

Questions and Answers

Universal Health Care Financing System Study RFP

JANUARY 10, 2025

SWIFT Event #2000016529

Questions for this RFP were due to MDH (kristen.ackert@state.mn.us) on January 3, 2025. Answers will be posted to SWIFT and to the [MDH Universal Health Financing System study webpage](#) on January 10.

A. Posting Updates & Corrections

QA-1. Will the State consider extending the proposal submission deadline due to the Martin Luther King Jr. Day?

MDH RESPONSE: Yes. Due to the holiday on Monday, January 20th, MDH has extended the due date for submissions to Thursday, January 23 at 12:00 pm Central Time. MDH has posted this change to SWIFT on January 10, 2025.

QA-2. Can we submit proposal documents directly to the point of contact for this solicitation?

MDH RESPONSE: No. All documents part of the proposal **must be** submitted through SWIFT using the [Supplier portal](#). Additional instructions can be found in the RFP under Section 1, Step 3 on pp. 4.

B. Timeline & Data Sources

QB-1. How do you envision that a vendor might use the option to extend the contract? Could this timeline be used to complete proposed additional tasks?

MDH RESPONSE: The extensions are not to be used to complete required or proposed work plan tasks. The State is not asking for a budget for potential additional years. All proposals should include costs for the requested contract timeframe with the anticipated contract ending in June 2026. MDH retains the right to accept or refuse any proposals for extensions.

QB-2. Is the January 2026 deadline for the final report a fixed date, even if there are potential delays in data acquisition? What work needs to be completed by January 2026, versus June 2026 (the anticipated end of the contract)?

MDH RESPONSE: The deadlines for deliverables that are listed in the RFP document are based on Minnesota statute requiring MDH to deliver a report to the Minnesota Legislature by January 15, 2026. We are looking for a realistic proposal and set of deliverables given the available time. Please write your proposal with these due dates in mind, including any

assumptions you have about the time needed to prepare the data for analysis and potential tradeoffs due to timing constraints. If unavoidable issues arise during the course of the contract, MDH and the awarded vendor would need to work together to determine how best to manage them. MDH will make every effort to resolve any challenges in a timely manner.

QB-3. What timeline does the state anticipate for gaining access to the data sources listed in the RFP?

MDH RESPONSE: Once a contract is fully signed and executed, MDH will work with the awarded vendor team to determine which individuals require access to what data. Some data is already publicly available, and some data may require data privacy training and certification, in addition to establishing data access credentials and relevant metadata resources. For non-public data (other than data from the MN APCD), MDH will make arrangements for securely sharing data. Generally, MDH should be able to make data accessible within a week or two.

QB-4. What is the availability of state staff time for support with the data? Specifically, data cleaning and the need to understand idiosyncrasies within the data systems.

MDH RESPONSE: MDH will be involved in a collaborative manner and will provide input regarding project direction, planning, oversight, methodology, and review of preliminary and final work products throughout the course of the project. MDH will not be conducting the analyses or data cleaning but see our role as supporting that work. We are prepared to provide limited technical assistance with using the MN APCD and other Minnesota-specific data sources. Responder's proposal should include their assumption for the engagement by MDH staff.

QB-5. Will the vendor be required to perform the modeling on their internal systems, or does the State have a centralized processing system where the data must reside, and the analysis and modeling will be performed?

MDH RESPONSE: MDH does not have a preference on where the awarded vendor performs their modeling. Where the vendor performs modeling and analysis may depend on their microsimulation model and how they are able to meet expectations for securely hosting certain MDH data. Either way, in their proposal, the responder should be clear about their preference and indicate pros and cons of their proposed choices, including how their choice secure state data.

C. Methods, Assumptions, and Scope

QC-1. The RFP mentions some flexibility in modeling assumptions — are there any areas where MDH is particularly interested in exploring alternative assumptions?

MDH RESPONSE: The State is looking to responders to propose modeling assumptions based on their expertise and experience. Responders may propose alternative assumptions where they believe flexibility would serve the project and the outcomes the Legislature is seeking to understand. Similarly, the responders may propose a range of sensitivity analyses that help the legislature understand to what extent results are sensitive to making certain assumptions.

QC-2. What types of long-term care services does MDH anticipate the MHP to cover? Will it include both institutional care and home- and community-based services?

MDH RESPONSE: Responders should refer to the Minnesota Health Plan, proposed in the 93rd Minnesota Legislature as [Senate File No. 2740/House File No. 2798](#) for details on the Minnesota Health Plan benefits and covered services.

QC-3. [Microsimulation modeling] The RFP states in the first paragraph under section 2.2. that the model should produce “10-year projections for the period 2026 to 2035” but then states in other sections that modeling “must illustrate the MHP’s impact for 2027 to 2036...” Please clarify. Are these calendar year or state rate year?

