**Request for Proposal:**

**Health Information**

**Exchange (HIE) Vendor**

**Issue Date: 3/22/2023**

**Due Date: 5/12/2023**

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Table of Contents

[I. GENERAL INFORMATION 3](#_Toc124413892)

[A. CenCal Company Overview 3](#_Toc124413893)

[B. Issuing Office 3](#_Toc124413894)

[C. RFP Response Requirements 3](#_Toc124413895)

[D. Vendor Instructions 5](#_Toc124413896)

[II. HIE RFP OVERVIEW 6](#_Toc124413897)

[Objective 6](#_Toc124413898)

[A***.*** RFP Response Requirements 6](#_Toc124413899)

[E. Schedule 7](#_Toc124413900)

[F. Demonstrations 7](#_Toc124413901)

[III. MINIMUM SOLUTIONS REQUIREMENTS 8](#_Toc124413902)

[IV. SERVICE LEVEL AGREEMENTS (SLAs) 9](#_Toc124413903)

[V. VENDOR QUALIFICATIONS 9](#_Toc124413904)

[A. Required General Vendor Information 9](#_Toc124413905)

[B. Vendor Profile 9](#_Toc124413906)

[C. References 11](#_Toc124413907)

[D. HIPAA Compliance 12](#_Toc124413908)

[VI. Personnel/Staffing 13](#_Toc124413909)

[VII. Pricing 14](#_Toc124413910)

[APPENDIX I – DETAILED REQUIREMENTS 15](#_Toc124413911)

[A. Use Case Descriptions 16](#_Toc124413912)

[B. Technical Questions 19](#_Toc124413913)

[C. Vendor System and Services 20](#_Toc124413914)

[APPENDIX II – STATEMENT OF ACKNOWLEDGEMENT 21](#_Toc124413915)

# GENERAL INFORMATION

## A. Company Overview

CenCal Health (CenCal) is a County Organized Health System (COHS) that contracts with the State of California to administer Medi-Cal benefits through local care providers in Santa Barbara and San Luis Obispo counties.

A COHS is a model of California’s Medi-Cal Managed Care Program, where a single entity administers the Medi-Cal Program in a service area. All Medi-Cal beneficiaries in the service area are automatically inscribed into the COHS program. Each COHS is created by a county board of supervisors and governed by an independent commission. publicly sponsored, not-for-profit, managed care organization. CenCal is licensed as a Health Maintenance Organization under the State of California Knox-Keene Act.

## B. Issuing Office

This Request for Proposal is issued by:

CenCal Health

4050 Calle Real

Santa Barbara, CA 93110

All inquiries and responses to this proposal must be sent to:

Bill Cioffi

ATTN: HIE RFP

CenCal Health

4050 Calle Real

Santa Barbara, CA 93110

(800) 421-2560

bcioffi@CenCalhealth.org

## C. RFP Response Requirements

Each vendor should submit one electronic copy of its response to CenCal at the e-mail address noted above.

While CenCal plans to procure a Health Information Exchange (HIE) vendor, the final decision is dependent upon the quality of solutions proposed, the degree of "fit" with CenCal requirements, management judgment, prices quoted and proof of concept. Issuance or decision of this RFP does not obligate CenCal to purchase any products, services, or to reimburse any recipient of the RFP for any expenses incurred in connection with responding to the RFP. This is all at no cost to CenCal.

**All vendor responses must be received no later than 5:00 PM (Pacific) May 12, 2023 in order to be considered.**

The text of each proposal must be provided in an electronic version (via e-mail) in an Adobe PDF format, using single line spacing with a 12 point font. Pricing must be provided in Microsoft Excel.

Enclosed with this RFP are the detailed functional, and technical requirements (as presented in Appendix I). Responses to Appendix I must be entered into the tables and returned to CenCal along with the electronic copy of your proposal.

