**Electronic Clinical Quality Measures (eCQM) Solution:**

**Calculation & Review**

*Request for Proposal*

RFP Issue Date: May 15, 2019

Proposals Due: May 31, 2019

Chesapeake Regional Information System for our Patients

District of Columbia (CRISP DC)

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# **Overview and Objective**

## CRISP Overview and Background

Chesapeake Regional Information System for Our Patients, Inc. (CRISP) is a regional Health Information Exchange (HIE) and a non-profit organization advised by a wide range of stakeholders who are responsible for health care throughout Maryland, the District of Columbia (District), and West Virginia.

In 2016, CRISP DC was awarded a competitive grant to design and develop new HIE services for District providers. At that time, CRISP collaborated with the DC Primary Care Association (DCPCA), HealthEC, Zane Networks, and other partners to utilize resources from their work in Maryland and West Virginia, in order to implement the following services for District providers:

* **Encounter Notification Service (ENS)**– Customizable by practice, the CRISP ENS sends real-time alerts to providers when their patients are admitted or discharged from regional hospitals and emergency departments, and may be customized by practice.
* **Patient Care Snapshot and Query Portal**– The Patient Care Snapshot provides health information such as a patient’s recent visits, procedures, and medications, in addition to a detailed list of organizations, providers, and care managers who have an existing relationship with the patient. The Query Portal offers more in-depth clinical information to providers on their patients from across institutions.
* **eCQM Tool and Dashboard** - An electronic clinical quality measurement tool and dashboard for assessing performance against key measures, the tool is intended to allow District providers to calculate and report clinical quality measures (CQMs), which are tools used to ensure that health care providers are delivering effective, safe, and timely care to patients.

In 2018, CRISP was awarded the competitive CORE HIE for Providers grant from the District of Health Care Finance (DHCF) to continue to expand and refine the capabilities of the District of Columbia’s HIE. With respect to the eCQM tool, changes made to CMS regulations require an update to the existing system, which is the purpose of this RFP.

##

## Engagement Objective

CRISP DC is seeking an enhanced eCQM solution to integrate with its existing services and platform. The tool should continue to help providers improve service at the point of care, enhance transitions between care providers or settings, and ensure District residents receive the best care possible. The eCQM tool will ensure providers can effectively and efficiently assess performance against key measures based on clinical, claims and administrative data available via HIE.

To support the District in its efforts to securely share data to facilitate better patient care, reduce costs, and improve overall health outcomes, CRISP is seeking to engage a vendor to develop / deploy an eCQM tool to facilitate a number of existing use cases and claims measures using multiple disparate data sources. Vendors should be adept at authoring new measures and be able to navigate the tools and resources involved in the development of electronic measures for clinical effectiveness, care coordination, patient and family engagement, population and public health, patient safety and the efficient use of healthcare resources.

The engagement will begin upon execution of a contract and is expected to continue as needed with routine evaluation of the initiative.

Successful implementation with the selected vendor partner will be based on the following guiding principles:

* Scalable – Ability to add new providers or source feeds to the system based on changes to industry standards without disrupting usability, utility (access) and overall functionality.
* Accuracy – Ability for providers to draw conclusions, report on findings and make sound calculations.
* Reliable Delivery – CRISP places high value on the ability to deliver functionality as promised during the procurement process and throughout the project timeline.
* Partnership & Collaboration – The success of the District’s HIE is predicated on partnership. Vendors will be expected to lend their expertise and resources to meet the needs of the larger community.

###

### General requirements for the eCQM Tool

Included as part of a successful RFP submission are two additional Excel documents: “CRISPDC\_eCQM\_Requirements” and “CRISPDC\_eCQM\_Pricing.” Please complete all tabs provided in each document. Where possible, include additional commentary or supporting information. We encourage accompanying documentation or appendices to support your responses, but request that all supplementary materials be well organized and clearly labeled.

