![CRISP logo]

Connecting Providers with Technology to Improve Patient Care

CRISP

Chesapeake Regional Information System for Our Patients

Request for Proposal

Prescription Drug Monitoring Program

All Responses Due by August 31, 2018 at 11:59 pm

CRISP

7160 Columbia Gateway Drive | Suite 230 | Columbia, MD 21046

1. Introduction

On May 10, 2011, legislation enabling a Prescription Drug Monitoring Program (PDMP) in Maryland was signed into law. Maryland's approach to its PDMP is designed to expand beyond the traditional requirements of many programs around the country to introduce new workflow efficiencies and integration points within a larger health data sharing model throughout the state. These workflow efficiencies and integration points are intended to facilitate secure access by authorized users to this critical set of controlled dangerous substance (CDS) information.

The Chesapeake Regional Information System for Our Patients (CRISP) has partnered with the Maryland Department of Health (MDH) Behavioral Health Administration (BHA) to administer the Maryland PDMP. CRISP is a 501(c)3 not-for-profit membership corporation with a vision, "*To advance health and wellness by deploying health information technology solutions adopted through cooperation and collaboration.*" Since its inception, CRISP has been fostering the adoption and innovative use of health information technology across Maryland through consensus, collaboration, and continuous project execution. The success to date of Maryland's statewide health information exchange (HIE), which is implemented and operated by CRISP, has largely been a function of the close partnership among state government, CRISP, the hospital community, the ambulatory community, and consumers engaged through the State's HIE Policy Board.

The Maryland PDMP is charged with ensuring that access to CDS information is available to all legally authorized end users, including prescribers, pharmacists, law enforcement, health professional licensing boards, public health regulatory agencies, patients and researchers to improve patient care decisions and reduce prescription drug misuse and diversion. In addition, the Maryland PDMP is committed to monitoring the quality and completeness of its data and to producing actionable data products and reports to support the public health response to the opioid crisis.

CRISP has defined a specific technology approach that is rooted in legislative and regulatory requirements coordinate and integrate the HIE and PDMP in Maryland. To enable the approach, CRISP is procuring technology solutions that meet the specific requirements of our technology plan described throughout this document.

This RFP is soliciting a partner to provide PDMP technology solutions that have the capability to serve as the PDMP solution as well as integrate with the CRISP HIE core infrastructure in specific ways. The vendor must be prepared to demonstrate an understanding of all requirements and provide a process to successfully implement the PDMP.

2. Minimum Requirements

Bidders must have experience in handling pharmacy claims, dispense information or similar transactions. While previous experience implementing a PDMP is not a requirement, bidders must have demonstrable and substantial experience in the pharmacy space and a track record of implementing similar technologies. Demonstrable experience includes areas such as pharmacy claims routing and processing, e-Prescribing transaction processing, and other large-scale pharmacy network operations.

3. Important Dates

RFP Distributed	August 2, 2018
Bidder Conference Call	August 6, 2018
Notice of Intent to Respond	August 8, 2018
RFP Due Date	August 31, 2018
Target Award Date	Nov 9, 2018

4. Proposal Format

IMPORTANT NOTE: Information provided in a bidder's response will be incorporated by reference into the contract between CRISP and the successful bidder. Bidders must clearly differentiate between existing functionality and planned or aspirational functionality.

All responses should be succinct and answer the question with as little content as necessary to convey key points and capabilities.

The proposal should be submitted according to the following table.

Response Section	Title	Format
A	Cover Letter	Letter on company letter head signed by representative with legal contracting capacity. Appropriate company contact information must be included. No more than 2 pages.
B	Table of Contents	
C	Response to General Approach Narrative	No more than 1 page.
D	Response to Company Information	No more than 2 pages. Audited financial statements can be included in Response Section M1.
E	Response to Technical Requirements	No more than 6 pages. Supporting diagrams can be included in Response Section M2.
F	Response to Reporting Capabilities	No more than 3 pages.
G	Response to Questions for Response: Yes/No Answers	No more than the length of the table. Responses should be Yes or No only. If necessary, can include any supporting explanations in Appendix Section M5
H	Response to General Technical Requirements	No more than 3 pages.
I	Response to Implementation	No more than 8 pages.
J	Response to Data Privacy, Security, Confidentiality	No more than 2 pages.
K	Response to Financial Proposal	No more than 2 pages.
L	Response to Experience and References	No more than 1 page.
M	Appendices	
M1	Audited Financial Statements	Pages as required.
M2	Technical Diagrams	No more than 2 pages.
M3	Resource Resumes	Pages as required.
M4	Pricing Spreadsheets	Pages as required.
M5	Supporting explanations of Section 12	No more than 2 pages.
M6	Acceptance of Terms	Executed copy of Acceptance of Terms document included in RFP. Pages as required.
M7	Standard Contract	Copy of your company's standard contract. Pages as required.

5. Review of Maryland PDMP Statute

Bidders must review the PDMP enabling statute, Health-General Article §21-2A, Annotated Code of Maryland, PDMP regulations, and recently implemented mandated registration/use statute language. Bidders must identify any requirements defined in the legislation or regulations that the vendor is not currently capable of meeting and articulate throughout the response how the specific areas will be met.   The bidder must either affirmatively attest to the ability to meet all requirements specific in the regulation or must detail each requirement the bidder is unable to meet.

