Manifest MedEx Ambulatory Recruitment Initiative
RFP Questions and Responses

Version Date: 1/3/2020

	Question	Answer
Programmatic Questions		
1	**What constitutes the elements of the sign-up process?**	Subcontractors will receive the MX Participation Agreement packet accompanied by detailed instructions after they have been selected. They will work with provider organizations to complete and sign the following documents, and then submit these as a packet to MX: 1. Participation Agreement, including Business Associate Agreement 2. Organization Intake Form 3. Lab & Radiology Authorization Form 4. Letter of Intent to Participate in Cal-HOP 5. Patient Panel Instructions Please note that MX does not accept red lines to the Participation Agreement. Forms should be signed by an authorized person on behalf of the organization.
2	**Can you provide an example of the Lab and Radiology authorization forms?** **What are the laboratory and radiology authorization forms? Are they multiple documents or is there only a single document with signatures?**	MX's lab and radiology authorization forms allow ambulatory providers to permit Quest, LabCorp, and Radnet to send copies of lab results directly to MX so that practices do not have to incur the expense and trouble of building lab interfaces to MX directly. These forms are part of the MX Participation Agreement packet that will be provided to subcontractors after they are selected. The forms consist of the following: • A single page LabCorp Authorization Form that organizations will need to fill out and sign to permit lab results to be sent to MX, • A section of the Organization Intake Form that requires authorization initials to permit lab and radiology reports to be sent to MX from LabCorp, Quest and Radnet.

3	**Are these forms expected at an organizational level? Do we need a MX Participation Agreement and Business Associates Agreement for every single provider and user at the practice or only from practice leadership?**	The MX Participation Agreement packet should be filled out and signed at the organization level. Forms should be signed by someone who is authorized to sign on behalf of the organization.
4	**What defines a practice? Is it a location? Is it a Tax Identification Number? We have organizations with several different TINs. Would they be considered several different practices?**	For purposes of this initiative, the signing organization is the entity that can execute a unique Participation Agreement on behalf of one or more clinic sites, similar to signing a contract with a managed care organization or IPA. In MX's experience, this often correlates with a Tax ID Number, but as you mention some of these organizations might have multiple TINs. A large organization could have multiple sites and TINs under one Participation Agreement if they are all part of one signing organization.
5	**If the Participation Agreement is required for every provider, are they electronic documents or are they paper documents? Can they be e-signed?**	The Participation Agreement is required at the organization level. All forms are electronic documents which will be completed and signed using Adobe Sign.
6	**Do we need all the providers at a single organization to sign up?**	Usually all providers at a single organization sign up, but it is not required. It should be noted that all providers employed by the organization signing the PA may be included under the organization's PA. Please note that MX defines the number of providers per organization to be full-time, licensed MDs, physician assistants or nurse practitioners with a specialization in internal medicine, family practice, pediatrics, cardiology, pulmonology, endocrinology, and OB-GYN.

7	**You listed the key EHR systems for a practice to be eligible in the RFP. What about practices that use other EHRs such as McKesson?**	For this initiative, MX is only focused on organizations using an EHR from one of the nine vendors below because these vendors can produce a patient panel and CCDAs that allow the participating organizations to use MX's notification and population health tools. We realize this focus narrows the recruitment pool, but it is an important way to concentrate MX's energy onboarding organizations that stand to get the most value from the MX network. • athenahealth • Allscripts • Cerner • eClinicalWorks • Epic • Greenway • Meditech • NextGen • Practice Fusion If an organization using a different EHR vendor expresses interest in joining MX, please share them with the MX team. MX will explore options for them to join the network, but it may involve implementation fees and/or limited access to MX services depending on the capabilities of their EHR. MX will evaluate this on a case-by-case basis, including assessing the possibility of using Cal-HOP incentives to cover development and connectivity costs for these types of organizations.
8	**The RFP states that subcontractors must get LOIs from organizations when they agree to sign on with MX. Cal-HOP required that MX obtain a number of LOIs as part of MX's application to participate in Cal-HOP. For organizations that signed LOIs for MX, will subcontractors still engage to onboard them? If not, would MX share the list of providers who signed LOIs so that bidders can exclude them from their proposed recruitment plan?**	Once subcontractors have been selected, we will share which ambulatory practices have already provided a LOI or are already in negotiations with MX, so they do not recruit these practices.

