



# **Data Warehouse and Population Health Management Solutions**

**Request for Proposal**

**for**

**Alabama Primary Health Care Association  
Health Center Controlled Network**

Issued: July 12, 2021

Proposals Due: August 6, 2021 – 5PM Eastern

Submit Final Proposal to [mbroadnax@alphca.com](mailto:mbroadnax@alphca.com)

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8244 Old Federal Road  
Montgomery, AL 36117

[www.alphca.com](http://www.alphca.com)



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## 1.0 Introduction

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The Alabama Primary Health Care Association (APHCA) is the professional association representing the operational, clinical, and financial interests of community health centers. Health centers are the cornerstone of Alabama's primary care system and represent the largest group of primary care providers serving over 350,000 medically underserved patients annually across 165 community locations. We are a catalyst for high performance and operational excellence across our community health Network. As a change leader, APHCA provides services to optimize the value and impact from its Network on quality, population health, the experience of patients and staff, and cost efficiency of care. APHCA is compelled by a vision of a future in which its health care Network is recognized as a leading value based, patient centered system of care.

### **APHCA and Program Overview**

Alabama Primary Health Care Association (APHCA) is a current Health Center Controlled Network Grantee and highly experienced quality improvement organization providing training, technical assistance (T/TA) and health information technology (IT) to its members since 1985. APHCA proposes a highly leveraged system of health information technology, quality, and performance intelligence system support by advanced T/TA to achieve the following project goals:

1. Increase the use of health IT to improve the quality of care provided by Network Participants while improving population health.
2. Improve data collection, analysis, and reporting among Network Participants to enhance the use of comprehensive, integrated and quality-based data to drive high performance.
3. Increase the secure electronic data exchange between providers and related health care organizations to support the delivery of coordinated health care through a patient centered model; and
4. Improve clinical and operational performance of Network Participants to include improvement in clinical and financial performance areas while advancing the implementation and operationalization of patient centered medical homes (PCMH).

The vendor chosen must have demonstrated familiarity and credibility in all phases of privacy and security that will allow APHCA to drive critical change and maintain all phases of health center data privacy and security.

## 2.0 General Information

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As Alabama health care consumers continue to seek value-based care, the need for accurate aggregated clinical and financial data within and among health centers is crucial for success. The purpose of this RFP is to assist APHCA in selecting the best possible system solution to both current and future needs of its members, which include the ability to:

- Ingest clinical, claims, financial and demographic data from the various medical, dental and behavioral health, Practice Management and EHR systems utilized by network members and their partners into a centralized data repository.
- Ingest data from current and future HIE systems, disease specific registries, health systems and payers (government, Medicaid/Medicare contractors, commercial and employer groups).
- Cleanse and normalize data for reporting and data integrity purposes.
- Analyze and compare clinical data against internal and external evidence-based benchmarks to report and improve outcomes.
- Provide members with the ability to utilize data, both prospectively and retrospectively, to manage care at the individual patient level.
- Provide clinical and financial data across the care continuum for payer reporting, validation and negotiation.
- Identify local and statewide health trends and issues to facilitate early intervention.
- Provide data for research and advocacy purposes.
- Report in multiple formats to meet requirements including UDS, HEDIS, PQRS, MIPS, MU, and PCMH etc.

The following sections provide instructions for the preparation of a proposal that will enable vendors to address the technical, financial, and legal requirements of this proposal. This document is not an offer to contract. Only the execution of a separate written contract will obligate APHCA and its members in accordance with the terms and conditions contained in such a contract. Please read the directions carefully, following the format and numbering scheme provided. Answer every question. For any question that does not apply, answer NA.

All questions, comments or concerns pertaining to this RFP and subsequent process may be directed to [mbroadnax@alphca.com](mailto:mbroadnax@alphca.com). No phone calls or oral questions will be accepted, and please do not direct inquiries to APHCA staff, member centers or any other third-party entity or consultant.

Questions deemed relevant to other vendors will be answered and forwarded to all RFP recipients. Such transparency is compulsory to ensure respondents are afforded the same information, and an equitable opportunity to modify proposals and/or demonstrations accordingly.

### 3.0 Proposal Content Requirements

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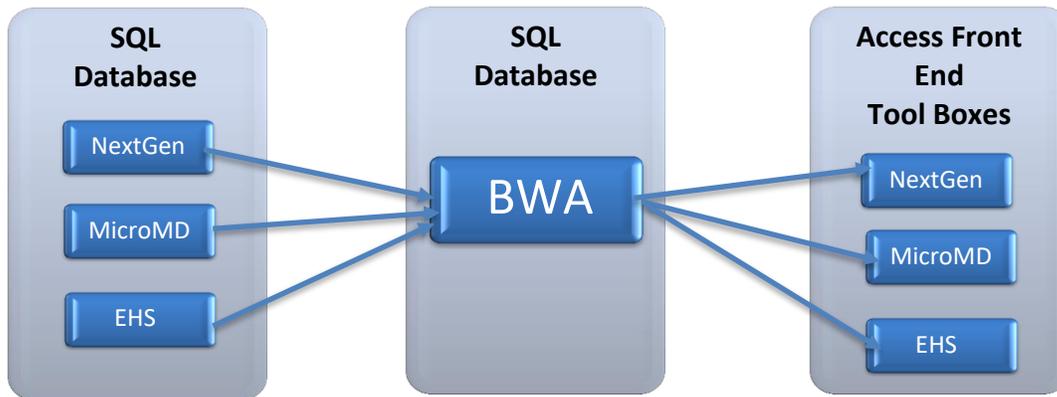
## 4.0 Current System Overview

### APHCA Current Data Warehouse

APHCA data warehouse currently combines health centers clinical data from 3 Electronic Medical Records (EMR); MicroMD, NextGen, and Success EHS. The database consists of two years of historical clinical data from 3 Federally Qualified Health Centers (FQHC) representing care for more than 300,000 Alabamians for 2015 and 2016.

