Care Management RFP Q&A

**Question Set 1 – 12/19/2016**

**1. Q: How many patients does CRISP expect to be under care management using the procured tool?**

CRISP cannot provide an exact estimate since it is dependent on how many stakeholders choose to use the tool. That being said, there are 20,000 high risk and 80,000 rising risk Medicare patients in Maryland. Some will be involved with provider groups who already have a care management tool, thus a potential estimate could be that 20% of the high and rising risk could be under care management with a CRISP-supported tool.

**2. Q: How many users does CRISP expect to use the system?**

The final number of users depends on how many organizations and how many care managers are within that program. Based on a potential estimate of 20,000 patients, and an average caseload of 100 patients per care manger, 200 care managers could potentially use the system.

**3. Q: How many care managers does CRISP have?**

CRISP does not have any care managers. CRISP is the Maryland’s Health Information Exchange, which is a non-profit information technology company. CRISP will provide the technical tools and infrastructure for hospital, provider, and health-departments to collaborate and exchange data.

**4. Q: Will there be a single installation, or multiple instances of the software?**

There will be a single installation.

**5. Q: How many interfaces will there be?**

There will be a single connection between the vendor and CRISP, with a single interface per feed type (one ADT feed, one C-CDA feed, etc.). CRISP will continue its work of serving as a hub to connect to hospitals, ACOs, and providers, labs, and others in the state to support meaningful data exchange.

**6. Q: How does CRISP expect the solution be hosted? Server or web-based?**

CRISP does not have a preference. What we do ask is that you clearly outline the options in your response, and include the costs of your hosting option.

**7. Q: Who is CRISP’s data repository vendor?**

Mirth Results, which is the CRISP Query Portal solution, contains much of the clinical information we are receiving from participants today.

**8. Q: What kind of expectations does CRISP have around analytics coming from a software solution?**

CRISP expects a solution to have the capability of producing and sending reports that will help care managers and program directors. This includes operational reports, such as patient lists and outstanding to-do items, as well as more program administration and evaluation reports looking at outcomes of patients in the program and other performance indicators (as examples). We do not have any expectations related to predictive analytics, risk scoring, or other more advanced analytics capabilities, but would like to know what your solution has to offer.

**9. Q: What training model CRISP is expecting to deploy? Will CRISP train new users, or will the vendor have that responsibility?**

It is likely that the vendor will be involved in training as the first few sites are onboarded with the product, but we are interested in a scalable training model that can be run by CRISP personnel. Training that can be as self-serve as possible is preferred. We are open to a range of training approaches including documentation, short videos, and e-learning modules.

**10. Q: How will CRISP fund this software program?**

This implementation costs will be funded through a grant from the Health Services Cost Review Commission (HSCRC), which will cover installation costs, and ongoing costs for a given amount of time. Once the implementation period has passed, CRISP may pass monthly costs along to the organizations utilizing the software.

**11. Q: Is there an expectation that data will be migrated from a current solution to the software program procured through this process?**

CRISP expects that data will be migrated to the extent that an organization’s legacy system can export the data and the CRISP-selected system can ingest that data. We acknowledge there may be limitations, but would like to support users in this so that they have access to valuable information.

**12. Q: What is approximate end-date of a contract entered by CRISP and a vendor?**

There is not estimated end-date of a contract. CRISP prefers to enter into contracts for reasonable periods of time with the option for renewals. The contract will be renewed as long as there are users utilizing the system.

**13. Q: What are the expectations for configuration by site?**

CRISP is interested in knowing all the different levels of configuration possible, and which user types are able to perform which functions. We would prefer a solution that can be configured to some extent by either the individual user or CRISP administrators, and does not require the vendor for all configuration needs.

**14. Q: Who will be responsible for “selling” the product to healthcare organizations in Maryland? CRISP or the vendor?**

CRISP has systems in place to bring providers, hospitals, and others on board with its services. We will use these existing systems to “sell” the product to healthcare organizations in Maryland, and we do not expect the vendor to take this role.

**15. Q: Why is the timeline so tight?**

The Complex and Chronic Care Improvement Program (CCIP) discussions are actively underway in Maryland. This program encourages hospitals and providers to collaborate in providing care management services to high risk and vulnerable patients. Hospitals and providers are negotiating their contract in Q1 of 2017 and CRISP needs have a solution place shortly after that to support protocols as defined by these contracts.

**16. Q: How does CRISP identify high risk patients?**

CRISP uses Medicare data to identify high risk and rising risk patients and disseminates that information by hospital using CRISP Reporting Services. Programs also have the ability to identify high risk patients according to their own definition.

**17. Q: Once a contract is executed, will there be a prohibition on selling the product within Maryland?**

No, CRISP will not prohibit any vendor from selling within Maryland. We recognize that there are pros and cons to using a CRISP-supported tool and do not want to limit any organization’s ability to make decisions they think are best for their team and patients. We do simply request transparency of options when marketing to organizations in Maryland.

**18. Q: Is there a deadline for submitting questions?**

We welcome questions on an ongoing basis and will continually update our website as new questions and answers come out.

**19. Q: Does CRISP intend to roll this out as a pilot first?**

CRISP generally launches new solutions and services on a pilot basis to a few programs or organizations first, and then launches the solution on a larger scale once initial feedback is received and incorporated.

