified in the Quick Call, what is the anticipated contract start date and end date? Will the contract period be sufficient to accommodate the full timeline including the six-week MDH review window?

A10. The expected contract period is estimated to be July 1, 2026 to December 15, 2026. The official contract start date will be the date the contract is executed (signed by both parties).

Q11. On page 6, task 6 requests remaining available for questions within the contract period. Can you please clarify what timeframe you all have in

mind for the contact period. For example, is this for 90 days of active work period or is your intent more like the 5 years of the RHT program? Or something in between?

A11. It is expected that this would be an additional 2 weeks beyond final measurement framework submission.

Q12. On page 5 you provide 5 “domains” in which you anticipate making HIT investments. The Quick Call implies that you are seeking performance measures within these domains, for each type of eligible organization. and for each type of HIT. Am I correct then in assuming you will be seeking hundreds of performance measures within the framework (to account for all of these combinations) or rather are you envisioning something more streamlined like 12-24 performance measures covering the major aspects?

A12. The framework should include at least one measure per HIT investment type incorporating the various abilities of a mixed provider type to report on the measure.

Q13. The document states a cap of \$25K for this work. Given my understanding of what you are seeking for a long-lasting performance measurement framework for the duration of the RHT Program and across all eligible entities and all HIT investment types, it would be my experience that you all may be underfunding this performance framework. Given the necessity of demonstrating achievement of outcomes to CMS for your State’s RHT Program, are you willing to explore a larger budget that has sufficient rigor and delivers a well-thought out and solid framework that will serve your RHT program for 5 years and beyond?

A13. The scope of this work is to develop a framework to support MDH with the initial development and implementation of the evaluation plan for these activities. At this time, this work is limited in scope for \$25,000 in an estimated 24 week maximum.

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