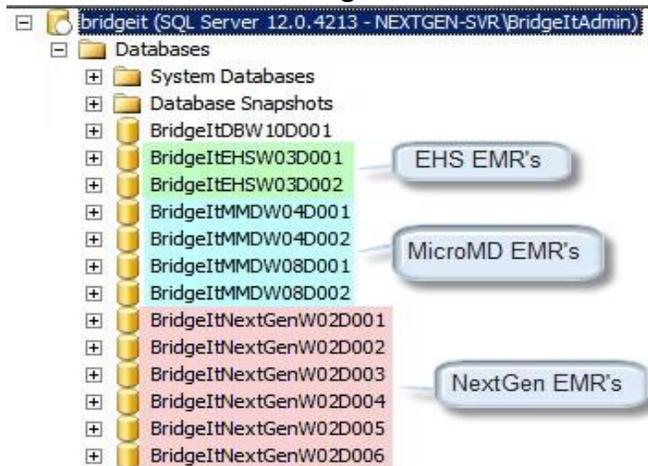
### Current System Overview

The following flowcharts depicts the current layout of the APHCA Bridgell database:



- The BWA Application is scheduled to run nightly to extract and build the desired tables inside the BridgeIT SQL Database. During this process there are views/data marts created and it performs other data cleansing tasks.
- The Toolboxes attach to the BridgeIT SQL Database and allows faster processing by using the Sequel Language to create the queries and return the desired results back into a DataSheet View and then pushed into Excel or other Outputs.
- Each EMR is setup with the same model and their data is stored in one central SQL Instance, but still independent to the data schema provided by the EMR Vendor.

Example of the different Databases within the BridgeIT SQL Instance for EMR mapped products:



## 5.0 Scope of Work

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### General Functional Requirements

Over the last three years, APHCA has developed a state-wide data warehouse to provide improved access to Quality Improvement information, fostering better and more informed decision-making processes in improving patient outcomes. The selected BI tool is an integral part of the data warehousing architecture that will be used by the administrative and data warehousing professional staff to navigate through the data of the data warehouse.

The successful vendor will assist APHCA in blending clinical and administrative data from multiple health centers to obtain a more complete picture of the care delivered in Alabama and its associated costs. The combined data will permit reporting on outcomes measures in addition to the current process measures, as well as supporting the translation of evidence into practice and informing policy. Ensuring patient data privacy and security is consistent with HIPAA and all applicable regulations, is an essential covenant and expectation between APHCA and its Health Centers.

The Vendor submitting a proposal must propose a technical and services solution for the EMR Data Migration, Master Patient Index, Data Aggregation and Base Reporting and Data Analytic and Data Sharing scope of work.

### EMR Data Migration

Migrate APHCA source database infrastructure from disparate electronic health records system (Sage, eClinical Works, Athena Health and Bridgett (MicroMD, NextGen, Success EHS) into a business intelligence system that provide the health centers the ability to use their data to improve quality of care, increase financial efficiency and operational effectiveness, conduct innovative research and satisfy regulatory requirements.

### Data Aggregation

The Data Aggregation scope will include at minimum:

1. Develop and operate extract, transform and load (ETL) related processes.
2. Establish Service Level Agreements (SLAs) for ETL performance and review ETL performance regularly with APHCA to optimize as necessary.
3. Design, development and deployment of the interfaces to common data sources. Acceptance of data in standardized or alternate formats.
4. Ensure data and format validation to confirm the integrity of data's structure and syntax. Conduct data mapping to plot the format and structure of data between its source and target systems according to certain transformation rules and business logic. Prepare data quality control standards, quality metrics, process for quality assurance in handling missing/bad data, logic and reports.

5. Initial and ongoing data quality review and quality remediation processes with data submitters. Data quality assessment, including control totals, data gaps, and implications for risk assessment, provider attribution, condition groupers, measures reporting and other key functional requirements.
6. Normalization or transformation of the data into standardized data structures. Data transformation to convert and translate data from any external or internal file and message format to an established format. Data normalization to cleanse and match data and handle all exceptions to ensure high quality data.
7. Preparation and maintenance of documentation for all data aggregation activities including data dictionary and field mapping.
8. Development and maintenance of the technology required to support the entire scope of work, including coordination and appropriate integration with the Data Analytics scope of work.
9. Provide ongoing training, relevant training materials and knowledge transfer to APHCA staff.
10. Maintain three years of data in production environment beginning with measurement year 2014 data and archive historical data. Maintain backups of each 6-month measurement period for immediate access to source data.

### **Base Reporting and Data Analytic**

In the context of this RFP, “base reporting and data analytics” refers to standardized and filtered reports that will be run by APHCA and its health centers on a routine basis. These will be presented in a user-friendly, web-based presentation layer. In this type of reporting, APHCA requires relatively basic data manipulation such as filtering, ordering, selecting parameters, and exporting both aggregate and patient-level data. The Base Reporting and Data Analytics scope will include at minimum:

1. Provide a reporting and analytics platform primarily to support APHCA in obtaining standardized reports, detailed metrics, and other information about health centers quality of care.
2. Provide access to the clinical data warehouse for the purpose of advanced ad-hoc or custom data analytics and measurement by APHCA data analysts.
3. Allow for the storing and reporting of clinical data in the form of traditional reports, dashboards, ad hoc queries, alerts, and other forms of data analytics, for benchmarking, trending, and performing various types of analysis.
4. The storing of the data will need to be in monthly, quarterly, calendar year, and fiscal year snapshots in time, as well as accumulatively, for reporting accordingly, and for data analytics purposes.
5. Ensuring patient data privacy and security is consistent with HIPAA and all applicable regulations, is an essential covenant and expectation between APHCA and its Health Centers.