## Vendor Qualifications

Key qualifications for a vendor include:

1. Proven success building and maintaining eCQM software and analytics tools for HIEs or a range of stakeholders in health care IT, with at least one deployed solution serving a related use case for an HIE client, one corporate client reference and one end user reference;
2. Compliance with HIPAA and other technical accreditations;
3. Knowledge of health care industry-standard protocols for data transfer, analysis and reporting (i.e. Meaningful Use and all variations);
4. Experience with the assessment or review of a large number of patient records;
5. Relevant technical and policy expertise for accurate development, capture and calculation of eCQMs;
6. Able to confidently meet the goals and deliverables of the project, on time; and
7. Ability to integrate the majority (+70%) of patient records within first three months of project start.

Deference will be given to providers with solutions with a demonstrated track record with a range of client and project types, who are capable of meeting future requirements, and who are best prepared to be flexible and to adapt to the ever changing innovation landscape.

## Scope of Work

The proposed scope of work is to develop an eCQM solution to facilitate a number of use cases and leverage several, disparate data sources. Use case examples are available in Figure 1 below and in the second tab of the “CRISPDC\_eCQM\_Requirements” document. Major project tasks and key deliverables that vendors will be expected to adhere to are described in Figure 2.

***Figure 1: CRISP DC, Sample Use Cases***

|  |
| --- |
| 1) I have patients enrolled in the DC government’s MyHealth GPS program. When meeting the reimbursement requirements, I can utilize a tool to calculate and analyze my P4P (pay for performance) and claims measures. ​ |
| 2) I provide program administration/ oversight for a particular care population and have electronic clinical quality measures (eCQMs) that I need to calculate for reporting purposes. I receive education and training on the following process: exporting a QRDA-3 or QRDA-1 file out of my EHR, importing that file into a tool to calculate, analyze and view my results.​ |
| 3) I have QRDA-3 files that are considered incomplete due to vital data missing. I receive education and training on the important elements within a viable/useful QRDA-3 file. I am then able to apply that knowledge to my system and improve the quality of the files I export. ​ |

***Figure 2: Detailed Tasks***

|  |  |  |
| --- | --- | --- |
| **Task**  | **Timeframe**  | **Proposed Major Deliverables**  |
| Baseline assessment  | June 12-21 | Vendor will assess the current, legacy system and identify use cases and opportunities for enhanced performance as appropriate.  |
| Detailed technical SOW and implementation plan  | June 21-28 | Vendor must be able to support the project immediately upon selection and will work with stakeholders to finalize requirements and begin project kick-off.  |
| Training and stakeholder engagement  | June 21 - August | Vendor will be expected to support CRISP efforts to develop online, dynamic training materials and tutorials to ensure high adoption rates  |
| Post development support  | Ongoing (FY19-20) | Vendor will be expected to train and transfer knowledge of system to all relevant IT stakeholders and end users when appropriate.  |

# **2. RFP Process and Submission Instructions**

## Contract Type

Vendors are asked to explain their pricing models in Section 4 and are welcome to propose and justify other contract types if deemed appropriate. CRISP will issue full contract specifications as part of the final procurement process as outlined in the RFP timeline below.

## RFP Process Overview

This RFP requires vendors to set forth their solution and costing information (including licensing models if appropriate and fees, typical implementation costs, and labor category rates) in the “CRISPDC\_eCQM\_Pricing” document. Based on responses, CRISP will select multiple vendors for in-person or virtual interviews, solution/product demonstrations and conducting of reference reviews. Following the interviews and vetting process, CRISP will issue refined specifications and ask selected vendors to provide a final response and financial bids.

CRISP expects to issue the final vendor award approximately one month after issuance of this RFP.

### RFP Timeline

Figure 2, the Preliminary eCQM Timetable, represents CRISP’s best-estimated schedule for this procurement. All dates, including the contract start date are subject to change.

***Figure 2: Procurement Timetable***

|  |  |  |
| --- | --- | --- |
| ***Event***  | ***Dates***  | ***Notes***  |
| CRISP Issues RFP  | May 15, 2019 | Proposal updates and new information will be published on the CRISP website.  |
| Webinar  | May 17, 2019 | Details available from rargentieri@crisphealth.org |
| Clarifications / Q&A | May 22, 2019 | Questions will be accepted until 5pm.  |
| Vendor responses due  | May 31, 2019 | Proposals must be submitted via email by 5pm.  |
| Vendor selection and contracting  | Mid June 2019 | CRISP will contact selected bidders to initiate contracting process  |
| Contract execution  | Mid to late June 2019 | Contract will begin upon execution.  |

CRISP will work in good faith to provide adequate and equal opportunity for all participating vendors. However, CRISP reserves the right to adjust or modify the Procurement Timetable at any point, as deemed necessary, in the process.