PDMP Statute Link: http://mgaleg.maryland.gov/webmga/frmStatutesText.aspx?article=ghg&section=21-2A-01&ext=html&session=2019RS&tab=subject5

PDMP Regulations Link: http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.47.07.%2a

6. CRISP Background

General Background

CRISP is a not-for-profit membership corporation founded on exploring opportunities for cooperation to improve the availability of electronic health information among healthcare providers throughout the region. CRISP has been planning health information exchange (HIE) since 2007 and began implementation efforts in 2009, rapidly on-boarding data source participants. CRISP began in Maryland as the state-designated health information exchange and has since partnered with Washington, DC and the West Virginia Health Information Network (WVHIN) to extend its technology into those regions. The clinical data contributed by CRISP participants supports a range of services, including a query portal, a real-time encounter notification service, reporting services, and public health program support. Delivering data to our participants within their clinical workflow to drive adoption and utilization of the contributed information is a very high priority and has been a primary focus over the past several years. More details about CRISP can be found at www.crisphealth.org.

Technology Background

From its early planning stages, the statewide HIE was envisioned as an infrastructure to support not only clinical data exchange for treatment purposes, but also as a platform to enable new approaches to understanding and managing population health, to support community level cost and utilization analysis and intervention, and as a backbone for other state health initiatives. The image below depicts relevant portions of the existing operational HIE and PDMP infrastructure deployed in Maryland.
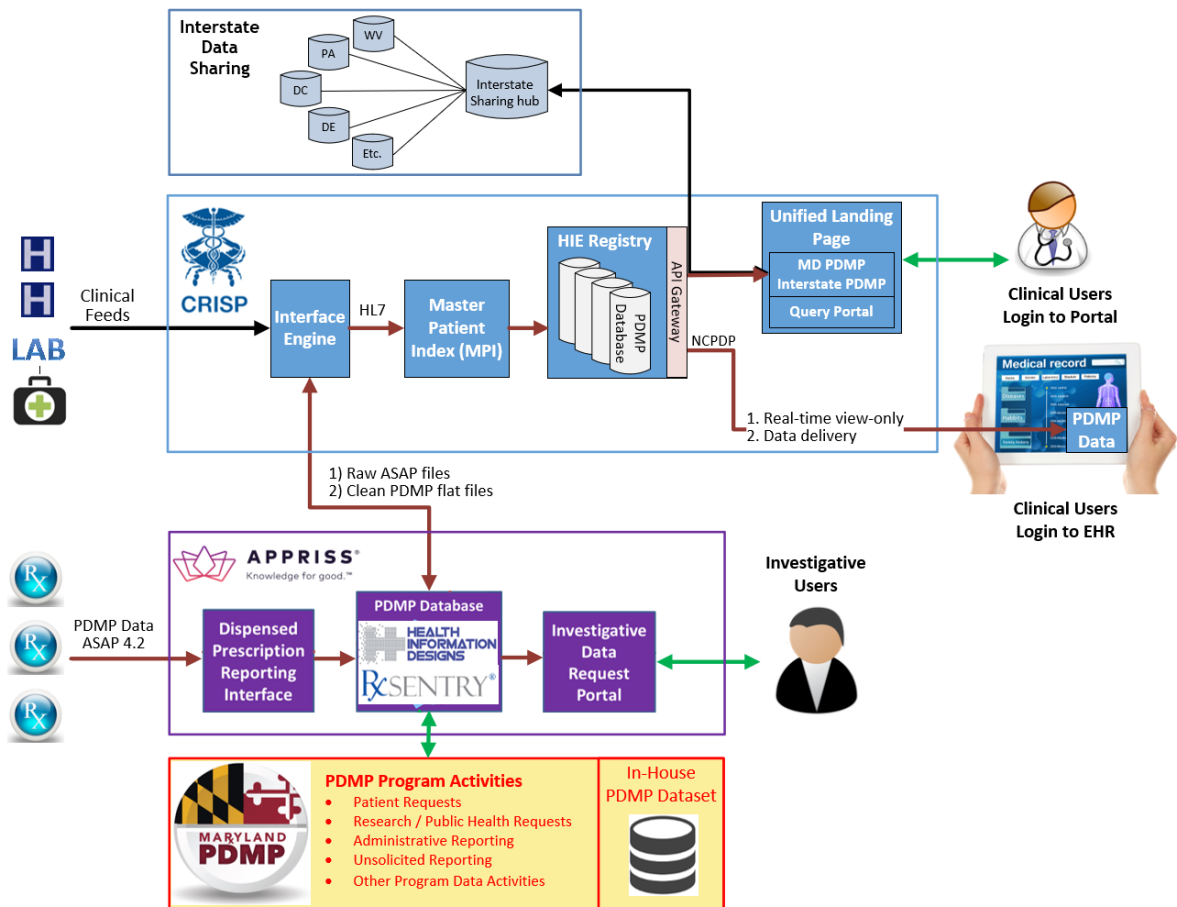
At a high-level, the image shows the CRISP infrastructure at the top, in which many of our data feeds flow into our interface engine and through the Master Patient Index (described below), where patient matching is performed on the data to determine which information can be combined. There are different stores of information depending on the data entering CRISP's infrastructure, with the Unified Landing Page (a central login page that wraps around all of CRISP's services) pulling all the information together by patient. The PDMP data is reported to CRISP's PDMP Vendor, Appriss (*formerly Health Information Designs*), where it is collected, collated and stored in the RxSentry PDMP database. The newly reported PDMP data is sent to CRISP every four hours via a consolidated flat file. The raw ASAP files being reported directly by the pharmacies are also delivered to CRISP in an effort to better monitor the data completeness. CRISP has developed a front-end user experience for the clinical users accessing the PDMP data, called PDMP Search, which is embedded within the Unified Landing Page (this video at minute 11 has a demo). PDMP Search provides a PDMP-centric, user-friendly view into the patient's controlled substance prescription history. PDMP Search will also serve as the view into more sophisticated red flagging and alerting related to the PDMP data (such as multiple provider episodes or overlapping opioid prescriptions) and related events (such as prior non-fatal overdoses).