All information contained in this RFP or provided during the review process is confidential and proprietary. The documents included in this e-mail are provided by CenCal to assist you with the preparation of your response. The contents of the e-mail may be reproduced solely as part of your proposal and may not, otherwise, be copied, reproduced, or used for any other purpose whatsoever.

CenCal reserves the right to make any modifications including postponing the date and time announced for receipt of RFP responses. Such modification may be made prior to the established date and time of receipt of RFP responses by notice to the RFP to all potential vendors.

Requests for additional information related to this RFP must be sent via e-mail to the designated CenCal contact, Ralph Boethling. If a change or further explanation is deemed necessary by CenCal, Ralph Boethling will notify all vendors.

The information and all supporting documentation submitted by any vendor or vendor’s agent will become the property of CenCal unless the vendor specifically requests in writing that the information and documentation be destroyed.

CenCal will evaluate responses in accordance with evaluation criteria and processes determined by CenCal, in its sole discretion. CenCal reserves the right to select one or more vendors for additional information gathering and evaluation processes. Such processes may include, but are not limited to, additional vendor presentations and visitations by CenCal representatives to vendor locations. Further, CenCal reserves the right to accept or reject any or all response(s) to this RFP even if all of the stated requirements are met.

CenCal reserves the right to cancel the proposed solution implementation at any time prior to the execution of a written contract without any liability or cost to CenCal.

**CenCal requires separate pricing quotes for the Health Information Exchange (HIE) Vendor. The submitted pricing information should remain in effect until August 31, 2023.**

## D. Vendor Instructions

Please note that the following instructions contain a number of mandatory requirements.

Vendors must respond directly to each specific item, requirement, or question at the level of detail requested. In addition to point-by-point responses, you may include descriptive literature if you make references to specific content. To facilitate the evaluation of your proposal and its comparison with other proposals, it is essential that you respond in the format requested. All responses to questions must refer to the question number.

The following table provides specifications/instructions of the required response formats for the individual sections of the RFP:

| **Section ID** | **Description** | **Instructions** |
| --- | --- | --- |
| SECTION II | Health Information Exchange (HIE) Overview | Health Information Exchange overview. |
| SECTION III & IV | Minimum Solution Requirements/Service Level Agreement (SLA) | Please see **Appendix I** for CenCal’s minimum requirements |
| SECTION V | Vendor Qualifications | Copy the table into your proposal and respond in the space provided. |
| SECTION VI | Personnel/Staffing | Describe strategies for a long term workforce |
| SECTION VII | Pricing | Please see requirements for pricing disclosures. |
| APPENDIX I | Detailed Requirements – add questions here | Complete the table per the instructions included in this section. Copy the table into your proposal and respond in the space provided. |
| APPENDIX II | Statement of Acknowledgement | All vendors are required to sign and submit to CenCal the *Statement of Acknowledgement*. This document must be submitted to CenCal with the vendor proposal. |

# HIE RFP OVERVIEW

## Objective

Health Information Exchange (HIE): The software system that mobilizes healthcare information electronically across organizations within a region or community. Also referred to as the “HIE System.” The HIE System refers primarily to the information technology required to exchange health information electronically, including:

• HIE applications, software, and tools, such as patient and provider portals

• Data processing environments, including standardization and normalization

• Implementation and integration services with Data Sharing Partners

• Identity management (Master Patient Index)

• Consent management and compliance, including for sensitive record-sharing

• Technical and end-user documentation

• Privacy and security of PHI/PII

• Testing and quality assurance of all features

Data Access (Portal)

Data Exchange (Transactions supported)

• Event notification services (Admit, Discharge, Transfers)

A***.***  RFP Response Requirements

Vendors must include the following sections in their proposals. If you are unable to provide any of the information requested please provide an explanation, or alternative suggestion:

* Cover Letter
* Executive Summary
* Implementation Plan
* Response to Detailed Requirements (Appendix I)
* Master Service Agreement
* Statement of Work
* Maintenance and Support Agreement

If selected as one of the top vendors, additional information is required:

* References

## E. Schedule

It is CenCal’s intent to complete its RFP issuance, review, and selection process by May 25, 2023.