The content of the base reporting system will include but not limited to:

## Core Clinical Measures

- Table 6B Section C: Childhood Immunizations
- Table 6B Section D: Cervical Cancer Screening
- Table 6B Section E: Weight Assessment and Counseling for Children and Adolescents
- Table 6B Section F: Adult Weight Screening and Follow-Up
- Table 6B Section G: Tobacco use Assessment and Cessation Advice
- Table 6B Section H: Asthma Pharmacological Therapy
- Table 6B Section I: Coronary Artery Disease: Lipid Therapy
- Table 6B Section J: Ischemic Vascular Disease: Aspirin or Antithrombotic Therapy
- Table 6B Section K: Colorectal Cancer Screening
- Table 7: Section B: Hypertension by Race and Hispanic Identity
- Table 7: Section C: Diabetes by Race and Hispanic Identity
- National Quality Forum (NQF) standard measures
- Regional Organization Quality Measures
- Custom measures

## National Quality Forum (NQF) Measures

- NQF 0028 Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
- NQF 0421 Preventive Care and Screening: Body Mass Index Screening and Follow-Up
- NQF 0024 Weight Assessment and Counseling: Children and Adolescents
- CMS50v1 Closing the referral loop: Receipt of specialist Report
- NQF/CMS Description - Chronic Disease
- NQF 0059 Diabetes A1C Control
- HEDIS Persistence of Beta Blocker Treatment after Heart Attack
- NQF 0018 Controlling High Blood Pressure
- NQF 1799 Asthma Control Measure
- NQF 0036 Use of Appropriate Medications for People with Asthma
- NQF 0075 Lipid Panel and LCL-C
- NQF 0105 Anti-depressant medication management
- NQF 0108 Follow up care for Children with ADHD Medication
- Diabetes screening for people with schizophrenia or bipolar disorder on antipsychotic medications
- Selected Diagnosis and Services Rendered (Non UDS diagnosis)

## PQRS Measures

The Physician Quality Reporting System (PQRS) gives eligible health care professionals (EPs) the opportunity to assess the quality of care they are providing to their patients and helping to ensure that patients get the right care at the right time. PQRS reporting within the selected BI Tool will enable Health Center EPs to quantify how often they are meeting a particular quality metric. The complete list of PQRS Measures are provided below:

- 128: BMI
- 130: Documentation of Current Medications
- 131: Pain Assessment and Follow-Up
- 182: Functional Outcome Assessment
- 126: Diabetes Foot and Ankle Evaluation
- 127: Diabetes - Footwear Evaluation
- 154: Falls Risk Assessment
- 155: Falls POC
- 134: Screening for Clinical Depression and Follow-Up Plan
- 431: Unhealthy Alcohol Use
- 181: Elder Maltreatment Screen and Follow-Up
- 226: Tobacco Use Screen and Cessation Intervention

### **Regional Care Organizations Quality Measures**

The complete list of Regional Care Organizations Quality Measures are provided in the following PDF document:



RCO\_Incentive\_Quality\_Measures 2.pdf

### **HEDIS Quality Measures**

The complete list of HEDIS Quality Measures are provided in the following PDF document:



HEDIS 2016 List of Measures.pdf

### **Data Sharing and Use**

Subsets of the data contained within the Vendor solution will need to be shared with its partners as authorized by APHCA. The selected BI Tool shall provide an interface support to transfer compliant data between APHCA Health Center Controlled Network (HCCN) and Alta Pointe Health Systems and Alabama HIE to facilitate coordinated patient care, reduce duplicative treatments and avoid costly errors.

### **Master Patient Index**

To effectively integrate clinical data into Alabama HIE and Alta Pointe Health Systems, APHCA will require a critical function to crosswalk/match multiple patient IDs into a Master Patient Index

(MPI) for patients across all health centers using patient datasets. It will be necessary to do the same for providers, thus establishing the capability to track individual patients and physicians across multiple care settings. APHCA will work with vendor to establish unique MPIs for patients in a provider directory data submission.

Vendor must establish and maintain a normalized patient and provider MPI, and de-identification of data for use by APHCA, and other vendors or partners for clinical and patient datasets.

### **Data Sharing Requirements**

1. Support a one-way outbound electronic patient and clinical data transfer utilizing HL7, CDDA, or CDA format.
2. Support outbound CCD response to authorized HIE query.
3. Outbound electronic exchange of patient care summaries for Meaningful Use Stage 2 and Stage 3 using Consolidated Clinical Document Architecture (C-CDA) specification.
4. Execute data usage/security agreements with APHCA, its data suppliers and vendors. Data sharing and use activities will comply with all applicable Federal and State laws and regulations, including all privacy and security requirements related to personally identifiable information, state regulations and regulatory requirements.
5. Document and verify the data extract requirements with APHCA and its partners. Such documentation shall include affirmation that the data extract is compliant with all applicable contractual, privacy, security and other regulatory terms.
6. Document and design the appropriate data query to organize and structure the data to be shared. This shall include encryption for security, masking for redaction or organizing for personal data anonymity, encryption for all data in transit and at rest, and member re-identification by the data recipient.
7. Run the query and generate the data file in the requested format.
8. Review the data set to ensure data quality, consistency and compliance with privacy rules.
9. Deliver the data set in a format that is acceptable to APHCA.
10. Extract data sets periodically and transmit to APHCA and/or its partners.