### ii. Bidders Conference and Requests for Clarification

CRISP will hold a webinar about the project and RFP on May 17 at 12pm ET. Email Ryan Argentieri: rargentieri@crisphealth.org for access information. In addition, CRISP will routinely answer and post to our website questions and answers related to this procurement. Questions should be submitted by 5pm EST on May 22, 2019. Please email questions and requests for clarification to: Ryan Argentieri: rargentieri@crisphealth.org.

### iii. Vendor Qualification

Prior history of working with other vendors/solutions should be included in the response. Evidence of success with other HIE projects, corporate clients and end user testimonials are required. Responses must include a Service Level Agreement (SLA) with specific roles and responsibilities between CRISP, the Vendor and any other possible proposed partners (these should be further detailed and included elsewhere in your response).

### iv. Innovation

CRISP DC has set forth in this RFP a preliminary concept for an eCQM tool. However, we understand that vendors are rapidly developing innovative solutions for health care IT, especially as it relates to data analytics and interoperability. As such, CRISP DC welcomes RFP responses that meet our stated objectives, but also welcome the inclusion of innovative concepts outside of our identified framework.

## Submission Instructions

Responses to this RFP should be submitted by May 31, 2019 no later than 5 pm (EST) to Ryan Argentieri at rargentieri@crisphealth.org. Vendors should submit proposals as a single file containing all response and supporting materials. Excel files can be sent as separate files provided they are clearly named and identified.

Any supporting documentation not able to be included in the single file submission must be clearly labeled with materials and supporting information referenced, making sure to cross reference relevant sections throughout response documents to ensure reviewers can readily access information as they review your response.

The maximum size for all individual files should be <15MB. Please compress screenshots or diagrams.

##

All responses become the property of CRISP and will not be returned to responders. Responses may be disclosed to CRISP and its advisors as deemed necessary. All pricing information will be treated confidentially.

CRISP expressly reserves the right to make any decision regarding future direction or future technology partners. This includes the right to not award a contact pursuant to this RFI/RFP process. CRISP also reserves the right to:

* Accept or reject any and all proposals or parts of proposals received in response to this RFP;
* Amend or modify the RFI/RFP or cancel this request, with or without the substitution of another RFI/RFP;
* Waive or modify any information, irregularity, or inconsistency in proposals received;
* Request additional information from any or all respondents;
* Follow up on any references provided;
* Negotiate any terms of contract or costs for any proposal;
* Request modification to proposals from any or all contractors during review and negotiation; and
* Negotiate any aspect of the proposal with any individual or firm and negotiate with multiple individuals or firms at the same time.

Submission of a proposal in response to this RFP constitutes acceptance of all the conditions of this procurement process described here and elsewhere in the RFP.

A bidder receiving a positive response to their RFP proposal should be prepared to immediately begin negotiation of final terms based on the RFP and other mutually agreed-to 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 that a contract will be entered into; CRISP may discontinue negotiations with a bidder at any time, at our sole discretion. Until and unless a formal contract is executed by CRISP and responder, CRISP shall have no liability or other legal obligation to a responder whatsoever, relating to or arising from this RFP, the RFP process, or any decisions regarding pursuit of a formal solicitation. CRISP will treat all responses as confidential.

In no event will CRISP be responsible for damages or other remedies, at law or in equity, arising directly or indirectly from any decisions or any actions taken or not taken in response to or as a result of this RFP or response by a vendor. All responder’s costs from response preparation, response delivery, and any negotiation will be borne by the responder.

## Proposal Evaluation

Proposals will be evaluated based on:

* Vendor meeting minimum qualifications of at least one deployed solution / use case (project example);
* A preliminary examination to determine completeness of the response;
* An evaluation of the eCQM solution and needs of CRISP DC, including the existing work being done and the goals for FY19-2020;
* The solution’s ability to meet communicated requirements based on RFP information and services outlined on <http://dc.crisphealth.org/>;
* Strength of proposed work plan, team members and ability to satisfy the deliverables in the provided timeframe;
* References provided, including solid evidence of existing client base including solid project examples and case studies (a minimum of 1 HIE client, 1 corporate client and 1 end user testimonial);
* Review of estimated price and details provided in the financial proposal.

