Missouri Hospital Association (MHA)

RFI FAQ

1. Does a LMS need to be HIPAA compliant?
   No, since there will be no PHI incorporated into a LMS it is not required to be HIPAA compliant.
2. How many users will be utilizing the digital workspace/LMS?
   This is dependent upon recruitment into the program. We estimate roughly 300 users initially, with the potential for growth.
3. Regarding a digital workspace, what is meant by co-editing of documents?
   Co-editing consists of the capability to collaborate in real-time on documents such as Microsoft Office.
4. Would chat and editing features be required to be part a of the responder's offering, or would third-party integration be allowed?
   Third-party integration is allowed. Please identify third parties response.
5. What specific patient populations are involved and how many lives would this encompass?
   For purposes of the RFI, patient populations include the Missouri population that encompasses the Greater KC metro area. There is potential for a larger area and/or limited geographic area depending upon recruitment into the program.
6. Are the outcomes for high-risk chronic health conditions (as well as the data-driven quality improvement in Section 2.0 aligned/tied to any value-based contracts/agreements?
   MHA is trying to align metrics to value based purchasing and quality payment program metrics. MHA is not tied to, or aligned with, any specific value-based purchasing contract/agreement.
7. What value-based payment models is MHA currently a part of or looking to join in the future?
   MHA is not currently a part of and is not looking to join a value-based payment model.
8. What examples of quality and operations-based reports is MHA seeking?
   MHA would like to see what vendors have to offer or can create. MHA is looking for hierarchical structure to the reports based upon clinician, facility/specialty, organization, region and state.
9. How many different HER vendors exist across your clinician population?
   This is to be determined based upon recruitment into the program. At a minimum, six that include EPIC, Cerner, MediTech, Allscripts, Athena and eClinicalWorks.
10. How many various data sources is MHA potentially looking for the platform to ingest (clinical/EHR, claims, labs, etc.)?
    Clinical/EHR, claims, HL7 (potentially), ADT, components of SDoH. Please provide the sources you are capable of taking in and if you have a current interface or if it would be a new build.
11. How many care coordinators/managers do you have across your membership?
    Dependent upon recruitment.
12. What population health and health care disparity analytics is MHA seeking?
    At a minimum, key metrics that include race, ethnicity, language and gender. Others may include income, availability of resources to meet daily needs, level of education, access to education, economic and job opportunities, transportation options, access to health care services and social environment.
13. Is contact information required for references?
    No, we will expect contact information in response to the formal RFP.
14. What business model does MHA intend to use to potentially fund this project (i.e. cost divided among membership, grant funding, etc.)?
    Funding is anticipated through federal contract dollars with amounts, duration of service and specific expenditure caps unknown at this time.