### **Data Sharing Content Requirements**

- Patient Demographics
- Disease Diagnosis
- Allergy List
- Recent Prognosis <= 6 months
- Chief Medical Complaint
- Medication List
- Past Medical History <= 6 months
- Laboratory Results <= 6 months

## **Population Health Management (PHM)**

The selected BI-Tool should have the capability to combine patient-centered data from all fifteen Health Centers and aggregate the data to build registries for tracking and monitoring Health Centers population health. This following level of tracking is needed:

- Predictive modeling algorithms that can help forecast which patients are likely to have significant health costs.
- A PHM dashboard to identify the occurrence of health conditions by provider or health centers, and for evaluating provider and health center performance.
- Measure mortality, health status, disease prevalence, and patient experience across Health Centers.
- Measure costs and patient experience on a population-wide basis with Health Centers.
- Identify processes (how many patients with diabetes received an appropriate HbA1c test), intermediate outcomes (HbA1c or blood pressure levels), and long-term outcomes.

## **Summary of Functional Requirements and Services**

APHCA has developed and documented a set of Functional Requirements for the BI Tool Solution. These Functional Requirements align with APHCA's vision and goals, and are intended to provide the vendor with APHCA's needs and the degree to which the vendor's approach and solution has the potential of meeting the requirements. The Vendor will respond to the Functional Requirements and their approach to meeting them in a Functional Requirements Approach document.

Additional questions regarding system requirements are detailed in Appendix B

## 6.0 Proposal Requirements

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### RFP Focus and Goals

As a fundamental principle of this RFP, APHCA intends to purchase a core service for data aggregation, data analysis, web-based reporting, and provider feedback from a vendor who can demonstrate previous success implementing existing solutions for similar organizations. The successful Vendor will have in place demonstrable solutions (not including projects in the process of implementation or in development) that:

- Aggregate, consolidate, and validate clinical data from several health centers, and combine related data and information about patients, providers, services and other care delivery characteristics, for the purpose of developing quality measurement data and other results based on national and local measurement standards.
- Aggregate, consolidate, and validate patient clinical data from provider APHCA Data Warehouse, and combine related data and information about providers, services, and other care delivery characteristics for the purpose of developing quality measurement data and other results based on national measurement standards.
- Combine and validate administrative and claims data with clinical data, plus related data and information about patients, providers, services, and other care delivery characteristics for the purpose of developing quality measurement data and other results based on national and local measurement standards.

### Detailed Timeline and Response Instructions

APHCA anticipates the following approximate timeline for the RFP, responses, vendor evaluation and selection, and contract finalization.

Date	Action
4/26/2016	Issue RFP
5/04/2016	Written Questions Due
5/11/2016	Written Response Distributed
5/16/2016	Letter of Intent Due
5/27/2016	Vendor Proposals Due
6/10/2016	Vendor Notification of Intent To Award
6/24/2016	Scope Of Work and Project Plan Finalized
6/30/2015	Contract Executed
7/01/2016	Planning and Development
11/30/2016	Implementation Complete

## **Submitting Your RFP Response**

The official name of the Vendor submitting the proposal must appear on the outside front cover of each binder, together with the title “RFP Data Exchange BI Tool Proposal.” The Vendor shall provide 1 original unbound proposal, 1 electronic copy of the proposal and prepare the response with the following mandatory outline:

### **Cover Letter and Executive Summary**

This section of the Vendor’s Technical Proposal must include a cover letter and executive summary stating the Vendor’s intent to bid for this RFP. The Vendor’s response must include a transmittal (cover) letter; table of contents; executive summary; Vendor contact information and locations. If the Vendor wishes to propose an exception to any Standard APHCA General Terms and Conditions for Technology Contracts, it must notify APHCA in the cover letter. Failure to note exceptions will be deemed to be acceptance of the Standard APHCA Provision for Contracts and Grants. If exceptions are not noted in the RFP Response but raised during contract negotiations, APHCA reserves the right to cancel the negotiation if deemed to be in the best interests of APHCA.

Please do not include pricing information in this tab.

### **Introduction and Experience**

Include in this section any information that your company wishes to submit about the nature of your business and primary business focus. Include information about what makes your company (not the product) different from your competitors. The Vendor must include experience in public sector; certifications and other required forms.

### **Contract Terms**

Include copies of all contracts or agreements that you expect APHCA to sign if selected for contract award.

### **Exceptions**

Include in this section either a statement that you will make no exceptions to the requirements of the RFP, or a statement clearly indicating any exceptions and a statement of substitute wording for resolving the exception.

### **Company Profile**

Please include the following information about your company: The nature of your business and primary business focus, the percentage of business that comes from the BI tool referenced in the RFP, your company’s major differentiator (i.e. what makes your company—not your product—different from your competitors), the mailing address and contact information for your headquarters, and the mailing address and contact information for your office closest to APHCA (Montgomery, AL).

## **Billing Methods**

Describe in detail your billing methodology. APHCA is not exempt from sales taxes. Billing methodology should be staggered to meet core milestones related to workplan and final delivery.

## **Costs**

Vendors must specify pricing for each component. Indicate if pricing would differ if APHCA only purchased certain components of the system. Vendors must base their Cost Proposals on the Scope of Work described in Section 3.0 and associated sections of this RFP. The Cost Proposals must include any business, economic, legal, programmatic, or practical assumptions that underlie the Cost Proposal. APHCA reserves the right to accept or reject any assumptions. All assumptions not expressly identified and incorporated into the contract resulting from this RFP are deemed rejected by APHCA

The selected BI Tool Solution must include Implementation, Operational Services, Software, and Software Maintenance cost. The Vendor must include all one-time and ongoing costs in the Cost Proposal. Total Costs are required by APHCA for evaluation and budget purposes. The additional detail of costs is required for APHCA's understanding of the costs.