MDH RESPONSE: Apologies for confusion and inconsistency on the dates. Responders should produce 10-year projections for calendar years 2027-2036.

QC-4. [Microsimulation modeling] Under Section 2.2.2, the RFP states that contractor should assume that “All Minnesotans with employer-sponsored insurance coverage will transition to the MHP.” Can you clarify the reason for this assumption? For example, does the MHP prevent companies from offering employer-sponsored insurance? Should self-insured employers be treated differently? May contractors propose sensitivity analyses around levels of uptake of MHP among Minnesotans with employer insurance coverage?

MDH RESPONSE: In modeling the impact of the Minnesota Health Plan, responders must assume that all Minnesotan residents are enrolled in the Minnesota Health Plan ([Senate File No. 2740/House File No. 2798](#)), irrespective of any potential state or federal barriers. The responder should assess through behavioral modeling to what extent uptake may deviate from the full enrollment and develop additional recommendations as described under 2.2.2.1 on pp. 7.

QC-5. [Microsimulation modeling] Under Section 2.2.2, the State notes that Minnesota Health Plan (MHP) premiums for individuals will be “similar to” Marketplace premium tax credits (PTCs) available in 2026. Enhanced Marketplace PTCs are set to expire in 2026 unless renewed by Congress. Would the State clarify the assumption to be made here by offerors?

MDH RESPONSE: Responders should plan on creating a microsimulation model that assumes individuals will pay income-based premiums with tax credits. Responders must develop and recommend a premium scale for the analyses and justify the recommendation. Thus, responders must propose and explain an approach that will produce a useful and informative model for the Legislature. MDH and the awarded vendor will discuss and agree upon necessary assumptions for the microsimulation modeling during the course of the project.

QC-6. [Ancillary modeling] Will state licensure data for health professionals be available to quantitatively assess the system capacity and health workforce implications (shortages and excess capacity) of the MHP?

MDH RESPONSE: Responders can find current state licensure data on the [Minnesota Board of Medical Practice website](#). MDH will make available findings from existing research on Minnesota’s health care work force from the MDH [Office of Rural Health and Primary Care](#) and

evidence on current financing and policies. As needed, MDH will work with awarded vendors to identify additional workforce data availability.

QC-7. There are references in the bill to a business health tax, but there are no details about this tax either in the bill or in the RFP. Would the State clarify if this is a new tax about which offerors will be required to make assumptions?

MDH RESPONSE: Under task 2.4 “Implementation of the Minnesota Health Plan,” responders are asked to estimate the start-up costs and key financing decisions for implementing the Minnesota Health Plan.

QC-8. Section 2.2.2. requires the assumption that, “Baseline Minnesota health care spending estimates are consistent with MDH projections of Minnesota health care spending by service category and payer.” However, under Section 2.2.2.1, vendors must recommend “Baseline projections for 2027 to 2036 [corrected dates] for total annual health care expenditures, utilization, and provider payment rates by category of service, at minimum including inpatient hospital services, outpatient facility services, physician services, other professional services, prescription drugs, vision, dental, and long-term care services.” Does the State want responders to use pre-existing projections or generate their own projections?

MDH RESPONSE: MDH asks responders to use Minnesota health care spending estimates as a reference point for developing the baseline in the microsimulation model and asks responders to propose assumptions to generate projections for 2027-2036 under implementation of the MHP.

QC-9. May vendors propose a spreadsheet-based model to conduct the analyses?

MDH RESPONSE: No. For the core elements of the implementation analysis of the Minnesota Health Plan (section 2.4 in the RFP), MDH prefers a modeling approach that deploys behavioral and actuarial techniques in microsimulation. Ancillary modeling (section 2.3 in the RFP) can use different estimation or simulation approaches.

D. General Questions

QD-1. Does the state have an intended budget for this project? Should vendors assume that the total appropriation is available for the study?

MDH RESPONSE: MDH has not determined a contract amount for the study. We are interested in seeing cost proposals related to deliverables and services that represent delivering strong value to Minnesota. The state appropriation serves to cover potential vendor costs, as well as state costs associated with preparing procurement, overseeing the study, and communicating results effectively.

QD-2. Is it acceptable for the final report to be published in January 2026 after undergoing rigorous quality assurance but prior to meeting accessibility standards?

MDH RESPONSE: For all formally published work, responders need to comply with the accessibility requirements in the RFP specified on pp. 10-11 under section 2.8 “Requirements

for deliverables” and factor that into the proposed timeline. Draft deliverables do not need to meet accessibility standards. Responders should present in their work plan realistic scenarios for delivering work to the Legislature, including by identifying opportunities and tradeoffs associated with the time constraints.

QD-3. Will a list of participants from the December 19th webinar be shared?