Vendors may also choose to include the below information as Appendices

|  |
| --- |
| * Product Information Sheets
 |
| * Technical Diagrams
 |
| * Reference Sites Vignettes
 |
| * Pricing Details & Options
 |
| * Standard Contract Example
 |
| * Preliminary Implementation Plan
 |

# **3. Technical Proposal Content**

The technical proposal provides CRISP DC with an understanding of your company, proposed team, and your work plan. Resumes for the proposed team may be included in appendices and do not count towards page limit.

## A. Summary

Provide a summary of the proposal including company overview, proposed team and work plan.

## B. Company Overview

In this section, please provide a company overview including the proposed team and a description of similar projects and client references. This section should describe the experience and qualifications of the individual team members to be assigned to this project. The vendor should provide two customers for reference (use table format in Figure 3), but a minimum of three project or client examples. References should be for customers with requirements similar to those described in this RFP. CRISP will provide notice before contacting any references.

***Figure 3: Client References***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Client Company Name & Industry*** | ***Client Contact Name***  | ***Client Phone and/or e-mail*** | ***Implementation Date***  | ***Approximate Cost of Engagement***  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

## C. Proposed Work Plan

In this section, the vendor must describe their proposed work plan and key steps for completing the tasks and meeting the deliverables described. The work plan should include timeframes for tasks and deliverables and demonstrate the vendor’s ability to meet the timeframes described in the RFP.

## D. General and Technical Questions Responses

CRISP DC will assume that any non-answer will indicate that any proposed company or technology will be unable to provide or unwilling to disclose a solution to the question, and this may negatively impact CRISP’s perception of the overall proposal. Inability to provide a response to any question will not immediately disqualify a proposal from consideration, but it will impact scoring.

**NOTE: All responses, assertions, and commitments made in this proposal will be part of the contract.**

# **4. Financial Proposal Content**

Distributed with this RFP is an Excel document, entitled *“CRISPDC\_eCQM\_Pricing.*” Supporting documents may be provided as required.

The financial proposal should estimate labor and expenses for the project.

* **Labor:** Vendors should provide the hourly rates by labor category and estimate hours allocated to the project. The vendor will be able to reallocate resources among labor categories but may not exceed the Labor Project Total.
* **Expenses:** Vendors should estimate the total expenses for the project including estimated trips and travel expenses.
* **CRISP resources:** The vendor should describe the CRISP resources, by role, they expect to need to be successful along with the estimated time commitment for each. In addition, please provide any assumptions, contingencies or dependencies related to the solution you are proposing, for example personnel needs or technical requirements, such as customization.
* **Other costs:** If the solution requires additional systems or capabilities not included in the vendor’s proposal, those should be delineated in the final tab of the spreadsheet in any form you find suitable.

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**APPENDIX A: General & Technical Questions**

For the capabilities listed below, please assert whether or not the proposed technology solution can support the listed functionality. Please feel free to include explanations, caveats, conditions or other information that will help qualify or explain your answers. Please also include any additional cost that may be incurred by CRISP above and beyond the proposed pricing quoted.

#### **Overall Company Information**

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?
4. How many employees work for the company? How many FTE are allocated to the specific product / solution?
5. Is the company privately held or publicly traded?
6. Please note any relevant accreditations your organization has achieved.
7. Please describe your work with other Health Information Exchanges (HIEs), if any. In your work with HIEs, like CRISP, do you rely on any partnerships, subcontracts, or other relationships. If so, please explain.
8. Please provide an approximate number of total current clients using your eCQM solutions as well as a make-up of each clients’ focus (i.e. corporate vs. non-profit vs. public entity / government agency).