Vendors are required to provide firm-fixed price costs for implementation, including a proposed payment schedule based on deliverables. The ongoing Service Provision and any other potential ongoing payments must be based on units proposed by the Vendor (e.g., transaction volumes, population base, hosting and support, etc.) to be specified by the Vendor.

If relevant, the Vendor must provide fixed hourly rates to APHCA for work to be performed. In addition, fixed labor rates must be available for APHCA to use for unanticipated tasks as necessary.

## **Bridgelt and EMR System Migration Cost**

Vendor should provide separate migration cost estimates based on the following:

- Costs to migrate data from standardized formats for each EMR, Sage (1 site), eClinical Works (1 health center), Athena Health (4 health centers), MicroMD (1 health center), NextGen (5 health centers), and Success EHS (2 health centers) into the selected BI Tool System.
- Costs to migrate data from standardized formats utilize the Bridgelt database, MicroMD (1 health center), NextGen (5 health centers), and Success EHS (1 health center) into the selected BI Tool System.

## **Support**

Proposals must indicate the name, experience level, and length of service with the firm of the customer service representative who would be assigned to APHCA. A description of the on-going support program must be provided. Please describe levels and hours of support available

## **References**

Please list at least five (5) clients that you have done business with in the past year at least 3 should be for comparable projects and systems. For each reference, include the company's name, mailing address, telephone number, contact name, and number of years as a customer. APHCA may contact referenced clients during the evaluation process.

## **Selection Team**

The BI Tools Selection Committee consists of representatives of its core team, including APHCA leadership and staff.

## **Selection Process**

After an initial review of proposals, the BI Tools Selection Committee may determine that further discussions and/or vendor presentations are required, as well as vendor product trial periods in which vendor products are installed at APHCA for hands-on evaluation over the course of 2 or more weeks.

## **Vendor's Work Plan**

The vendor's technical proposal must include a Work Plan that will be used to create a consistent and coherent management plan. This work plan will demonstrate that the vendor has a thorough understanding for the scope of work and what must be done to satisfy the project requirements. The Work Plan must include detail sufficient to give APHCA an understanding of how the vendor's knowledge and approach will:

1. Manage the Work;
2. Guide Work execution;
3. Document planning assumptions and decisions;
4. Facilitate communication among stakeholders; and
5. Define key management review as to content, scope, and schedule.

## **Selection Criteria**

The following criteria (listed in order of priority) will be used to select the BI tool:

- The degree to which the proposed system satisfies the APHCA business requirements
- Overall system functionality, flexibility, ease-of-use and performance
- Support and training provided for implementation
- Initial product cost and ongoing license and maintenance costs
- Ongoing maintenance and training
- Corporate financial condition
- References (please provide PCA's, if possible)

## **Notification of Award/Contract**

APHCA will notify the selected vendor through a letter and a contract will be negotiated between APHCA and the selected Vendor. The contract will, among other provisions, incorporate this RFP and the selected Vendor's proposal. Upon execution by the vendor and APHCA, the contract will

be submitted for final approval and a Purchase Order will be issued. APHCA will notify unsuccessful vendors in writing.

**APHCA reserves the right to:**

- Reject any and all proposals received in response to this RFP
- Waive or modify minor irregularities in proposals received, after prior notification to the Vendor
- Adjust or correct cost or cost figures with the concurrence of the Vendor if errors exist, and the Vendor establishes that a verifiable error occurred in the computation of the proposal
- Adopt all or any part of a bidder's proposal in selecting the optimum configuration
- Negotiate with selected Vendor responding to this RFP within the RFP requirements necessary to serve the best interests of APHCA and its Health Center Members
- Begin contract negotiations with another Vendor in order to serve and realize the best interests of APHCA, should APHCA be unsuccessful in negotiating a contract with the selected Vendor within an acceptable time frame

**Liability**

APHCA is not liable for any costs incurred by a Vendor in the preparation and production of a proposal or for any work performed prior to the issuance of a contract or delivery order.

**Disaster Recovery Responsibility**

The Vendor must assume an active facilitating role in any major production system failure. The Vendor must act as the primary source of technical expertise relative to the rapid re-establishment of the production system.

**General Information**

In order to be considered, interested firms must respond to this Request for Proposal by the due date(s) shown above. Questions regarding this Request for Proposal may be addressed to:

Mary Broadnax, Senior Data Analyst & Project Manager  
mbroadnax@alphca.com  
Phone: (334) 386-3978

Interested vendors should submit the following:

- Examples of successful implementation of similarly scoped project
- Credentials on project team leads with experience
- Three to Five References

Interested vendors must submit three (3) unbound copies (1 for files and 2 work copies) of their proposal in a proposal package clearly marked **Data Exchange BI Proposal**. Additional proposals, must be submitted electronically.

Please send proposal packages to:

Mary Broadnax, Senior  
Data Analyst & Project Manager  
Alabama Primary Health Care Association  
1345 Carmichael Way  
Montgomery, Al 36106

Electronic submissions must be sent via email to: [mbroadnax@alphca.com](mailto:mbroadnax@alphca.com)

If hand carried, the office hours are 8:30 a.m. – 5:00 p.m. Facsimile responses will **NOT** be accepted. Proposal material will be treated as proprietary and become the property of APHCA. APHCA reserves the right to waive any irregularities in the proposals and to accept or reject any or all proposals.