**20. Q: How many sites and users does CRISP intend on having in the pilot?**

CRISP tends to do pilots with a handful of sites, but will not place any limitations on the number of users or the size of the pilot sites, which could vary widely.

**Question Set 2- 12/27/2016**

**21. Q: How many vendors have submitted an intent to bid?**

As of 12/21/2016, 19 vendors submitted an intent to bid.

**22. Q: Is there an expectation that this project will go in waves or phases with different organizations?**

The expectation for this project is that we bring the instance live, and then as organizations express interest in using the software, they come on board. Any adjustments to the software will hopefully happen primarily within the pilot phase. Then we will need to determine the best approach for suggested changes in the long run.

**23. Q: Is there a time sensitive go-live date?**

We are trying to balance the dates associated with new Advanced Payment Models being launched in Maryland with the timeline it takes for a vendor to implement a system like this. We would suspect sometime by midyear next year, but those variables mentioned may cause the timeline to shift.

**24. Q: What are you looking to measure? What or how will this project be measured as a success**

The short answer is that if a vendor can deliver basic care management functionality, ingest key data from CRISP, such as ADTs and sections of CCDAs, export data (care plans, program/care manager information) and can report on programmatic components such that organizations understand how their programs are impacting the population they care for, that would be a success.

**25. Q: Will we be given scenarios as part of the demonstration/presentation if selected to move forward? If so, when can we expect to receive those scenarios?**

We have not yet defined what we expect from the demos, but you can demo anything that is in the RFP we released. If selected, we will provide further structure around the content of the demo along with notification that you are selected.

**26. Q: Can you provide any other detail you can provide around the demonstrations, such as where they will be located, and who will be in attendance.**

We will invite, and encourage, vendors to participate in person at the CRISP offices in Columbia, MD, but can accommodate a virtual meeting via WebEx if needed. Attendees will include CRISP staff who are participating in the RFP review, members of the CRISP technology committee, and some of our stakeholders that would be utilizing the tool.

**27. Q: Can the following be submitted as supplemental document and not count toward the page limit?**

* **General and Technical Question 1**.  Can diagrams be submitted as an attachment (separate from the 5-page limit)?
* **C. Proposed Work Plan**.  Can the Work Plan timeline be submitted as an attachment (separate from the 3-page limit)?
* **Functionality Questions 23-25**. Please confirm that sample reports are to be submitted as an attachment and not included in the 5-page limit.

Yes.

**28. Q: There seems to be some overlap in what is being requested for sections 3A, 3B and 3C .  For example, should the work plan be provided both in section A and section C?**

In section A, please provide a brief summary of the work plan and company overview, and provide more detailed information in sections 3B and 3C. Section A should be a summary of more detailed information provided in the rest of the section.

**Question Set 3- 12/30/2016**

**29. Q: Please clarify which specific CMS certification CRISP was referencing in Appendix A, Question 2.**

For some services billed to CMS, such as parts of Chronic Care Management Services (CPT 99490), documentation must be done in certified EHR technology. Please see this document, page 6, for further information on that program. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/ChronicCareManagement.pdf>
Here is additional information: <https://www.cms.gov/regulations-and-guidance/legislation/ehrincentiveprograms/certification.html>

**30.** **Q: Please clarify if CRISP has a requirement to have the care management system receive a single plan of care snapshot or discrete elements of a plan of care from another system. If so, which system would be the source and what format would the plan of care be sent in? Would it be standardized across the state?**

CRISP prefers a system receive discrete elements of a care plan, but either option is acceptable.

CRISP is interested in receiving care plans from any vendor in use by stakeholders in the State that is compliant with industry standards required to perform data sharing. The preferred format for sending and receiving care plans is C-CDA 2.1.

**31. Q: There is a mention of sending data back to CRISP. In what format do you expect to receive the data?**

CRISP expects to receive the data in a C-CDA or HL7 message format.

**32. Q: How does CRISP hold reviewers who are not CRISP staff accountable for non-disclosure?**

CRISP does not have a standard in place, but will ask members of the evaluation committee to sign a non-disclosure agreement as part of this RFP process.

**33. Is there a term for the proposals, for example, “The following proposal if valid for X years”?**

No, there is no standard term for proposals CRISP receives. Vendors are welcome to include a term or expiration date in their proposal.

**34. Q: Can you please clarify what an APM report is referencing “Advanced Payment Model Support and Reporting” listed on page 6?**

This type of reporting is based primarily on quality measures reported to CMS as part of the MACRA (Medicare Access and CHIP Reauthorization Act of 2015) legislation. Here is more information from CMS: <https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf>

Providers must report on several quality measures, as well as improvement areas (one of which can be care coordination) and data exchange. We are looking for a solution that is built to support providers participating in new payment models outlined by MACRA.

CMS is asking providers to report on a subset of Clinical Quality Measures (CQMs) from a list of 271 acceptable measures from a wide range of categories, ranging from prevention measures to measures specific to specialties like Mental/Behavioral Health, Surgery, and others. There are 53 measures that may be submitted using an EHR. More information on MACRA CQMs may be found here: <https://qpp.cms.gov/measures/quality>

**35. Q: What is the revenue model a vendor should expect with this procurement? Is CRISP planning a subscription fee to be passed on to the user?**

CRISP will cover the implementation costs, as well as other costs as funding allows. CRISP may pass on a per member per month fee to user sites. CRISP will likely not place an upcharge on those fees, and if so, it will be minimal to cover CRISP operational costs.