Aside from clinical users accessing PDMP data from within the Unified Landing Page's PDMP Search, CRISP has increased efforts to deliver PDMP data in context of stakeholder Electronic Medical Records. This can be done through a real-time NCPDP API call to our database or data delivery for ingestion.

Investigative users currently access the PDMP data through a secure online portal hosted by Appriss Health. After the investigative users have been credentialed by PDMP staff, they have the ability to query parameters set forth by subpoenas/approved request documentation in regard to patient, prescriber and dispenser activity. The investigative users upload the required documentation and create the query. The solution allows for PDMP staff, legal counsel, and Technical Advisory Committee members to access the submitted query for review, and then approve or deny said request. The solution then securely delivers the report or a denial message to the requesting user.

PDMP In context Delivered Weekly
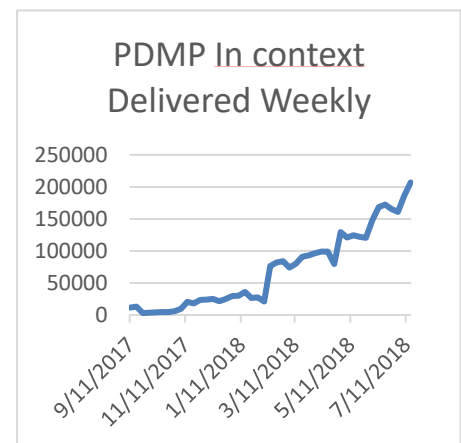
The Maryland PDMP performs a variety of programmatic activities using the RxSentry portal. Maryland PDMP staff create reports in the RxSentry portal with adjustable parameters based on patient, prescriber, and dispenser activity in order to investigate dispenser compliance, inconsistency in the data and outliers in prescription writing and dispensing. They also receive a monthly flat file containing all variables collected or produced by Appriss to utilize in house for routine and ad-hoc analyses. PDMP focused analyses and data products include but are not limited to county-level prescription dispensing reports and unsolicited reporting notifications.

CRISP Master Patient Index

The CRISP Master Patient Index (MPI), based on IBM's InfoSphere MDM Standard product, currently houses over 11 million unique identities of Maryland patients in the database. These unique identities are based on over 90 million admission, discharge, transfer (HL7 ADT) and clinical data messages received and processed by CRISP to date. CRISP began receiving real-time identity information from hospitals beginning in September 2010. From the outset of receiving data, the MPI solution began "learning" about the data sets and data providers to both passively improve its matching capability without human intervention based on new inbound data, and actively improve with manual algorithm tuning efforts. CRISP has undertaken active tuning efforts to enhance the matching capability of the MPI and the quality of the data coming in from each data source. Additionally, CRISP has engaged a third-party vendor to supplement demographic information for patients just below the matching level to improve our match rates and reduce the number of potential duplicate identities presented to users. The major outcome of this work is an increasingly accurate matching process that reduces the risk of false positive correlations (linking patient identities that should not be linked) to a near zero level while ensuring limited false negative correlations (not linking patient identities that should be linked). CRISP's matching process allows the patient demographic and clinical content available from different sources to be linked together such that when a user makes a data request, clinical content from across the state can be presented in a single view for a particular patient.

RFP Priorities

With the PDMP data integrated into the CRISP Unified Landing Page's PDMP Search screen and push to deliver data directly within an EHR and/or pharmacy system, the primary focus of this RFP is on:

- Data collection, quality and reliability
- Providing the data to CRISP for injection into CRISP PDMP system
- Investigative user workflow
- Administrator tools

Data Collection

Data collection from dispensers is currently orchestrated through the RxSentry platform. CRISP expects to continue outsourcing this function to a vendor. The ability to monitor data quality and reliability is the primary focus with the PDMP mandated use in effect as of July 1, 2018. CRISP strives to have insight into the data throughout each step in the process as much as possible to ensure all data is accounted for in a timely manner. CRISP will prioritize vendor responses that can provide this insight and either perform or facilitate close monitoring of the prescriptions being reported to the Maryland PDMP. Currently, data is reported by dispensers within 3 business days of the dispense. Maryland passed legislation to move this to within 24 hours of dispense, which will take effect when the regulations are promulgated.