9	**Are you doing anything in far northern CA? What if we want to reach out to a provider not in the list of target counties?**	Yes, our goal of this initiative is to broaden participation across the state focusing on 24 counties that are not currently covered by our partner Health Information Organizations. We want to enlist smaller practices in remote areas just as much as larger systems in urban areas. MX is open to working in counties not specified in the RFP if subcontractors have a strong practice network or compelling outreach plan for the county. In the "Target Practices" section of your proposal, please clearly identify any practices that are not in counties identified in the RFP, and where they are located. Please provide a rationale and background information for why you think they should be included. The 24 target counties are listed below: • Alameda • Contra Costa • Del Norte • El Dorado • Humboldt • Imperial • Kern • Los Angeles • Marin • Mendocino • Monterey • Napa • Placer • Sacramento • San Francisco • San Luis Obispo • Santa Barbara • Santa Clara • San Mateo • Solano • Sonoma • Orange • Ventura • Yolo
10	**In the subcontractor territory section, Manifest has a specific emphasis on key locations; however, it is footnoted that subcontractors may be eligible to apply to recruit eligible practices in other regions. What is that process? Can we identify those regions upfront? What is the criteria for selection?**	MX is open to working in counties not specified in the RFP if subcontractors have a strong practice network or compelling outreach plan for the county. In the "Target Practices" section of your proposal, please clearly identify any practices that are not in counties identified in the RFP, and where they are located. Please provide a rationale and background information for why you think they should be included.

11	**With regard to provider assignments, will MX be providing the specific eligible providers or will the subcontractor be required to identify prospective participants?**	As outlined in the RFP, subcontractors are expected to provide prospective ambulatory practice lists. These prospective participant lists are part of the proposal review process and will help MX determine which subcontractors to choose and how to organize subcontractors by county. Lists should detail number of eligible full-time providers per practice/organization, location, current relationship (if any), and confidence level in recruiting target practice.
12	**While our RFP submission will be vendor agnostic, we do have strong relationships with some of the larger EHR vendors, will it be possible to assign practices according to EHR vendor?**	MX will assess target lists of ambulatory practices provided by subcontractors and work to ensure the strengths of selected subcontractors are leveraged. Please feel free to detail how your relationship with EHR vendors will impact your strategy for recruiting ambulatory groups in either the "Past Experience" or the "Organizational Capacity & Project Plan" section of the proposal.
13	**Could you let us know which ambulatory providers are current participants in the Central coast (SLO, SB, etc.)?** **Can you provide a list of all MM-participating hospitals in the Los Angeles, Orange, and Imperial counties? This information is essential in order for us to confirm if we can be successful in our recruiting efforts.**	Please find a list of participants on our website: https://www.manifestmedex.org/our-network/participants/ This list is updated regularly.
14	**Would MX provide a list of organizations already onboarded with MX so that bidders can exclude them from their proposed recruitment plan?**	Please see response to question 13. Subcontractors will not receive incentives for recruiting organizations that are already part of the MX network.
15	**As a provider, what do I do if my local hospital isn't a participant of Manifest MedEx's HIE?**	Manifest MedEx is continuously expanding its network of hospitals. Please let us know what hospitals are priorities for your local providers and we will reach out to them.

16	**At what point does the MX team engage with the practice, is it during the five step process or is it post enrollment?**	The MX team will engage and onboard the practice to services after the completed Participation Agreement packet is received. MX will hold kickoffs with the identified Points of Contact in the Intake Form to assist with onboarding. MX will also hold trainings with the practice to educate them on how to use the MX platform and answer questions. MX will regularly follow-up with practices to facilitate use of the MX platform and provide support as needed. Those practices that agree to participate in the Cal-HOP program will also work with MX to ensure timely achievement of Cal-HOP program milestones throughout 2020-2021.
17	**Will the required training be hosted on site or remotely?**	Our expectation is that trainings will take place at MX offices, but MX will work with selected subcontractors to determine the ideal setting for trainings based on scheduling and availability of MX leads and subcontractor attendees.
18	**It states in the RFP that MX will support the awarded subcontractors in their outreach efforts by providing them with assistance. Will there be assistance if the practice needs to talk to MX; for example, if the practice's legal department wants to talk to MX's legal department?**	Yes, we will provide support with any questions the practices have within reason. MX will also provide marketing materials, demos, trainings, informational webinars, and on-site presentations to ensure subcontractors have the information needed to effectively recruit practices. Please note that we are not allowing any modifications to the Participation Agreement as part of this program.
19	**Are you willing to negotiate the indemnity clause of your contract with the vendor? As a small business, our indemnity must be specific to our performance of services and no greater. We don't want to waste your time reviewing our proposal knowing that we will not take on excessive indemnity to large public organizations.**	Please submit the proposed language you are seeking in the RFP response.
20	**Subcontractor requirements list at least one in-person event. What does this mean? Please explain.**	We want to ensure practices have the information needed to understand the value of a HIE and the requirements of this program. We envision in-person events to assist with recruitment efforts may include a presentation or demo of MX, a working session to help providers complete materials, or hosting a booth to do outreach at industry events.