The anticipated schedule is listed below:

|  |  |  |
| --- | --- | --- |
| **Task** | **Date** | **Activity** |
| RFP release | 3/22/2023 | Release RFP’s to vendors |
| RFP Questions Submitted to CenCal: | 4/21/2023 to 4/28/2023 | CenCal will respond to questions submitted with 48 hours |
| RFP responses due back to CenCal | 5/12/2023 | Electronic documents submitted to CenCal by 5 PM |
| Top 3 Vendor demonstrations (if Necessary) | 5/15/2023 to 5/19/2023 | Demonstration of solution(s) |
| Decision Notification to Vendors | 5/25/2023 | Email and Phone |

## F. Demonstrations

Vendor demonstrations will be performed remotely. Vendors will be requested to perform or display a number of scenarios during the demonstration designed to test key scenarios, test vendor responses to the RFP, and display solution capabilities. Vendors will receive adequate notification of their presentation date. Vendor demonstrations **must** be performed only with products or services that are currently commercially available.

# MINIMUM SOLUTIONS REQUIREMENTS

Please see **Appendix I** for CenCal’s minimum requirements for a Health Information Exchange Vendor solution. Please consider and provide detailed responses to all questions, requirements and statements.

1. Use Case Requirements

HIE technology continues to evolve and change yearly, if not more frequently. The demand for electronic health information exchange among care professionals is growing along with nationwide efforts to improve the quality, safety, and efficiency of health care delivery. Meaningful use requirements, new payment approaches that stress care coordination, and federal financial incentives are all driving the interest and demand for the exchange of health information. Health information exchange is a dynamic environment that experiences rapid change and requires continuous modification and updates to be responsive to the needs of health care professionals.

As such, CenCal welcomes detailed input from interested parties on additional use cases or specific requirements for those identified as critical or high priority. For example, please also include if there is a specific set of features under the use case that are considered important to that use case. A use case is a description of the ways in which a user interacts with a system. A use case may establish criteria for success, outline ways the system could fail, and detail critical requirements. Typically, use cases are specific to a type of user (clinician, technology, data management, reporting, etc.) and may be specific to a scenario, such as when a patient is leaving the hospital.

|  |  |
| --- | --- |
| **Description** | **Vendor Response** |
| 1. Please provide a broad overview of your technical architecture, how it has been utilized for health information exchange, and for how long it has been operational. |  |
| 1. What are the five most advantageous technologies or features your firm offers in an HIE environment to provide a best-in-class customer experience? Please provide a feature, advantage, and benefit (FAB) analysis structure for each. In your response, avoid jargon and tech speak, and assume that some reviewers will not be HIE insiders. |  |
| 1. What has your firm done to remain up to date with modern clinical data standards such as USCDI and interoperability standards such as FHIR? If you have successfully implemented and are actively using any FHIR-based APIs, please articulate them. |  |
| 1. What are the top three privacy and compliance concerns for your organization and how have you chosen to address them? Examples of concerns include data-sharing under HIPAA, compliance with 42 CFR Part 2, The Affordable Care Act, etc. |  |
| 1. Does your firm have the ability to capture plan data via the patient access API from the plans Interoperability Data Store? |  |
| 1. Do you plan to connect to the California Data Exchange and ensure compliance with California State mandates. |  |
| 1. List all data exchanges your HIE currently links to |  |
| 1. Longitudinal health record with provider portal Critical, high, med, low, N/A |  |
| 1. Bidirectional EHR integration capabilities |  |
| 1. Unified patient portal. |  |
| 1. Event notification services (incl. hospital discharges) |  |
| 1. Public health reporting (incl. labs, diseases, immunizations) |  |
| 1. Prescription Drug Monitoring Program (PDMP) integration |  |
| 1. Behavioral health record-sharing support and compliance |  |
| 1. Medical imaging exchange (PACS integration) |  |
| 1. Medication reconciliation |  |
| 1. Quality data reporting capabilities (incl. interface with RI Quality Reporting System) |  |
| 1. Centralized registry for Medical Orders for Life-Sustaining Treatment (MOLST) and Advance Directives |  |
| 1. Population health analytics, reporting and research |  |
| 1. Transitions of care document exchange |  |
| 1. Emergency Medical Services (EMS) system integration for ambulance records |  |
| 1. Social Determinants of Health screening and referral information |  |
| 1. Demographic data collection |  |
| 1. Transactions (FHIR HL7, HL7, x12, etc.) |  |
| 1. Social Determinants of Health (SDOH) |  |
| 1. Other (please provide any details about other use cases you want considered |  |