## 7.0 Project Organizational Approach

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This project will be managed by APHCA and its resources. The sections below outline the responsibilities for the separate organizations.

### **APHCA Project Responsibilities**

APHCA project team will perform a number of roles and carry out a number of responsibilities throughout the life of this project. Specifically, during both the implementation and operations phases, APHCA will at least:

1. Define the goals and objectives of the project and services throughout implementation and ongoing operations.
2. Communicate the goals and objectives of the program and project to all stakeholders.
3. Oversee the project management approach that will govern the project.
4. Review the draft deliverables and final deliverables developed by the Vendor and provide feedback and required changes for the Vendor to make until APHCA is satisfied with the resulting deliverable and outcomes.
5. Approve final deliverables developed and revised by the Vendor and provide access to APHCA management and Subject Matter Experts (SMEs) for the approval of the deliverables required to meet the goals and objectives of the project.
6. Monitor Vendor performance according to contractual obligations, provide improvement requests, and approve invoices as detailed in the final Contract.

### **Vendor Roles and Responsibilities**

The Vendor will provide the resources to complete the following activities:

1. Work collaboratively to prepare, submit, obtain, execute and maintain approval for individual project management approaches and plans.
2. Prepare and submit the draft and final deliverables for APHCA review and comment in accordance with the Project Work Plan.
3. Abide by the goals, objectives and requirements contained in this RFP and the resulting Contract, including all service level agreements.
4. Confirm the understanding of the goals, objectives and requirements contained in this RFP and the resulting Contract
5. Prepare and conduct requirements confirmation sessions with all necessary APHCA management, SMEs.
6. Prepare, manage and submit to APHCA for approval the project management plans for meeting the goals and objectives of the project. Submit for review and approval all changes to the approved project management plans.
7. Participate with other designated vendors and partners, APHCA management and SMEs in the creation of the integrated project management plan.
8. Review and confirm roles and responsibilities that the Vendor has which are part of any other business process which are the responsibility of other vendors or APHCA. Collaborate with APHCA and other designated vendors to define quality measures to monitor the required service level objectives outlined in this RFP.

## 8.0 General Terms and Conditions

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If this RFP results in an agreement to provide a data warehousing BI tool, the following terms and conditions will apply:

- Additional terms will be required during final contracting and can be modified only in writing and when signed by both parties.
- There must be financial penalties to the vendor if they terminate without delivering contracted scope.
- Upon notification of termination, the two parties shall agree upon a turnover plan and agree upon the compensation due and payment of liquidated damages as required.
- This entire Agreement may not be assigned, sublet, or transferred without the prior written consent of APHCA.
- Vendor is an independent contractor, not an employee, agent or partner of APHCA. Therefore, neither Vendor nor any of its employees are entitled to participate in any form of benefit or privilege that APHCA extends or may offer to any of its own employees.
- Vendor agrees to indemnify APHCA and to hold APHCA harmless from and against all claims, liability, loss, damage, and expenses (including legal fees), arising from or due to any claim with respect to any part of the sales or services covered by this Agreement or any activity, Vendor, its officers, agents, or employees on or about APHCA's property. Vendor shall defend any such litigation brought against APHCA. This clause shall survive termination of this Agreement.
- During the performance of this Agreement, Vendor agrees not to discriminate against any individual because of race, color, religion, sex, or national origin, or because he or she has a physical or mental handicap or because he or she is a disabled veteran or a veteran of the Vietnam era. The aforesaid provision shall include, but not be limited to, the following: employment; upgrading; demotion; transfer; recruitment or recruitment advertising, layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship, sales, and conditions of consultations regarding special needs of customers and/or clients. Furthermore, vendor will adhere to rigorously enforced principles of affirmative action regarding members of minority groups and handicapped individuals.
- Vendor agree to comply with all related Federal and State laws.
- Services performed under this Agreement must be in accordance with all governmental laws, rules, regulations, and ordinances, including, but not limited to, OSHA, ANSI, EOA, ENCON, and Vendor certifies to this requirement. APHCA reserves the right, at its sole option, to order cessation of performance in case of violation by Vendor, and APHCA shall have no liability whatsoever resulting from such interruption.
- Engage in compliance programs as required.

The Vendor is responsible to maintain insurance coverage throughout the term of the agreement and/or contract. If for any reason during the term, the insurance policy is cancelled, the Vendor must immediately notify APHCA.

## 9.0 Additional Terms and Conditions

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### **Web Services and SOA**

The solution should also include Web services capabilities that will allow for it to function within a service-oriented architecture (SOA) environment. Services that are available to be exposed and consumed should be outlined in the solution's technical documentation.

### **Hardware/Software**

Under any categories of IT service, the Contract may include the acquisition of hardware and/or commercial off-the-shelf (COTS) open-source or proprietary software to support the project. All hardware/software purchases must be compatible with APHCA IT architecture policies and standards and be approved in accordance with APHCA statutes.

While a vendor may propose to provide hardware and software as part of its proposal APHCA reserves the right to procure hardware and software from other sources when it is in the best interest of APHCA to do so. Please describe the application and database architecture of the solution that you are proposing. The vendor must include cost of all services, hardware and software in the proposal.

### **Software Licensing:**

If the Solution will include software to be licensed from the vendor, Vendors shall insert software licensing requirements and anticipate volume. Vendor shall propose the licensing options available and to recommend the advantages of those various options. For example, licensing options may include:

1. Named user
2. Per server
3. Per work team
4. Concurrent User
5. Enterprise (unrestricted)

### **Business Associate Agreement (BAA)**

Execute a Business Associate Agreement (BAA) and maintain privacy and security agreement as required by Health Information Technology for Economic and Clinical Health Act (HITECH) and U.S. Health Insurance Portability and Accountability Act (HIPPA) and other related laws and regulations.