21	**Does MM help organizations to report on clinical quality measures? Which features are available?**	Currently, MX is not focused on helping practices report clinical quality measures; however, practices can use MX's tools to help identify care delivered at other organizations that would count for quality measures, as well as information like prior diagnoses which can help with RAF coding. MX also delivers real-time notifications when patients have a hospital encounter so they can follow-up immediately after discharge and schedule a visit within 7 days when appropriate. For providers looking to get Transitional Care Management (TCM) payments from Medicare, this is a huge boost in meeting the requirement for an interactive contact with the patient within 2 days of discharge. Our tools also help practices identify which patients are most likely to be readmitted so they can focus outreach and follow-up efforts to avoid readmissions.
Technical Questions		
22	**Do participants automatically get access to all three modules of MX (Notify, Access, and Analyze?)**	Yes, when an organization joins MX, it can access all three products within the MX platform: • **MX Notify** for hospital event notifications (ED and inpatient) • **MX Access** to look up a patient's longitudinal health record • **MX Analyze** to risk stratify patient populations and sub-populations Please view this video for more information on what the MX platform provides ambulatory provider groups: https://youtu.be/1ONI9sN2J8E
23	**Can you schedule a demo of the software to be held at least two weeks in advance of the proposal due date?**	Yes, we've also provided a recorded demo of our software in question 22. We will send an invite for a demo of our platform via RFPresponse@manifestmedex.org Please ensure these emails are not going to your junk mail.
24	**In what format do you need the patient panel information? How many data points are required?**	Patient panels must be in CSV file format and should conform to the following template, which has approximately 10 required demographic data elements for each patient: Patient Panel Template Subcontractors will be responsible for ensuring patient panels are accurately sent to MX. Incomplete or inaccurate data formatting will be noted and included in the subcontractor quarterly review process. MX is working on providing subcontractors with a self-service panel loader that will QA panels and identify any issues to be addressed before they are loaded to MX.

25	**Regarding the "Active patient panel in MM's patient panel format" requirement, how is the active patient panel demonstrated to the vendor? What is the evidence that triggers payment?**	The active patient panel is defined as the full roster of active patients at a practice. MX defers to how each practice defines "active," but it is typically patients who have been seen at the practice within the past two years. Payment is triggered after the patient panel and other required documents are accepted by MX's system. MX is planning to make a self-service panel loader available to subcontractors, which will QA panels and let subcontractors know if anything is wrong with the panel and if so, what needs to be corrected. This approach ensures that the organization can onboard to MX's notification and population health tools as soon as a subcontractor hands off the organization to MX.
Fiscal Questions		
26	**Is the incentive per site or organization as whole?**	The incentive is at the organization level, which is the same entity that signs an MX Participation Agreement (PA). The dollar amount of the recruitment payment is based on the number of providers employed full-time by the organization. The definition of provider is cast broadly, and includes Medical Doctors, Doctors of Osteopathy, Nurse Practitioners, and Physician Assistants specializing in internal medicine, family practice, pediatrics, cardiology, pulmonology, endocrinology, and OB-GYN. Each organization is required to sign a PA with MX that lists any associated sites/practices included in the organization's participation with MX (i.e., those sites which will have access to data in the MX network under the organization's PA). The number of sites/practices does not factor into the recruitment payment.
27	**Will an ambulatory provider get charged to use MX services after they connect to the MX HIE?** **What are the implementation and recurring costs for ambulatory participants to join Manifest MedEx?**	Currently, MX does not charge ambulatory providers subscription or implementation fees to join the network and use MX services. However, MX does operate on a data reciprocity principle, which means that in order to be on the MX network and use MX services, an organization must contribute data to the network. Data contribution requirements for ambulatory providers include (1) sending MX an ADT feed or patient panel, (2) authorizing MX to receive lab results and radiology reports from LabCorp, Quest, and Radnet, and (3) sending MX CCDA formatted care summaries consistent with the requirements in ONC's EHR certification program.