B. PROFESSIONAL SERVICE QUESTIONS

|  |  |
| --- | --- |
| **Description** | **Vendor Response** |
| 1. What is the vendor's experience in the healthcare industry and specifically in implementing healthcare information exchange systems? |  |
| 1. Does the vendor have references or case studies from other healthcare organizations that have successfully implemented their system? |  |
| 1. How scalable is the vendor's system, and does it have the capacity to handle the data volume and integration needs of your organization? |  |
| 1. How secure is the vendor's system, and what measures are in place to protect patient data and ensure compliance with relevant regulations such as HIPAA? |  |
| 1. How user-friendly is the vendor's system, and what kind of training and support do they offer for onboarding and ongoing use? |  |
| 1. What is the vendor's pricing model and what is included in their services (e.g., implementation, maintenance, support)? |  |
| 1. How flexible is the vendor's system, and can it be customized to meet the specific needs and workflow of your organization? |  |
| 1. What kind of integration capabilities does the vendor's system have with other healthcare IT systems and technologies that are already in use at your organization? |  |
| 1. Does the vendor offer ongoing maintenance and support for their system, and what is their track record for addressing issues and providing updates? |  |
| 1. What is the vendor's track record for uptime and availability of their system? |  |

# SERVICE LEVEL AGREEMENTS (SLAs)

CenCal requires vendors to include Service Level Agreements (SLAs), with financial penalties. SLAs allow CenCal to measure performance and to hold the vendor accountable to contract requirements.

|  |  |
| --- | --- |
| **Description** | **V Vendor Response** |
| 1. Please describe in detail 10-12 SLAs your firm would be willing to offer in order to ensure CenCal receives consistent, high-quality performance on the metrics most critical in HIE operation and administration. Label each separately. |  |
| 1. What percent of total contract value are you willing to put at risk for all SLAs in total? |  |

# VENDOR QUALIFICATIONS

This section of the Scope of Work presents questions related to the basic vendor information required by CenCal. Please answer each question completely, concisely and accurately. Failure to provide appropriate data may eliminate the evaluation of your proposal.

## A. Required General Vendor Information

Please provide your company name and the address of your corporate headquarters.

|  |  |
| --- | --- |
| **Company Name:** |  |
| **Address:** |  |

Provide the name, title, address, telephone, and email address of the person responsible for this RFP response.

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Address:** |  |
| **Telephone:** |  |
| **Email:** |  |

Provide the name, title, e-mail address and telephone number of the person(s) authorized to negotiate and sign contracts.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Telephone** | **E-Mail** |
|  |  |  |  |
|  |  |  |  |

## B. Vendor Profile

|  |  |
| --- | --- |
| **Description** | **Vendor Response** |
| 1. In what year was your company founded? |  |
| 1. Describe the current ownership of your company and any ownership changes that have occurred in the last 3 years, or are in progress at this time. Please provide dates of all changes. |  |
| 1. Please provide copies of your audited financial statements for the last three fiscal years. |  |
| 1. Identify any conditions (e.g., bankruptcy, pending litigation, planned office closures, impending merger) that may impede your ability to complete the project. |  |
| 1. Please provide a copy of an independent report showing the financial condition of your company (e.g. Dun & Bradstreet). |  |
| 1. If you are one division of a larger company, explain the primary business (by revenue source) of your parent company. |  |

