

Request for Information (RFI) 0621-102

Amendment 2 – State of Alaska Clarification Responses to Questions Received

June 20, 2022

Q#/A#	Question Received/Answer Provided
Q1	Is this proposal to architect a Medicaid solution or a “module” of Alaska’s MMIS/MES?
A1	Any future IT solution will not be a module of Alaska’s MMIS/MES. The solution would be like any other billing software that bills to the MMIS/ASO billing for Electronic Health Records from the behavioral health agencies approved to use it. The only difference is that Alaska sponsors this application for the agencies.
Q2	Does the department's inclusion of expectations related to MITA represent an intended use of the system for managing Medicaid data, or is the intent to ensure there is not conflict with the state's Medicaid Management Information System's ability to be compliant with MITA?
A2	The future IT solution will support some CMS-funded services, so the system will need to align with MITA standards.
Q3	Is MARS-E to be a requirement of the EHR?
A3	Yes, the State expects that any future IT solution will adhere to CMS requirements and standards, including MARS-E.
Q4	If there is an RFP, could vendors respond to just a component – EHR?
A4	While the State intends to seek a single IT solution vendor, we would like to hear from all potential IT solution vendors regarding their proposed solutions. The State is not planning to entertain joint ventures but is open to prime/subcontractor arrangements.
Q5	Is the funding source for this procurement under Federal Financial Participation (FFP)?
A5	Yes.
Q6	If the funding source for this procurement is under FFP, which specific certification checklist will be used from the MECT-MMIS checklists for certification? (For example, Intermediary and Interface checklists)?
A6	The State has not identified the specific MECT-MMIS checklists that will be required. The State expects that the IT solution vendor will comply with all required CMS MECT-MMIS checklists.
Q7	Is the state planning on purchasing an Enterprise Data Warehouse (EDW) as part of the project or is it already in place?
A7	An Enterprise Data Warehouse for the Division of Behavioral Health will be a requirement for any future RFP.
Q8	How many facilities (and types of facilities- inpatient, outpatient, residential) would potentially be using the EHR?
A8	The following is an estimate of the providers utilizing the current system: MDS – 75; EHR – 20; ASAP – 25; Re-entry – 15; T/C less than 10; FASD less than 5.
Q9	“Medicaid Enterprise Certification Lifecycle, as required by the Medicaid Enterprise Certification Toolkit, and including approaches such as Outcomes-Based Certification” – Can DBH share which outcomes are to be certified?
A9	The State has not identified the specific outcomes to be certified at this time.
Q10	On page 1 and 2, it appears that the dominant need is for the aggregation of data for the various federal reporting requirements. There is also the request for an EHR, but there is no overall description of its purpose or the scenarios for care that this will encompass.

A10	Any proposed solution will need to do both. A high-level list of solution functionality is found in “Anticipated Scope of Work” in the RFI.
Q11	On page 3, there are many EHR features noted. The question is whether this State EHR would be used by contracted, private providers throughout AK as their primary EHR?
A11	All Community Behavioral Health Centers are required to provide the state with the Minimal Data Set that the state needs for various reporting obligations. Agencies have the option to provide this via the state supplied system. This system also doubles as a free behavioral health EHR if the agency has Minimal Data Set obligations. If the agency has their own EHR and wishes to send those Minimal Data Set items to the state via the state prescribed methodology, they are welcome to submit their data obligations which go into the reporting database. As this represents a state sponsored EHR which comes at no cost to the agency unless they purchase a subscription for CONTINUUM through the vendor, many agencies find the combination of the price and the support they receive an attractive option to keep costs down for the organization
Q12	Would the number of users, noted as 4,200, all need access to the EHR for client care (not just the data for reporting)?
A12	Approximately 1,100 users currently access the EHR.
Q13	The RFI lists as a requirement: CMS standards, including, but not limited to, Medicaid Information Technology Architecture (MITA) 3.0 and other requirements to achieve CMS certification. Would the EHR need to meet the requirements of CMS certification?
A13	The EHR should comply with MITA Standards as described in Section 3.12 of the Department of Health and Social Services Information Technology Requirements (see “AMD#2 – Attch#1 – DHSS IT Requirements.pdf”). Additionally, the EHR should align with certifications indicated in the DHSS Sample Security Authorization Package - Moderate Control Set (See “AMD#2 – Attch#2 – DHSS Sample Security Authorization Package – Moderate Control Set.pdf”).