**General Electronic Clinical Quality Measures (eCQM) Questions**

1. Please provide a general overview of your solution including technical / data flow and data model diagrams. Include any other supporting diagrams as necessary.
2. Provide at least one (1) demonstration (by screenshot, video, or other means) of existing solutions and capabilities mentioned in this document. Include information on how the measures are calculated, and how the user is able to locate / access the data.
3. Please describe the ability to track utilization and adoption as well as any other reporting capability that may be available as part of your solution set.
4. Describe your solution’s approach to matching records or running reports from disparate sources.
5. Please describe your ability to meet the expectations outlined in “Vendor Qualifications,” especially any existing experience navigating eCQM requirements and policies.
6. Is measure calculation user driven (manual) or automatic?  Please provide a sample report output and information about frequency of updates.
7. Please demonstrate your understanding and ability to address CMS measures, including the recent annual update on performance and reporting.
8. Please demonstrate your experience with EHR optimization as it relates to eCQM performance, for example, standard and custom measure development. This includes materials, experience, and evidence of capability to improve the data captured at individual provider practices. These may include patient details, analysis capability, data submissions and other provider or practice level specifications.
9. Please outline your internal processes and support protocols for managing hospital and ONC proposed rule drops that will have an impact on EHR and clinical workflows.
10. Please explain the coordination process between your company’s development or engineering and your client services teams as it relates to changes and enhancements made to the software and the corresponding impact to your clients / accounts.
11. Please provide a detailed response on how you will communicate changes and handle necessary technical requirements to your software once changes to eCQM specifications are announced in FY19 and in any subsequent years of work together.

**Technical Requirements**

1. What is the deployment model of your solution (software as a service, hosted, other)? Describe the expected or typical integration process as well as your process when customization or more advanced integrations (i.e. SSO) are required.
2. How would you enable audit and monitoring of the integration landscape and onboarding process, initially and on an ongoing basis?
3. Describe your solution’s approach to Data Governance.
4. Please explain in detail how you have worked with other HIEs in the past, if applicable.
5. Please outline your experience with third party applications and user credentialing.
6. Are clinical and claims measures displayed on the same dashboard?  If not, please describe the user interface and include screenshots.
7. Please describe in detail the “out of the box” functionality of the provider dashboard. Does it show performance on a select number of claims for a given time period with detailed views and breakdown of denominator, numerator, exclusions and exceptions?
8. Please provide screenshots and examples of a typical user interface, including descriptions and an explanation of how the tool works and can be administered to users, for example clinical providers.
9. Please provide information about your handling of CCDA, QRDA-1 and QRDA-3 file types including your ability to support each one (extract, creation and submission).
10. Can QRDA 1 and 3be exported to XLS and XML format?
11. Please describe your ability to display relevant patient level detail in regards to measure logic.
12. Please provide a sample integration work flow and data architecture diagram.
13. What is your standard process of pulling data elements to run measures / analytics?  Please provide the data elements needed to ensure measures can accurately be run to meet Meaningful Use requirements.
14. What is your solution for working with practices that do not have the capacity to send QRDA files?
15. What is the typical onboarding and integration process with EHRs?
16. Is QRDA generation possible through the extraction of other discrete data types?
17. The vendor chosen for this engagement needs to work with providers to extract data from the EHRs into their product in the most cost feasible way. Please provide information about additional costs associated with questions 22 and 23.

**Customer Support**

1. Please describe the administrative toolset and existing user interface. Are there features that require customization / modification, and if so which ones?
2. How does your solution support practices in improving the data quality captured in their EHRs? Do you have a training and onboarding process to ensure end users are proficient in navigating your solution?
3. Please address user adoption rates and performance of your tool as it relates to the use cases outlined in Section 1, Figure 1.
4. Describe your approach to customer support, including your issue escalation process and how you track and resolve problems.
5. Describe your first and second level support processes.
6. Describe your executive escalation process.

**Privacy and Security**

1. Please include a copy of your Service Level Agreement (SLA), and document different levels of support and pricing, if applicable.
2. Please outline and provide information about SLA and privacy and security measures the company has in place.
3. Generally, how does your solution ensure the security and confidentiality of sensitive information?
4. Has your organization completed HITRUST and ONC certifications, and if so, please provide documentation and outline your process for maintaining a highly secure environment.
5. Have your applications or similar applications to the one you are proposing been subjected to penetration testing? If so, please provide those reports.

#### Additional Use Cases

If you would like to share your ability to satisfy use cases or scenarios other than what has been identified here, use whatever means and methods you feel are appropriate to convey the features and benefits your tool(s) provide.