MDH RESPONSE: No, MDH does not plan on releasing the list of participants from the December 19 webinar.

QD-4. Can individuals put together a competitive bid to serve as a subject matter expert (SME) with a relatively small number of hours?

MDH RESPONSE: Under this procurement, MDH is seeking responders that are able to perform all of the described work; MDH does not anticipate making partial awards. Responders may work with sub-contractors to round out their subject matter expert team. Project management and coordination responsibilities to align activities among a vendor team with sub-contractors will rest with the vendor who is awarded the contract.

QD-5. Do prospective vendors need to be registered as a bidder or supplier in SWIFT in order to submit a proposal?

MDH RESPONSE: Yes, all prospective vendors must be registered in SWIFT to submit a proposal. All proposals must be submitted via the SWIFT Supplier Portal, or they will not be accepted for review. Please refer to the [SWIFT Reference Guide](#) for support. If you need additional assistance, please contact the SWIFT Vendor Assistance Helpline at 651-201-8100, Option 1, and then Option 1.

QD-6. To get preference points in the evaluation, can a Targeted Group, Economically Disadvantage Business, Veteran-Owned entity be a subcontractor?

MDH RESPONSE: No, preference points are only awarded to the primary Responder. To receive preference points, businesses must be eligible and certified by the State. For TG/ED/VO certification and eligibility information visit the [Office of Equity in Procurement website](#) or call the Division’s Helpline at 651.296.2600.

QD-7. If a bidder is recognized as a small woman-owned business by the U.S. Small Business Administration and is in the process of securing Targeted Group status in the state of Minnesota, can the bidder receive preference points in the evaluation?

MDH RESPONSE: No. To receive preference points, the Responder must already be certified as a targeted group (TG) business, economically disadvantaged (ED) businesses, and veteran-owned businesses in Minnesota. MDH is not able to provide preference points to a company in the process of receiving certification.

QD-8a. Is it intended for the contract to be fixed price? If so, may the State remove the requirement to provide the detail included in Attachment C-1: Cost Detail (personnel), since Responders will be submitting pricing based on deliverables and some responders may

consider (Name, Job Title, and Maximum Hourly Rate) to be confidential and proprietary in order to maintain competitive advantage.

MDH RESPONSE: Yes, the resulting contract will be a fixed price, deliverables-based contract. Vendor bids become public documents after a vendor has been chosen. While there are processes for redacting trade secret information, it is the state's policy to not accept trade secret information on bid documents in response to RFPs. MDH has removed the requirement to include name, title, and maximum hourly rate in revised Attachment C-12: Cost Detail.

QD-9. For Attachment C-1-Cost Detail is it allowable to combine deliverables (i.e., draft and final) to balance the timing of invoices?

MDH RESPONSE: The Cost Detail should include and reflect all costs that respondents anticipate related to conducting and completing the work for this contract. As such, the Cost Detail should be clearly linked to the key deliverables that are proposed. Responders may combine deliverables, but payment will not be made until the deliverables are complete and considered approved by MDH.

QD-10. Would the State clarify if "Quality Assurance and Quality Control" may be presented as a separate section that does not count towards page limits, or may it be included either in the Work Plan, or Draft Methodology & Analytic Approach sections?

MDH RESPONSE: Responders may present quality control activities in a separate section that does not count toward the page limits.

References

- [MDH Universal Health Financing System study](https://www.health.state.mn.us/data/universalhealth/index.html)
(<https://www.health.state.mn.us/data/universalhealth/index.html>)
- [SWIFT Supplier Portal](https://mn.gov/supplier) (<https://mn.gov/supplier>)
- [Senate File No. 2740](https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF2740&ssn=0&y=2023)
(<https://www.revisor.mn.gov/bills/bill.php?b=Senate&f=SF2740&ssn=0&y=2023>)
- [House File No. 2798](https://www.revisor.mn.gov/bills/bill.php?f=HF2798&y=2023&ssn=0&b=house)
(<https://www.revisor.mn.gov/bills/bill.php?f=HF2798&y=2023&ssn=0&b=house>)
- [Minnesota Board of Medical Practice](https://mn.gov/boards/medical-practice/consumers/data/stats/) (<https://mn.gov/boards/medical-practice/consumers/data/stats/>)
- [Office of Rural Health and Primary Care](https://www.health.state.mn.us/facilities/ruralhealth/index.html)
(<https://www.health.state.mn.us/facilities/ruralhealth/index.html>)
- [SWIFT Reference Guide](https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/) (<https://mn.gov/mmb/accounting/swift/vendor-resources/vendor-reference-guides/>)
- [Office of Equity in Procurement](https://mn.gov/admin/business/vendor-info/oep/) (<https://mn.gov/admin/business/vendor-info/oep/>)

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01/10/2025

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