Providing data to CRISP

It is expected the vendor will provide CRISP with a copy of all PDMP data they receive from dispensers, so CRISP can share that information through Unified Landing Page as well as in context. It is important that the data be sent to CRISP in as timely a manner as possible. Real-time data reporting is desired.

Investigative user workflow

The other major functions being sought out are supporting the investigative user workflow employed by the state and administrator tools required by the PDMP to carry out programmatic functions. The investigative users attend training on the solution workflow and then are credentialed by the PDMP staff into categories appropriate to their query capacity or designation.   Based on a subpoena detailing the scope of data needed from the PDMP, the investigative users create a query in the solution. The investigator's subpoena and query are reviewed by MDH staff for accuracy and legality and may be reviewed by the Technical Advisory Committee who would upload an additional clinical guidance and interpretation report, then the report is securely released in a format designated by the investigator. While the primary users of the investigative interface are investigative users, PDMP program administrators should be able to check the workflow and make edits if errors are identified.

Administrator Tools

The PDMP staff also needs the capacity to query and obtain data sets and reports for oversight of the prescription drug dispensing data. The staff is responsible for ensuring compliance with Maryland's PDMP statutes in regard to reporting and timeliness of reporting. The new system should be able to identify and solve problems or difficulties in uploading dispensing data. The solution must also allow for the querying and review of specific uploaded data for accuracy. The staff will need to be able to review the number of prescriptions dispensed to a patient in a specific period of time by a varying number of prescribers and pharmacies. They also require access to raw data via flat files for use for in-house analysis, delivered on an agreed upon frequency between monthly and daily, at no additional cost. Access to ad-hoc requests for data files and custom reports to support standard PDMP activities must be made available to PDMP staff and CRISP at no additional cost. The vendor must be able to report on and send any and all stored data fields in their solution.

7. General Approach Narrative

Please provide a brief statement as to the company's experience, product roadmap, and vision for the PDMP in Maryland in the context of the requirements described throughout this document. (Please limit to 1 page)

8. Company Information

General

1. What is your company's Dun and Bradstreet number?

2. Where is your company headquartered?

3. How long has your company been in business? How long has the PDMP solution(s) been an offering of your company?

4. How many employees work for the company? How many of those employees are focused on the PDMP offering?

5. Please note any relevant accreditations your organization has achieved.

6. To fulfill the requirements of this RFP, will you rely on any partnerships, subcontracts, or other relationships? If yes, please describe the role the subcontractor will play and any other salient information you feel is important in judging the strength and/or history of the partnership.

Financial

1. What was your gross revenue in 2016 and 2017? What is your projected 2018 revenue? Please also provide your net income for the same periods.

2. Is the company privately held or publicly traded?

3. What percentage of your revenue is attributable to your PDMP solution?

4. Please provide audited financial statements for 2016 and 2017 as an appendix.

9. Technical Requirements

General

1. Please provide a general overview of your PDMP product offering including a technical / data flow diagram. Please note any unique aspects of your solution and include any supporting diagrams.

2. Have you integrated with any other HIE solutions or third-party user interface solutions? If so, please provide details relevant to our structure.

3. Does your solution have the ability to make at least 3 years of data available to end users? Please describe your archival architecture.

4. Does your solution have a documented API that would enable CRISP to make calls directly to the solution's database / repository? If your solution does not currently expose an API to query CDS data, please describe your technical capability, company willingness, and the associated level of effort to develop an API.

5. Regarding accessing the data, it is expected vendors shall either propose enabling CRISP to access the data via API, or to share the MD PDMP data with CRISP.
   A. If utilizing an API:
      1) Describe how you envision using the CRISP MPI for patient matching while the data is hosted by your firm.

2) Describe your experience at handling API transaction volumes, as a reference point CRISP services ~300K PDMP API calls per week, largely M-F 9:00 to 5:00.

3) Describe your projected service level for system availability, and any penalties for nonconformance.

4) Describe your projected service level for speed (<400 ms), and any penalties for nonconformance.

B. If data sharing: How would your solution enable CRISP to download PDMP data into a CRISP hosted database?

6. Please describe any reference sources/dictionaries maintained in your solution. Do you maintain a current reference source of National Drug Code (NDC) numbers and Drug Enforcement Administration (DEA) numbers?

7. Please describe your solution's licensing options (i.e. hosted, Software as a Service, etc.) and your recommended approach if hosted, along with justification.

8. If you offer hosting services, do you operate your own data center, or do you have a third-party hosting or colocation service provider?

Data Processing and Routing

1. Describe the data processing steps, including any edit and/or error checks, from the time a dispenser submits data to the time it reaches your solution's database.

2. Describe the solution's ability to route processed dispensed prescription records securely to the CRISP infrastructure and in what possible format(s)/standard(s) (i.e. ASAP, HL7, NCPDP, etc.).

3. Describe your solution's ability to process and route real-time controlled substance dispense transactions submitted by dispensers and then route them to CRISP. Please include your definition of real-time and any short-comings of or challenges to your real-time capabilities.