## 10.0 Appendix A

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### **Product Profile**

Provide a one-page product profile for each product used in the response to this RFP. Please include the following:

1. Product name
2. Product description
3. Current release level
4. Date current release level was generally available
5. Projected general availability of next release level
6. Current product install base
7. Number of companies
8. Number of users

### **Consulting**

Please describe the expected level of involvement your consultants will have in each stage of this project. How experienced are your consultants?

### **Business Partners**

Please indicate products that are fully integrated with your solution. Describe the connectivity and interface requirements as well as expense associated with partner and/or functionality.

### **Business Intelligence functionality**

Provide a complete and detailed description of your proposed BI solution, including the key features of your BI solution and products; how each feature specially meets each requirement of the RFP and what makes your solution unique.

### **Application Areas**

Describe standard application areas that your product supports, including budgeting, financial planning, performance planning, etc.

### **Pricing and Licensing Model**

How much does your product cost, including initial training, implementation, testing, and support and consulting to implement all functionality and reporting defined within the RFP. Additional, provide any ongoing annual costs associated with the continued operation and use of your proposed solution.

## **Online Training and Help Facilities**

Please address the following questions and statements regarding your product's online help facilities.

- Please describe the online help that your product provides to end-users and administrators.
- Does your product include training aids such as online tutorials, etc.?
- Are tutorials and help screens customizable to match APHCA (i.e. to include information and instructions that are APHCA-specific, as well as to include APHCA logos, etc.)?
- Please describe the level to which the online help facilities are integrated within your product (e.g. right-click access, separate utility, on the web, etc.).
- Are there certification programs available for your product?

## 11.0 Appendix B

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**Specific Vendor Questions – For each question below, provide detailed responses for how each item is met.**

1. What technology are you leveraging as your analytics engine/BI tool?
  - a. How is it rated by Gartner Group or other independent third party?
2. Please describe how your analytics engine leverages custom client hierarchy for drill down capabilities?
3. Does your analytics engine and dashboards support Quality Measure outcomes reporting?
  - a. How many quality measures does your platform support?
  - b. Please summarize the different measure categories (UDS, CMS-ACO, HEDIS, PCMH, MU etc.)
4. Does your system support viewing quality measure performance throughout the entire year to proactively alert Medical Directors, providers and executives of poor measure performance?
5. Please describe your integrated workflow capabilities within your analytics platform?
  - a. Do you support the ability to drill down to the patient level, select/lasso a grouping of patients and intuitively push them to other modules within your application?
6. Please list/describe your library of dashboards/reports.
7. Describe your ability to analyze the total cost of healthcare across professional, hospital (if applicable) and pharmacy spend.
8. Do you have the ability to customize the timeframe of analysis and see monthly trending over that time period?
9. Can you view in-patient, ER, readmission data and rate utilization trended together?
10. Can you analyze professional services segmented by in/out of network utilization by specialty and procedure code?
11. Can you review cost by diagnosis?
12. Do you have the ability to support multiple value based contracts within the same patient population (i.e. Regional Care Organization [RCO], Medicaid Fee for Service, Medicare Advantage, Commercial, Blue Cross Blue Shield, other.)

13. Do you have dashboards dedicated to risk stratifying a patient population with an intuitive way to push selected patients to Care Management?
14. Do your dashboards support geographic stratification (state, county, city, zip) for a national/regional organization?
15. Do you have any dashboards/analytics dedicated that will help identify coding opportunities?
  - a. Is this connected to the provider workflow?

### **On-Demand Querying and Reporting**

Please address the following questions and statements regarding on-demand query and report generation functionality of your solution. Provide details on how the functionality is provided:

1. On-demand querying and subsequent report generation must be intuitive and easy for end-users to understand and use.
2. End-user tools must provide extremely quick response times to their users.
3. Multi-dimensional analysis (i.e. slicing and dicing the data) must be available, as well as drill-down, drill-up and drill-across.
4. Pivot and cross-tab tables must be supported. Does your product allow end-users to “page” through sections of the pivot table (i.e. similar to “page” pick lists in Excel pivot tables)? Can end-users swing attributes between pages, rows, columns?
5. Does your product support a multi-pass query in which an initial query obtains a subset of data that is fed to a second, more complex query? How is such a multi-pass query set up within your product?
6. Can end-users and administrators provide criteria to suppress/hide rows or sections of a generated report? As an example, can output rows be automatically suppressed if all data points are zero?
7. Can duplicate values in row/column labels be suppressed (as in a SQL\*Plus “break on <column> nod-up” statement)?
8. How does your product handle missing or “null” data points? How is such missing data displayed to the end-user? Can end-users supply their own text alternative?
9. Does your product enable access to relational (or other) database tables?

10. Can end-users define their own data ranges (e.g. \$1-500, \$500-5000, \$5000-25,000, over \$25,000)? If so, can such ranges consist of unequal subsets as in the given example? Are end-users able to save such ranges for use in future reports?
11. Can your product calculate and display percentage values of a grand total?
12. Can your product calculate and display percentage or unit change between values on the same row in different columns (e.g. increase/decrease in budget allocation from one year to the next)?
13. Please describe the suite of built-in functions (e.g. text, date, numeric, comparison, logical, etc.) available for use by end-users.
14. Does your product provide transparent aggregate navigation? When a query is submitted, does your product automatically select from an aggregation, if such an aggregation exists?
15. How can an administrator help ensure aggregations are utilized? How can administrators detect the need for new aggregations?
16. Can your product automatically generate row numbers (or a similar mechanism) for easier end-user reference?
17. Can your product also provide gridlines, both on the screen and on the print-ready reports?
18. Can reports contain more than one query? If so, how are multiple queries scheduled?
19. Please describe the types of graphical views your product supports (e.g. pie charts, line graphs, bar graphs, etc.). Also describe how such graphs may be customized by end-users, including resizing, embedding trend lines, re-angling (i.e. for 3-dimensional views), preparing a print-ready graph, specifying a legend, title, axis labels, fonts, color schemes, etc.