28	**MX is currently providing incentive payments to hospitals that select MX as their HIE. Will MX also offer incentives to providers recruited under this contract? If so, how much will the incentives be, and is this information permitted to be used for recruitment?**	We hope to provide incentive payments but these amounts will depend on the details of the Cal-HOP program, which has not yet been finalized. Once the program is finalized, we will share exact amounts and review these details in a webinar on the Cal-HOP program. The ambulatory practice incentives will not be substantial if we decide to offer them. MX resources are devoted to reimbursing subcontractors and providing complimentary services to ambulatory providers, a substantial benefit not offered by other HIEs.
29	**Does MX plan to pass down a portion of the Cal-HOP milestone payments to providers recruited under this contract? If so, how much will MX provide for each milestone, and is this information permitted to be used for recruitment?**	Please see response to question 28. Once any incentive for ambulatory practices is defined, subcontractors are able to use this information to help recruit practices for participation in MX and the Cal-HOP program.
30	**The break points imply an emphasis on recruiting smaller practices. Is that the intent? Under the payment schedule, is there consideration for bigger organizations with many more patients? We would like MX to consider additional break points at 40-59 providers and 60+ providers.**	The goal of this initiative is to ensure we recruit a variety of practices both large and small; however, MX's intent is to incentivize recruitment of **larger** practices first, thus the higher payment for organizations with more providers.
31	**The budget for this RFP is capped at $2MM. Is this first-come-first-serve or do we get an allotment? If we meet our goals, are we able to increase our allotment?**	Payments are subject to availability on a first-come, first-serve basis. Subcontractors able to surpass their goals will receive payment if funding is available. As part of the program, subcontractors are expected to provide regular forecasts and updates on their recruiting efforts. We will notify subcontractors if there are limited funds to ensure they are paid for their recruiting efforts.
32	**Is Manifest MedEx open to creating a structure where a partial recoverable draw on the payment will be provided while we wait on the active patient panel list?**	No, we will issue payment after the signed Participation Agreement packet is submitted and the active patient panel is accepted by our platform. See question 1 for more details.
Federal/State Program Questions		
33	**What is the deadline for Cal-HOP funding?**	We expect the Cal-HOP program to formally launch in Q1 2020. All Cal-HOP activities must be completed by September 2021.

34	**DHCS emphasizes regional HIO's and states on Slide 5 of this document (https://www.dhcs.ca.gov/provgovpart/Documents/OHIT/Cal-HOP_Feb_22_Webinar_for_HIOs.pdf), "The value of electronic data exchange for Medi-Cal members and payers increases when the vast majority of Medi-Cal providers within a region participate in an HIO data exchange network." This statement suggests that DHCS could carve out Los Angeles to LANES for DHCS funding. Do you have any clarification from DHCS on whether or not service regions will be specific by HIO as DHCS did for its CTAP awardees? In CTAP, there was no overlap of geographies among qualified service partners. By extension, this would mean that DHCS would select LANES as the only qualifying HIO to serve Los Angeles County.**	MX has a number of hospitals and practices in LA County on its network currently and continues to expand connectivity in this important region independent of the Cal-HOP program. LA County has over 29,000 providers covering 5,000 square miles and many are not connected to an HIE at all. We do not believe DHCS will establish geographic regions for each HIO. But when the Cal-HOP program is finalized, MX will consider any DHCS restrictions that affect this initiative.
35	**Has MM received prequalification from DHCS for the Cal-HOP Program?**	We have not received a call for qualifications for HIOs from DHCS yet. We have been informed that this call should occur in January.
36	**DHCS has specific requirements for the qualified HIOs and a reputation of being uncompromising with these requirements. Does MM have a DHCS expert on staff with previous experience working with DHCS on federal state partnerships specific to a milestone and incentive-based payment program?**	MX has a dedicated and experienced team working with our partners and participants to meet the requirements of various federal-state programs. Our leadership also works closely with the State to provide feedback on federal-state partnerships to ensure milestones and incentive-based payment programs are in line with the needs of our participants.
37	**What protection do you plan to offer vendors if the vendor submission is valid for payment, but payment is withheld based on MM failure to meet a DHCS HIO requirement? Our organization is a small business and terms such as these are essential to mitigate risk not related to our performance under the contract.**	While MX is making efforts to align this initiative with the state's Cal-HOP program, contracts with MX for this initiative and associated payments are not dependent on funding from the State. Funding for this initiative comes directly from MX. As such, payment for the requirements outlined in question 1 will not be affected by the ability of MX to meet a DCHS HIO requirement.
38	**Has DHCS named the MCS for the program? If so, what is the name of the organization?**	No, DHCS has not yet named the MCS for the program.