4. What is the typical processing time from pharmacy data submission to data availability to end users (exclude any consideration of routing / MPI processing unique to CRISP) within your solution?

5. Please comment on any limits to size of the data set being submitted and/or stored.

6. Please comment on your ability to ingest, process, and augment the PDMP data file with additional datasets, such as state health professional licensing files.

7. Is your solution capable of filtering or purging records based on specific criteria, for example if there are specific drugs that should not be displayed within Maryland PDMP?

Data Quality and Monitoring

1. Describe your solution's ability to send raw/pre-processed ASAP files submitted by dispensers in real time or as batch files with the corresponding file submission to CRISP from your solution.

2. CRISP is very focused on monitoring the flow of PDMP data from the time it is dispensed by a dispenser and the time it reaches the CRISP portal and investigative user portal. Describe your solution's ability to assess the fidelity of the data transmission from the time the dispenser submits a file to the time it appears within your solution.

3. Describe what tools are available to users of your system to trace a prescription from submission to the time it appears within your system, if applicable.

4. Describe your solution's ability to detect anomalies and patterns within the data submitted by dispensers as a way to assess and improve the quality of the incoming data.

5. Describe your escalation processes when a downtime is detected and the protocol your company follows.

6. Please describe your ability to establish basic thresholds for data errors (i.e. inaccurate values, incorrect formats, missing data) and your ability to reject both individual and batch reports based on the application of error tolerance thresholds and notify the dispenser of the need for corrections.

7. Are you able to normalize data? If so, please comment on which fields being reported can be normalized.

8. Does your solution add supplemental data elements beyond what is required to be reported to the PDMP, such as the DEA schedule, Morphine Milligram Equivalents calculation, therapeutic class, etc.? In what timeframe (real-time, weekly, monthly, etc.) and/or circumstance (as data enters the system, retrospectively) can these elements be added? Please provide detail on which elements are able to be added to the data.

9. If you answered yes to the above question, do you utilize a Clinical Drug Information reference tool? Which one?

Investigative User Workflow Questions

1. Please describe your user credentialing process for non-clinical user roles, such as law enforcement officers.

2. Please comment on your ability to track requests from investigative authorities (including law enforcement, regulatory agencies and licensing boards), patients or other states' PDMPs (non-automated requests):
    a. Reporting by requesting agency type, subpoena and/or investigation number, requester name, etc.
    b. Ability to include fields to track outcomes of requests (arrests, prosecutions, disciplinary actions, completed investigations, etc.)

3. Please comment on the types of query data result report file formats supported by your solution.

4. Please describe how your solution will accommodate the Maryland PDMP's unique role of the Technical Advisory Committee as an optional review and report contribution entity within the investigative data request workflow.

5. Please outline your workflow process for investigative requests. Can authorized users update and edit pending requests?

PMP Interstate Interoperability Conformance

1. Please comment on your ability to establish interoperability with neighboring states' PDMPs based on the PMIX National Architecture.

2. Please comment on your solution's support of NABP's PMP InterConnect and BJA's RxCheck.

3. Have you had separate PDMP programs using your technology connect with one another? If so, please describe the level of connectivity and interoperability and comment on which PDMPs, if appropriate.

4. Has a PDMP program using your technology connected directly with a PDMP program using another vendor's solution? If so, please describe the level of connectivity and interoperability and which programs and other vendors you have connected with, if appropriate.

11. Reporting Capabilities

1. Describe your reporting capabilities and whether reports are standard and/or ad hoc. Please also describe the reports available.

2. Describe your ability to directly provide regular, complete copies of the full PDMP dataset as a flat file or other raw data format for analytic use by PDMP staff.

3. Please describe your scalability to accommodate additional reports as needed and your ability for users to create ad-hoc and/or custom reports.

4. Please describe the potential outputs of the report or query results. Are you able to view the report on a screen and print the results? Are you able to extract the report and specify what fields will be included in the extract? What file formats are supported when extracting/exporting the report?

5. Please describe the ability for PDMP administrators to identify erroneous data in the database and make changes pursuant to approved patient requests. Does your system allow PDMP administrators to complete data entry directly in the PDMP database? Does your system support a "search and replace" function for correction of information?

6. Please comment on your ability to log all user activity within your solution. Detail what activity is tracked and what fields are available for reporting. Does your solution log when investigative queries are executed, including the user executing the query, nature of the query, and date and time the query was made?

7. Please describe your search capabilities to allow a user to search on a specific value for a specific field and display user-selected fields for records matching the search criteria.

12. Yes/No Questions

Only Yes/No answers required; no explanation is necessary for this section. If you do feel the need to provide background information or an explanation, please include the additional detail in section M5 along with a reference to the question number.		Yes or No	Further explanation in Appendix M5? (Yes or No)
Product Questions			
1	Does your solution store all of the required data elements as specified in the Maryland PDMP regulation (see.03 Dispenser Reporting Section A of the PDMP legislation)?		
2	Does your system provide a mechanism for PDMP administrators to undo a prescription transaction or data file upload that was made in error?		
3	Are you able to accept "zero reports" from dispensers that do not dispense controlled substances during the reporting window?		
4	Does your solution support role-based access control and separate profiles through your solution?		
Reporting Capabilities			
5	Are you able to support PDMP personnel running administrative and analytic reports, in detailed and summary formats?		
6	Do you offer the ability to save a query and rerun it later?		
7	Does your system maintain any state licensing numbers, DEA numbers, or NPI numbers for individuals?		