### **Risk Stratification**

Population Health Management requires the ability to segment/stratify a patient population based on risk, predictive modeling, and the organizations ability to impact the clinical outcome of the patients. It is critical that we have the ability to segment our populations as described above but we must have the ability to leverage this stratification logic to integrate with our care coordination resources to ensure they are dedicating their time and energy to the right patients at the right time.

### **Specific Vendor Questions**

1. Please describe your risk stratification solutions and related algorithm(s).
2. Does your risk stratification support predictive modeling to determine estimated spend over the next 12 months (other period)?
3. Please describe how your risk stratification leverages specific data elements (claims, clinical, social, and other).
4. Do you have the ability to leverage multiple risk scores on an x/y axis to determine risk/predictive cost against your organizations ability to impact the clinical outcome of the patient?
5. As you drill down to the patient level do you have the ability to view specific detail related to that patient (Clinical summary, previous year spend etc.) within the dashboard itself?
6. Can you compare risk scores across Managed Care Organizations and other contracts, TINs, providers, chronic conditions?
7. Do you support a client specific hierarchy for drill down capabilities for risk stratification?
8. If your system supports a clinical summary for a patient bringing in aggregated clinical/claims data from multiple sources will this also include the risk scores your system calculates?

### **Provider Engagement / Provider Specific Dashboards**

Population Health Management requires us to work seamlessly with the providers at the point of care bringing them specific information about the patients they see in their clinics. It is critically important that we can distill down the ocean of data that we aggregate and only provide the relevant information the providers and their care team need to access while the patient is in their exam room. Critical alerts related to open care gaps and coding opportunities are extremely important to optimizing our quality measures outcomes and coding accuracy.

### **Specific Vendor Questions**

1. Do you have provider specific dashboards?
  - a. Please describe.

2. Do the dashboards provide visibility into their performance related to value based contracts?
3. Can the providers see how they compare with other providers and benchmarks set within your organization?
4. Do you have the ability to reconcile data against appointment data so the providers and their team can see only relevant data associated to a specific patient visit (no show, cancellation, cycle time)?
5. Does your system allow us to print these patient specific care gaps so we can leverage this data in our morning huddles?
6. Will these dashboards show patients who have recently gone through a transition of care?
7. Can providers see their roster growth per contract trended over time?
8. Can providers see their quality measure performance against payer specific target values?
9. Can providers view their total cost of healthcare and utilization metrics across their attributed patient population?

### **Care Management / Care Coordination**

Population Health Management requires an organization to have the ability to provide comprehensive care to high risk and chronically ill patients. Integrated workflow tools will be necessary to manage these high risk patients and there must be an ability to have the vendor's solution identify those patients who are good candidates for care management services and automate the ability to populate the care management module. It is also critically important that this solution allow for the care management staff to view pertinent claims and clinical data as the provide healthcare to their patients.

### **Specific Vendor Questions**

1. Do you provide a Supervisor view to view productivity and caseload across your Care Management team?
2. Do you have specific dashboards and workflow dedicated to Care Managers and Supervisors?

3. Can Supervisor manually assign/re-assign patients to their preferred Care Manager?
4. Can your platform allow us to build our proprietary care guidelines specific to chronic condition(s) and/or transition of care criteria?
5. If you are pulling in clinical data will this reconcile with the task list for our Care Managers so they are not following up on items that are already complete?
6. Will our Care Managers have the ability to view an aggregated clinical summary across all sources within the Care Management workflow?
7. Is there a way to sort by date of last activity, due date, risk score and other?
8. Is there a way to view a specific care plan by chronic condition on the screen to see the % complete and the status of each step and duration between steps?

### **Patient Engagement (Project Expansion Opportunity)**

Population Health Management requires our organization to be actively engaged with our health centers at all times. Patient behavior is the number one variable affecting their long-term clinical outcomes. Whether patients adhere to their exercise or dietary guidelines or see their providers for regular follow up visits will go a long way in determining their overall health. The ability to identify patients who are not compliant with their preventive and chronic condition follow-up visits and having an automated process of reaching out to them is critical to our ability to optimize value based quality measure outcomes as well as driving in feed for service revenue.

### **Specific Vendor Questions**

1. Does your system provide “proactive patient outreach” capabilities? The ability to identify patients who are past due for chronic and preventive follow up and notifying them via text, Interactive Voice Response (IVR), or secure email to call in and schedule an appointment.
2. Does your system allow our organization and intuitive tool to establish our outreach guidelines?
  - a. Can specific guidelines be established for different groups of patients (chronic condition, preventive, risk score etc.)?
3. Does your system allow for IVR and Texting options?
4. Does your system allow for two-way communication?

5. Can your solution provide logic branching workflow based on patient responses to text or IVR?
6. Can the patient engagement tool be integrated with other modules within your population health management platform?
7. Can Care Managers leverage this communication engine to drive their follow up with high risk, chronically ill patients?
8. Can you integrate home devices (Blue tooth enabled scale, blood pressure cuff, glucometer, pulse oximeter etc.) with your platform?
  - a. If yes, are these values made available to your other modules and will they alert specific resource based on critical values?
  - b. Can these values be leveraged in your risk stratification algorithms?