

HSMN ITN 20204-01 Statewide Data System

Prospective Vendor Review Scoring--Rev. 5-3-24 to add Round 2 Scoring

Items in peach color for review committee scoring

INTRODUCTION

There will be two rounds of scoring. The goal of Round 1 is to identify up to 3 top proposals based on score. The goal of Round 2 is to identify and prioritize the top 2 vendors. Negotiations will be held with the top vendor. If negotiations fail, then the second place vendor will be approached. HSMN reserves the right to also approach a third place vendor if needed and to follow other processes specified in the ITN.

ROUND 1 INITIAL PROPOSAL REVIEW: Prior to the meeting, the Review Team members are expected to read all of the proposals thoroughly and be prepared to discuss and score each of the items on the scoring template. As a group, we will discuss the Round 1 scoring template with the aim of coming to a consensus on a group score for each category. If we do not have consensus, then each individual member will state their preferred score and an average for the group will be used as the final score for each category. The Review Team will vote on the final scoring with the purpose of documenting the rationale and any objections. Abstentions from voting will not be allowed.

ROUND 2 DEMONSTRATIONS AND PRESENTATIONS BY THE FINALISTS: The vendors will provide a demonstration and presentation of their systems by Zoom. After the demonstrations are finished, the Review Team will discuss each of the items on the Round 2 scoring template with the aim of coming to a consensus on a group score for each category. If we do not have consensus, then each individual member will state their preferred score and an average for the group will be used as the final score for each category. The Review Team will vote on the final scoring with the purpose of documenting the rationale and any objections. Abstentions from voting will not be allowed.

ROUND 1 Criteria Categories-- FINAL		Score 1-5*	Weight 1-5	Weighted Score	Definitions	Review Comments
1	All proposal requirements, conditions and instructions are met	NA	NA	NA	Staff will preview proposals to ensure they meet the minimum requirements before sending them to the Review Team.	
2	Company Profile and Qualifications		2	-	Authorized to do business in the state of FL, qualifications of the primary individuals, vendor stability, responsiveness of support team, references and testimonials	
3	Experience		4	-	Track record with similar clients/projects and working with administrative services organizations.	
4	Data Security and Privacy		5	-	Security certifications and standards, access controls and permission levels, data backup and recovery processes. SOC 2 certification in the last 12 months and any other security assessments/certifications.	

5	Functionality and Features		5	-	Referral processing from various sources and outcomes of the referrals, case creation and management capabilities, reporting and analytics, workflow automation (tickler lists, plan for the CIR algorithm and home visiting capacity), communication tools (e.g., messaging, notifications), different access portals for service provider types and partner organizations.
6	Data Reports		3	-	
7	Data migration		4	-	
8	Functional Medicaid billing functionality already built		4	-	Experience with Medicaid eligibility verification (270, 271) and claims processing/billing (834, 835) X12 process.
9	Integration Capabilities		4	-	Plan for the migration of the current records into the system. Vendor ability for data exchanges for universal screens, health plans data, etc.
10	Scalability and Performance		3	-	Ability to handle import of the current data and increasing data volumes, response times under varying loads, system downtime history
11	Customization and Flexibility		3	-	Ability to tailor workflows to specific needs, configurability of fields and forms, reports, and provide a periodic data file. Reports customization: race & ethnicity, etc.
12	Cost		2	-	Development costs, licensing fees, maintenance and support costs, average license and maintenance increases over the last three years.
	SUBTOTAL	-		-	
	HITRUST Certification			-	Additional points for HITRUST Certification (0=no certification, 5= certification is in process, 10=certified)
	TOTAL	-	-	-	

***Scoring Scale:**

1 to 5 with 1 being poor/unacceptable and 5 being excellent.

HSMN STAFF USE ONLY: DECISION/VOTE ROUND 2 WITH RATIONALE DOCUMENTED

ROUND 2 Criteria Categories: Score for the ability of the vendor to meet the needs for each program/process:		Score 1-5*	Weight	Weighted Score	Comments	
FOR CONNECT CI&R:						
1	Import of Universal Prenatal & Infant Screens for Connect CI&R		1	-		
2	Import of health plan auto referrals and export of health Plan data for Connect CI&R		1	-		
3	Import of SOBRA data from AHCA for Connect CI&R		1	-		
4	Programming of the algorithm to score/identify the home visiting program(s) eligiblity		1	-		
5	Display of capacity for each home visiting program: slots available and language (English, Spanish, Creole, Other)		1	-		
6	Closed loop referral process for sending and receiving referrals to and from home visiting programs, health plans, and community resources.Documentation of the outcome of referrals		1	-		
7	Tickler lists/reminders for clients that need follow up including incoming referrals and required attempts to contact and follow up		1	-		
8	Service and referral outcome reports by state, Coalition, County, CI&R worker, funding source (Medicaid, nonMedicaid), and referral source (DCF, health plan, risk screen, community partner such as 211, etc)		1	-		
9	Modified access/separate portal for health plans and home visiting partners. Read only access to view cases and send/receive referrals.		1	-		
10	Overall ease of navigation / user friendliness		1	-		
11	Availability of a periodic data file for state staff for custom reports, QA, and evaluations.		1	-		
FOR CASE MANAGEMENT FOR INTERNAL HOME VISITING PROGRAMS: HEALTHY START, CAPTA, TEAM DAD AND DOULAS:						
12	Tickler lists or reminders for clients that need follow up including incoming referrals and case management defined schedules for screenings and attempts to contact		1	-		

13	Ability to sync with or create a calendar to show upcoming and past home visits		1	-		
14	Comprehensive service and outcome reports by State, Coalition, County, home visitor, funding source (Medicaid, nonMedicaid), and referral source (DCF, health plan, risk screen, community partner such as 211, etc)		1	-		
15	Modified access/separate portal for health plans. Read only access to view cases and send/receive referrals.		1	-		
16	Overall ease of navigation / user friendliness		1	-		
17	Availability of a periodic data file for state evaluation and custom reports		1	-		
MEDICAID/HEALTH PLAN BILLING:						
18	Plan for posting claims information for Coalitions and HSMN		1	-		
19	Team X12 EDI expertise and ability to process the necessary files.		1	-		
OTHER						
20	Process for identifying duplicate records and merging them.		1			
21	Flexibility of the data system to make changes/updates as needed for program and user needs. Process and site for testing changes to the data system before going live.		1			
22	Training site with test records. Access to system training videos and materials available.		1			
23	Availability to create a family record		1			
24	Internal email/messaging system for users to communicate in a secure platform.		1			
25	Ability to transfer case(s) or entire records to another service area and the ability to transfer family cases together.		1			
26	Ability to reduce data entry errors by requiring specified fields and eliminating duplicative data entry.		1			

27	Security		1			
	Total	-		-		

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