Please use the following table to provide us with a breakdown of staff who are directly involved with your proposed HIE Vendor solution. CenCal reserves the right to perform background checks on all persons serving our account.

|  |  |
| --- | --- |
| **Role/Title** | **Years of Service** |
|  |  |

If any subcontractors are used to fulfill the requirements of your solution, please identify them by their company name, address, and their contribution to your solution. Describe your experience working with each subcontractor in the table below.

|  |  |
| --- | --- |
| **Subcontractor:** |  |
| **Address:** |  |
| **Contact:** |  |
| **Telephone:** |  |
| **Project Function:** |  |
| **Experience w/ Subcontractor:** |  |

## C. References

Once a vendor has been short-listed (i.e., three vendors) we will require three (3) references with the following information:

|  |  |
| --- | --- |
| **Description** | **Vendor Response** |
| 1. Please provide the following information for a minimum of 3 organizations that your proposed HIE Vendor solutions are in a successful production status. Our preference is that they are examples of most comparable to CenCal’s environment. |  |
| * 1. Company/facility name |  |
| * 1. Corporate address |  |
| * 1. Customer contact name, title, telephone number, e-mail address, and website |  |
| * 1. Date of implementation |  |
| * 1. Solution implemented |  |
| * 1. Number of employees |  |
| * 1. May we contact this company? |  |
| 1. Please list the last three clients who have stopped using your HIE Vendor solution, along with a brief explanation of the reason(s) why. |  |
| 1. Please list any clients who have implemented your proposed solution, and failed to “go-live”. |  |
| 1. Please list any clients who have implemented your proposed solution, and delayed to “go-live”. |  |
| 1. Have any of your customers, during the last three years, cancelled a contract with you prior to, during, or after installation of your solution? If so, please explain circumstances. Specify customer and location. |  |
| 1. Will you contractually commit to the responses contained in this RFP? |  |
| 1. Will you stipulate that your contract will be entered into, under, and governed by the laws of the State of California? |  |
| 1. In the event you typically sub-contract contractual obligations and you have more than one partner; CenCal wants the opportunity to review and select what partner we work with. |  |
| 1. Will you use your own internal resources to implement CenCal’s project, or will you use consultants who are external to your organization? If external consultants are being proposed, how will the cost of these resources be handled (included in the Implementation Fees, additional Fees to CenCal)? |  |
| 1. Will you give CenCal the right to approve resources assigned to CenCal as well as request the replacement of the implementation staff assigned to CenCal? |  |

## D. HIPAA Compliance

|  |  |
| --- | --- |
| **Description** | **V Vendor Response** |
| 1. Is your solution Data Exchange/HIPAA compliant? Please explain. |  |
| 1. Describe how your solution will support all applicable HIPAA/Data Exchange/FHIR requirements including: |  |
| * 1. Privacy controls |  |
| * 1. Transaction standards (x12, FHIR, other) |  |
| * 1. Proposed security standards |  |
| 1. Please state your plans for your solution to have HIPAA compliance certification by a third party. |  |
| 1. Please describe how your solution tracks for detection of unauthorized access by personnel? What data level does your system track detection? |  |