8	Does your reporting allow searches within a specific timeframe?		
9	Does the PDMP support searches against both current and unlimited historical (archived) data?		
10	Are you able to report on pharmacy versus non-pharmacy dispensers?		
11	Are you able to identify and report on non-compliant dispensers?		
12	Are you able to provide best practice PDMP reports, such as Doctor/Pharmacy shopping, morphine milligram equivalents, overlapping prescriptions, and combinations of therapeutic classes		
13	Does your system have the ability to automatically run and send unsolicited reports to authorized users?		
14	Is your reporting solution capable of allowing PDMP personnel to search, correlate, query, and match records on all variables contained in the records?		
15	Are you able to offer the following aggregate reports?		
15.1	# of dispensers		
15.2	# of system queries by role (i.e. law enforcement)		
15.3	# of drugs dispensed by drug type, dose, quantity, CDS schedule, formulation, etc.		
15.4	Patient specific reports		
15.5	Prescriber specific reports		
15.6	Dispenser specific reports		
15.7	Outliers, based on PDMP best practices and literature – prescribers		
15.8	Outliers, based on PDMP best practices and literature – dispensers		
15.9	Outliers, based on PDMP best practices and literature – patients		
15.10	Geographic location (municipality, county, zip code) of dispenser, patient, prescriber and drug type		
16	Does your system date/time stamp the receipt of all dispenser reports?		
17	Does your solution offer the following audit reports?		
17.1	Log of all access (successful and unsuccessful)		
17.2	Reports of actions, connection requests by privileged users/functions		
17.3	Reports of changes to security/audit policy and security/audit record services		
17.4	Reports of changes to user accounts and user permissions/roles		
17.5	Reports of failed file or resource access attempts		
17.6	Reports of unauthorized changes to users, groups, and services		
17.7	System availability report		
Data Error Handling and Validation Requirements			
18	Dispensers must receive an automatic notification that data submitted has been rejected by the PDMP. Is your system able to perform this function?		
19	If data needs to be corrected, does your system keep track of the original prescription information?		
20	Does your system keep an audit of any corrections or changes made to the record?		
21	Does your system track whether incorrect data has been resubmitted?		
22	Is your system able to identify those pharmacies which do not resubmit on a non-compliance report?		
23	Is your system able to prevent the loading of duplicate data?		
24	If a batch file is submitted with some duplicate and some unique data, is your system able to load the unique data and reject the duplicate data?		
25	If a batch file has some valid records and some errors, does your system load all the valid records?		

26	Does your system notify the dispenser of unhandled errors automatically?		
27	Does your system provide the ability to send reminders to dispensers when errors have not been addressed within a certain time period?		

13. Implementation

Based on the information included in this RFP, please provide a general overview of your implementation strategy with specific emphasis on pharmacy on-boarding and integration activities in the context of CRISP-specific requirements.

Project Plan

1. Please include a narrative of the activities associated with rolling out your solution statewide.

2. Based on the architecture model outlined in section 7, please provide a project plan (inclusive of Gantt chart) that includes the typical implementation tasks to roll out the PDMP, timeframes/duration associated with each task based on your experience, required resources, and dependencies and work required for each task. Include key milestones (identifying them as such) assuming a project start date of December 8, 2018 and go-live March 2018.

General

1. Please describe the resources (number and type) you would propose assigning to this effort.

2. Do the resources defined in #3 currently exist within your company or would additional hiring be required to staff the project?

3. What technical and functional roles would you expect CRISP resources to play?

4. Please describe your testing plan for connecting to pharmacies statewide and sending data to CRISP.

5. Please comment on your training for reporting dispensers, web portal usage by investigative users, and administrative and operational training.

6. Will you provide a test environment for CRISP that can be accessed for review of product deliverables and for user training prior to go live?

7. Please comment on availability to begin work on the project if selected.

8. Please describe the nature and frequency of client support available to the PDMP and CRISP staff during implementation and throughout the duration of the contract maintenance phase.

Operations
Availability and Disaster Recovery

1. Please provide your average monthly uptime percentage over the last 2 years as well as the forward-looking uptime commitment (both reflected as a percentage uptime – 99.x%).

2. Please describe your scheduled system maintenance activities, their frequency, and duration of downtimes associated with them.

3. What is your typical planned outage time per year (as a percentage)?

4. Have you had any unplanned outages in the last year lasting more than 3 hours? If yes, please describe your longest outage in the last year.

5. What is your data back-up approach?

6. Do you have an off-site disaster recovery plan?

7. Do you have a system fail-over approach? Is your solution considered to be highly available?

8. Is source code maintained by a third-party escrow agent? Please include any fee for escrow participation.

Hardware and Software Requirements

1. What are the hardware and software requirements to run your PDMP solution if CRISP were to self-host? Please include any relevant diagrams for both as well as any relationships between software and hardware and integration with any other systems.

2. How often are application upgrades provided? How long does a typical upgrade take?

3. Please provide any existing software upgrade schedule.

4. Please comment on your technical standards for the following: 1) Browser (i.e. internet explorer 6.0 or greater), 2) Directory (i.e. LDAP compliant directory), 3) Database, 4) Communications (TCP/IP), and 5) Reporting versions.

System Administration Requirements

1. Describe your expectations with respect to CRISP staff. How many FTE's are expected to be required to support the platform?

2. Describe your issue escalation process and how you track and resolve problems.

3. What is your change management process for dealing with change orders?

4. How would you propose training CRISP technical resources to be proficient in managing your solution?

5. Please comment on your maintenance program for PDMP software, including which upgrades are included in the price of the software maintenance program. Please note whether software upgrade services used to implement the new version of the software are included in the maintenance program.

6. Do you have a help desk available and if so, what are the hours of operation?

7. Does your help desk offer the following?
   A. Assistance to dispensers with any technical issues related to reporting
   B. Assistance to pharmacy management system vendors that may need help
   C. Assistance to non-pharmacy dispensers submitting batch reports or entering data into webforms
   D. Assistance to system users accessing your solution's portal (not through CRISP)

14. Data Privacy, Security, Confidentiality

1. Generally, how does your solution ensure the security and confidentiality of protected health information and personal medical records?

2. Please describe any security measures associated with a user logging in directly to your service offering (i.e. a "three strikes and out" strategy, expiration date on password, security questions, etc.).

3. Please describe your data encryption protocols and methodology as a whole. Please also address the encryption of data transferred from individual and corporate dispensers.

4. Describe any penetration testing or vulnerability testing that you conduct for clients.

5. Have you had any breach events in the last 10 years? If yes, please describe the circumstances surrounding the breach.

6. Do you/your data center undergo an annual audit from an industry recognized third party (for instance SSAE18/SOC 2)? Would you be willing to share this report with CRISP?

7. Do your employees and any contracted staff undergo HIPAA training? If so, what is the training schedule and would you be willing to share staff training dates with CRISP?

8. Please provide your data ownership and use policy.

15. Financial Proposal

Outline your financial proposal in an excel spreadsheet and include it as Appendix M4 in your response. Include the initial purchase and/or on-going purchase or licensing fees. Indicate what features are included in the base functionality and what requires additional cost, including what the additional one-time or maintenance cost would be for the feature. Please break costs down into specific categories, including but not limited to:

- Software license expense
- Software maintenance and support expense
- Services expense
- Hosting expense
- Third-party hardware and software expense
- Implementation expense
- Pharmacy on-boarding expense
- Training expense
- Relevant specific costs
    - Routing dispense data in real time to CRISP
    - Monitoring tools
    - Standard and Ad hoc reporting
    - Other

Each of the line items should have the appropriate level of additional detail (such as multiple line items for service). Please document any other costs that CRISP may incur in doing business with your company for this area of work. Also include the hourly expense for each resource type that may be engaged in this effort.

In your financial proposal, detail any escalation in costs based on the inclusion of any functions that are necessary and that CRISP may not be anticipating or defining in this RFP. Please clearly outline one-time expenses versus on-going expenses. Cost proposal must outline a 5-year total cost of ownership (TCO).

The cost proposal will be scored both on total cost as well as clarity of the pricing model.

16. Experience and References

1. Describe your experience in the PDMP space, including any relevant statistics on the number of prescriptions processed, number of dispensers served, number of unique patient identities, geographic regions served, etc.

2. Have you had any contract terminations or suspensions for product and/or service performance issues, or any other issue, in the past 5 years?

3. Please provide two references for customers you believe are most relevant to CRISP given the approach and requirements outlined above. Please include customer name, contact name, contact title, contact email address, and contact phone number.

17. Scoring and Evaluation

The information required to be submitted in response to this RFP has been determined by CRISP to be essential for use in the bid evaluation and award process. All instructions contained in this RFP shall be met in order to qualify as a responsive and responsible bidder and be considered for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of CRISP.

Evaluation areas include:

1) Ability to meet technical requirements, specifically related to 1) the investigative user workflows and 2) the collection, cleansing, and monitoring of data, 3) ability to integrate with the CRISP infrastructure using industry standards and exchange data as real-time as possible
2) Ability to meet MDH PDMP programmatic requirements
3) Price

CRISP reserves the right to:

*   Select for contract or for negotiations a proposal other than that with lowest costs.
*   Accept/Reject any and all proposals or portions of proposals received in response to this RFP, to make no award, or to issue a new RFP.
*   Waive or modify any information, irregularity, or inconsistency in proposals received.
*   Request modification to proposals from any or all contractors during the review and negotiation.
*   Negotiate any aspect of the proposal with any individual or firm and negotiate with more than one individual or firm at the same time.

18. Bidder's Instructions

To be considered, all proposals must be submitted in electronic format and must respond to the items outlined in this RFP using the requested format. CRISP reserves the right to reject any proposals that are, in the sole judgment of CRISP, non-responsive or non-conforming. Responses to this RFP should be complete but concise.