# Personnel/Staffing

We understand that there are significant workforce challenges facing the healthcare and IT sectors. The HIE vendor must be able to effectively address hiring and staff retention challenges that will stem from the anticipated increased demand for HIE data, the need for new use cases, and lengthy training requirements. For example, given the complexities of the health data landscape, staffing shortages cannot be fixed quickly. The new hire process (job posting, interviewing, reference check, offer and acceptance, new class start date, training) generally requires eight weeks. High staff turnover also impacts quality of service and lengthens development and implementation timeframes as new staff require an adjustment period to gain confidence. Challenges in hiring and retaining staff are being felt by employers across the country and Rhode Island is no exception. Employers are competing for talent and are becoming increasingly creative in their job incentives. Wages are up and signing and incentive bonuses are common. Opportunities to work remotely or onsite, as the employee prefers, are increasing, not decreasing

|  |  |
| --- | --- |
| **Description** | **Vendor Response** |
| 1. Considering the fluid environment described above, including more recent challenges prompted by the COVID-19 pandemic, what are the top 5-7 strategies your firm prioritizes to ensure a steady, long-term workforce? |  |

# Pricing

CenCal is interested in exploring various pricing methodologies that are available in the HIE vendor space, particularly performance-based pricing methodologies.

1. Please present in detail at least two pricing options your firm would be willing to offer, with at least one explicitly performance-based with identified performance measures and explain when and why each would be advantageous to the State, as well as to you, the vendor. Please include any contingencies or assumptions with adopting a given model (e.g., XX model is not advisable if major data volume variances are expected). We are seeking pricing strategies and not specific budgets. Therefore, please do not include any costs.

# APPENDIX I – DETAILED REQUIREMENTS

Please respond to the questions **exactly** as asked and please do not change the sequence or format of the document when responding.

**Instructions**

In order to meet its current and future business needs, CenCal will select a solution that provides the functional and technical capabilities delineated in this section.

All materials submitted by the vendor become the property of CenCal and may be evaluated by any employee or agent of CenCal. CenCal reserves the right to proceed or not to proceed with plans to acquire information systems.

1. Comments Column:

Please answer each question as completely and concisely as possible. Be sure that the responses provide sufficient detail to objectively evaluate the response while not providing irrelevant information. Insert narrative responses within the “Vendor Response” column. If, for example, the requirement can only be satisfied by using the ad hoc report writer, please indicate “via ad hoc report writer” in the comments column. Any unclear or incomplete answers will be disregarded and calculated as a zero score.

If the response requires a relevant attachment, note it within the response field, identify the attachments by the requirement number and provide the attachments in electronic form with your response.

1. Requirements that cannot be met:

If a requirement cannot be met please indicate the performance level offered or an alternative option.

Please answer each question completely, concisely and accurately. Failure to provide appropriate data may eliminate the evaluation of this proposal.