CRISP is not a state entity nor is the organization bound by state procurement guidelines and regulations. CRISP does encourage Minority Business Enterprise (MBE) designated entities with relevant solutions to respond to this solicitation.

Submission Requirements

Notice of Intent to Response
All bidders who intend to respond must indicate that intent via email submitted to rhonda.moody@crisphealth.org according to the due date specified in the "Important Dates" section of this RFP.

Closing Date

All responses must be received by 11:59 PM (EDT) on Friday, August 31st, 2018. CRISP reserves the right to extend the Closing Date by posting a notice of the extended date on its website.

Questions

Questions may be submitted on a rolling basis by emailing rhonda.moody@crisphealth.org. Answers to all pertinent bidder questions and any addenda to the RFP will be posted on the CRISP website http://www.crisphealth.org.

Modifications

Any changes, amendments, or modifications to a proposal may be submitted by email but will not be considered acknowledged until a response email from CRISP indicating receipt and acceptance of the modification is received. CRISP reserves the right to request clarification and/or further technical information from any contractor submitting a proposal.

RFP Terms and Conditions

Proposal Response

CRISP reserves the right to reject any/all proposals received in response to this RFP. Any information obtained will be used, along with other information that CRISP deems appropriate, in determining suitability of proposed offer. Bidders whose proposals were not accepted will be notified that a selection is made, or if it is decided, that no proposals are accepted. CRISP has no obligation to explain the basis of or reasons for the decision it makes relating to the proposals and/or this RFP. CRISP may identify multiple bidders who are determined suitable and negotiate with each of them on parallel tracks, pending a final contracting decision. Any proposal failing to respond to all requirements may be eliminated from consideration and declared not accepted.

Proposal Becomes CRISP Property; Proposal Not Confidential

All proposals become the property of CRISP and will not be returned to bidders. Proposals will be disclosed to CRISP, CRISP advisory bodies and committees, MDH staff, advisors and advisory bodies and others as deemed appropriate by CRISP. Proposals will not be considered confidential or proprietary. In the event that bidder determines that information deemed confidential and/or proprietary by the bidder would be useful for its proposed response, bidder should contact Rhonda Moody at rhonda.moody@crisphealth.org at least 5 days before the Closing Date to discuss entering into an appropriate confidentiality agreement as to that information, provided that CRISP is not obligated to enter into any such confidentiality agreement and provided that any such agreement will not restrict access by CRISP Advisors.

Formal Contract

A bidder receiving a positive response to their proposal should be prepared to immediately begin negotiation of final terms based on the RFP and other mutually agreed terms and conditions, provided that terms described by bidder in their response may be rejected in whole or in part and/or otherwise negotiated by CRISP in the contracting process. In addition, a positive response from CRISP does not assure a bidder that a contract will be entered into; CRISP may discontinue negotiations with a bidder at any time, in its sole discretion. **PLEASE PROVIDE A COPY OF YOUR STANDARD CONTRACT DOCUMENTS WITH YOUR SUBMISSION.**

Within five (5) days of receiving a positive response, bidder will be expected to notify CRISP in writing of its contract team, which shall include the individual with authority to approve and execute any final legally binding agreement with CRISP. Until and unless a formal contract is executed by CRISP and bidder, CRISP shall have no liability or other legal obligation to bidder whatsoever, relating to or arising from this RFP, the RFP process, decisions as to awards resulting from this RFP, or otherwise.

In no event will CRISP be responsible for damages or other remedies, at law or in equity, arising directly or indirectly from its decision on the award of the PDMP contract or for any action taken or not taken in response to or as a result of this RFP or bidder's response.

Maintaining Pricing

Prices must remain valid for at least ninety (90) days from the Closing. Contract negotiations will include price re-verification if the price guarantee period has expired. CRISP reserves the right to request that a bidder only provide a portion of the proposed deliverables or exclude certain partners. If bidders are unwilling to comply with RFP requirements, terms and conditions, objections must be clearly stated in the Cover Letter to the proposal.

Cost of Proposal Preparation
All bidder's costs of proposal preparation and any negotiation will be borne by the bidder.

Applicable Law
The Laws of the State of Maryland shall apply, except where Federal Law has precedence. The successful individual or firm consents to jurisdiction and venue in the State of Maryland. By the signature of its authorized representative, Bidder acknowledges that it understands and accepts the terms of this RFP.

BIDDER: _____

By: _____

Title: _____

Date: _____

19. Appendices

Please provide the following supporting documents and information, per the above sections of the RFP.

Financial Statements
Please supply your most recent audited financial statements (pages as required).

Technical Diagrams
Please supply any supporting Technical Diagrams (no more than 2 pages).

Resource Resumes
Please supply your resource resumes (pages as required).

Pricing Spreadsheets
Please supply your pricing spreadsheets (pages as required).

Supporting Explanations of Section 12 (Yes/No Questions)
Please supply any supporting explanations of section 12 (no more than 2 pages) and note the specific question number provided in the table per each explanation.

Acceptance of Terms
Please supply an executed copy of Acceptance of Terms document (pages as required).

Standard Contract
Please supply a copy of your company's standard contract (pages as required).