## Use Case Descriptions

|  |  |  |
| --- | --- | --- |
| **Item No.** | **Use Case Descriptions** | **Vendor Response** |
| A1.0 | Longitudinal health record with provider portal: Timely and efficient access to medical histories by healthcare professionals informs diagnosis and treatment decisions, reduces duplication of costly and potentially harmful tests / procedures, and saves patients and providers time and money by reducing the burden associated with collecting information, such as placing phone calls, waiting for faxes, and transcribing information. Longitudinal health records are a foundational element of effective HIE services and will enable scalable infrastructure. |  |
| A1.1 | Bidirectional EHR integration capabilities: Making clinical information from the HIE available to healthcare professionals within their EHR is the preferred workflow for most staff. This use case includes single sign-on capabilities as well as document exchange, clinical decision support features, and integrated data exchange. |  |
| A1.2 | Unified patient portal: Patient portals, integrated with HIE services, can enable secure access to a longitudinal patient record. Providing a complete record of care, this single portal serves as an entryway to clinical data from various sources, linking data from different points of care, and ensuring patients have access to the same information as their care team. |  |
| A1.3 | Event notification services: Real-time notifications containing actionable information that are sent to members of a care team, such as primary care providers or long-term post-acute care providers, when patients have an admission, discharge, or transfer (ADT) from a hospital or emergency department. |  |
| A1.4 | Public health reporting: Enable standardized, efficient, automatic, real-time transmission of information for public health reporting, such as electronic lab reports and syndromic surveillance, to prevent and contain outbreaks through targeted interventions, analyze population health trends, monitor and evaluate chronic disease epidemiology and incidents, and educate populations. |  |
| A1.5 | Prescription Drug Monitoring Program (PDMP) integration: Integrated technologies support healthcare workflows to enable appropriate prescribing, optimal consultation of Rhode Island’s Prescription Drug Monitoring and Reporting System, and screening for substance misuse during clinical encounters. Advanced reporting and analysis aid state and local health districts’ assessment and development of interventions to mitigate risk factors associated with opioid-related events. |  |
| A1.6 | Behavioral health record-sharing support and compliance: Behavioral health conditions, including mental health and substance use disorders, are an integral part of a patient’s care and are often especially difficult to incorporate into care coordination due to the sensitivity of the records and the difficulty in maintaining compliance with federal and state law. HIEs can create significant efficiencies by providing secure electronic record-sharing and consent mechanisms. |  |
| A1.7 | Medical imaging exchange (PACS integration): Images can be exchanged and accessed electronically by healthcare providers from various locations to enable effective collaboration, reduce operational costs, and relieve the burden associated with manual information exchange. This is often achieved for HIEs through integration with Picture Archiving and Communication Systems (PACS). |  |
| A1.8 | Medication reconciliation: Facilitate the improvement in medication reconciliation accuracy through increasing the exchange of medication information across all healthcare settings and providers to reduce medication morbidity and mortality and prevent future medication safety events, such as adverse reactions. |  |
| A1.9 | Quality data reporting capabilities: Support for electronic clinical quality measurement will enable providers and encourage payers to more efficiently participate in value-based payment models. Measures that monitor care delivery and health outcomes must securely draw data from multiple data sources and organizations at multiple levels to best reflect an individual’s entire experience of the healthcare system, risk factors and exposures, and impacts to individual health. This use case includes alignment and integration with the RI Quality Reporting System maintained by EOHHS. |  |
| A1.10 | Centralized registry for Medical Orders for Life-Sustaining Treatment (MOLST) and Advance Directives: It is crucial that patients’ preferences and values regarding their care are not only elicited and documented, but also actively shared and accessible at the time they are needed most, particularly for patients that experience many transitions of care. |  |
| A1.11 | Population health analytics, reporting and research: Collection, aggregation, visualization, and analysis of individual health information at the population level supports a variety of activities, such as supporting policy and workforce planning decisions. HIE services can be used to query existing clinical datasets, such as claims (all-payer claims databases), electronic health record (EHRs) systems, data systems of other community service providers, clinical data repositories, public data, and other data sources.. |  |
| A1.12 | Transitions of care document exchange: Poorly managed transitions can diminish health and increase costs. Enabling patient information to be exchanged electronically as patients move from one care setting to another can improve outcomes and efficiency. Efficient transitions of care can reduce the burden associated with manual information exchange and data hunting currently conducted by providers and administrative staff. |  |
| A1.13 | Emergency Medical Services (EMS) system integration for ambulance records: Emergency medical service (EMS) providers and professionals usually lack basic patient information when delivering care in the field, as well as the ability to transmit information to the emergency department, or receive outcome information following delivery of inpatient care. Through HIE services, certain clinical data to and from EMS providers may enhance decision-making and ability to measure clinical outcomes. |  |
| A1.14 | Social Determinants of Health (SDOH) screening and referral information: Interest in community-level characteristics and non-medical determinants of health and their independent effects on healthcare outcomes has grown as providers have become increasingly responsible for patient-centered, value-based care. HIE services are an ideal mechanism to provide rich datasets that describe social and geographical environments and individual / community level risk factors. |  |
| A1.15 | Demographic data collection: Ensuring both providers and the State capture accurate demographic information on disproportionately affected populations is a foundational activity for promoting health equity. Effective data collection requires sensitivity and respect for patients and compliance with federal and state standards for reporting. |  |

## Technical Questions

HIE technology continues to evolve and change yearly, if not more frequently. The demand for electronic health information exchange among care professionals is growing along with nationwide efforts to improve the quality, safety, and efficiency of health care delivery. Meaningful use requirements, new payment approaches that stress care coordination, and federal financial incentives are all driving the interest and demand for the exchange of health information. Health information exchange is a dynamic environment that experiences rapid change and requires continuous modification and updates to be responsive to the needs of health care professionals.

|  |  |  |
| --- | --- | --- |
| **Item No.** | **System Integration** | **Vendor Response** |
| B1.0 | Please provide a broad overview of your technical architecture, how it has been utilized for health information exchange, and for how long it has been operational. |  |
| B1.1 | What are the five most advantageous technologies or features your firm offers in an HIE environment to provide a best-in-class customer experience? Please provide a feature, advantage, and benefit (FAB) analysis structure for each. In your response, avoid jargon and tech speak, and assume that some reviewers will not be HIE insiders. |  |
| B1.2 | What has your firm done to remain up to date with modern clinical data standards such as USCDI and interoperability standards such as FHIR? If you have successfully implemented and are actively using any FHIR-based APIs, please articulate them. |  |
| B1.3 | What are the top three privacy and compliance concerns for your organization and how have you chosen to address them? Examples of concerns include data-sharing under HIPAA, compliance with 42 CFR Part 2, The Affordable Care Act, etc. |  |
| B1.4 | Does your firm have the ability to capture plan data via the patient access API from the plans Interoperability Data Store? |  |
| B1.5 | Do you plan to connect to the California Data Exchange and ensure compliance with California State mandates. The goal of the plan is to ensure the selected HIE ensures CenCal’s compliance with all data exchange mandates |  |
| B1.6 | List all data exchanges your HIE currently links to. |  |

## Vendor System and Services

|  |  |  |
| --- | --- | --- |
| **Item No.** | **Vendor Professional Services** | **Vendor Response** |
| C1.0 | What is the vendor's experience in the healthcare industry and specifically in implementing healthcare information exchange systems? |  |
| C1.1 | Does the vendor have references or case studies from other healthcare organizations that have successfully implemented their system? |  |
| C1.2 | How scalable is the vendor's system, and does it have the capacity to handle the data volume and integration needs of your organization? |  |
| C1.3 | How secure is the vendor's system, and what measures are in place to protect patient data and ensure compliance with relevant regulations such as HIPAA? |  |
| C1.4 | How user-friendly is the vendor's system, and what kind of training and support do they offer for onboarding and ongoing use? |  |
| C1.5 | What is the vendor's pricing model and what is included in their services (e.g., implementation, maintenance, support)? |  |
| C1.6 | How flexible is the vendor's system, and can it be customized to meet the specific needs and workflow of your organization? |  |
| C1.7 | What kind of integration capabilities does the vendor's system have with other healthcare IT systems and technologies that are already in use at your organization? |  |
| C1.8 | Does the vendor offer ongoing maintenance and support for their system, and what is their track record for addressing issues and providing updates? |  |
| C1.9 | What is the vendor's track record for uptime and availability of their system? |  |

# APPENDIX II – STATEMENT OF ACKNOWLEDGEMENT

I/We hereby acknowledge that I/We:

* Have read and understood the Request for Proposal (RFP) and that our response adheres to all guidelines outlined in the Information Requirements of the RFP
* May be disqualified from the RFP process if all the guidelines are not followed
* Acknowledge that I/We understand that the information will form part of any future contract with CenCal
* Understand that CenCal reserves the right to do business with anyone at any time for any reason without further notice to us
* Recognize that CenCal nor its agents are liable for any costs incurred by our response to this RFP

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| --- | --- |
| **Company name:** |  |
| **Applicant name:** |  |
| **Address:** |  |
| **Director name:** |  |
| **Director’s signature:** |  |
| **Date:** |  |