

## eCQM RFP QUESTIONS & RESPONSES

May 24, 1pm

*1. Which EHRs are under consideration and to what version are they certified?*

We work with a range of EHRs, each of which are certified to either the 2014 or 2015 standard.

*2. What is the count of Practices/Locations and Providers along with a breakup of specialties?*

For the purposes of this RFP, we have prioritized the subset of District providers who process more than 100 Medicaid claims per year but we plan to roll this out to all District providers.

*3. Estimated patient population?*

For purposes of this RFP, assume all patients being seen in the District are relevant. This could be as many as 600K people.

*4. Approximately how many patient records is 70%?*

We have adjusted the requirement cited in the RFP document. The revised performance metric is that the tool be operational for ~50% of practices (approximately 450 providers) who process 100+ Medicaid claims data per year and all measure types currently being managed (7 clinical, 3 claims) by the end of September 2019.

*5. What are the systems that we need to integrate with and to what version are they certified (i.e. 2014 or 2015 CEHRT)?*

The EMRs are certified to either 2014 or 2015. Systems integration required will be those being run directly from CRISP DC as well as any cases where raw data may need to be pulled directly from the EMR.

*6. How many practices and providers are we looking for?*

Our goal is to encourage widespread adoption across the District, with as many providers connected to the DC HIE as possible. Specifically, we have committed to supporting 100% of Medicaid providers who process 100+ claims per year (~900 providers at the time of this posting, May 2019) for greater utilization in the District thereafter. The goal is to ensure 50% adoption in the base year (up from the current 41%) with incremental usage increases of 15 and 10% respectively in subsequent years, ultimately to reach 75% adoption in FY 2021. All relevant information and details associated with the above targets will be provided to the selected vendor when appropriate and provided vendor performance is trending towards success in meeting the 50% target for the current (base) year.

*7. Does the system need to integrate with ENS and Query Portal?*

The solution will be deployed inside the Unified Landing Page (ULP).

*8. Does the scope include hospitals, practices, FQHC?*

Scope includes practices and FQHCs.

*9. Is claims ingestion part of the scope?*

Yes, claims ingestion is part of the scope. There may be a future state where claims information would be pulled from APIs, but for now ingestion will be necessary.

*10. What are the different data sources for this scope – clinical, claims, anything else?*

Clinical and claims only.

*11. How many unique records? Providers? Practices / Organizations?*

For the purposes of this RFP, we have prioritized those providers who are currently processing more than 100 Medicaid claims per year (~900 providers), but we plan to roll this out to all District providers.

*12. How is the data extracted (one database from CRISP / multiple EMR extractions / combination)?*

Data extraction methods vary. Please provide your typical process, for example with an HIE.

*13. What programs (MIPS, P4P, etc.) are you supporting through eCQMs?*

We support all programs and efforts underway in the District that support improved patient outcomes, to include MIPS, P4P and others outlined in the District of Columbia's 2018 State Medicaid Health IT plan (SMHP). We will also continue to support DHCF efforts to address SDOH and any eCQM measure designated by CMS.

*14. Are the connections to CRISP from these practices already established?*

Connections are already established in some places, but vendors will be expected to assist in data extraction efforts where deployment and connections may still be underway. There may also be scenarios where new connections need to be established, and the vendor will be expected to support those efforts as well.

*15. Are these services provided to only organizations connected to CRISP?*

Yes, providers must register with CRISP DC in order to get access to our services. More details are available at <http://dc.crisphealth.org>.

*16. For use case 1: Will there be a way to identify myHealth GPS beneficiaries as we assume that the patients may crossover multiple TINs for the same provider.*

Yes.

*17. For use case 2 and 3: QRDA-3 will limit identification of individual patient. Will an alternative but better option work here OR is this use case defined with no room for improvement?*

We are open to hearing about better alternatives.

*18. For use case 5: To identify high risk patients, will the practice administrator feed us with the definition of high risk patient OR is the expectation here is to use the HCC risk scoring matrix?*

Potentially one, both or neither. Please provide information on what you recommend is the best way to handle identification and management of high risk patients.

*19. For use case 6: Could you please elaborate with sufficient details? What do you mean by support and information here?*

Support and information would refer to any patient data and/or transcription notes that might be included in the datafeed provided.

*20. For use case 8 - do you mean that you need a way to identify care gaps?*

Yes, we are looking for a way to identify care gaps.

*21. Can we use CRISP's EMPI solution to help with patient matching for those patient records coming from different practices if needed?*

Yes.

*22. Does CRISP-DC require, or want, a private platform and infrastructure? Is it an option to join an existing platform already in use by other entities. In either case CRISP-DC data would be isolated, secure and meet all RFP requirements.*

We operate and maintain our own platform and infrastructure. Please provide information about the requirements and information necessary for optimal deployment of the solution you are proposing.

*23. Does CRISP-DC currently utilize a hosting platform such AWS, Azure, GCP, etc.? Or are data systems currently onsite or at another vendor?*

CRISP operates in an AWS environment. Hosting of data systems are generally handled by our vendors / partners.

*24. Please clarify the period of performance? In the pricing spreadsheet it indicates that this is a 3-year contract. In addition, please specify which years are option years.*

This is a one year contract with the potential to add on 1-3 additional years pending performance. We have asked for pricing information for three years so we understand what the costs would be for set up and maintenance over time, for example over a 3 year period.

*25. Can you please specify what type of contract this is (i.e. Firm Fixed Price, Cost Plus Fixed Feed, Time and Materials)?*

We prefer a firm fixed price, but please provide a cost estimate based on your firm's ability to deliver on scope of the project in a competitive market.

*26. Can you please specify the start date of the contract?*

Contract will begin once final terms and paperwork are finalized, preferably early July 2019.

*27. Can you please specify when the eCQM solution is required to "Go Live"?*

Go live is targeted for the end of Q3 FY2019, beginning of Q4 2019.

*28. Is there an estimated level of effort?*

We expect to choose an exceptional solution to meet the needs of patients and providers in the District. Level of effort should be commensurate with the vendor's ability to deliver on that commitment.

*29. How will the awarded contractor's performance be measured?*

Performance will be measured based on the vendor's ability to a) deliver on clinical quality measures development, calculation and analysis as outlined by CMS requirements; b) identify care/documentation gaps including the ability to flag potential failures or need for workflow improvements for each practice; and c) stand up a tool that effectively supports DC providers, especially those who process more than 100 Medicaid claims per year (~900 providers).

Performance will also be measured on how well a vendor is able to meet the needs of the District's stakeholder community and their respective needs, as well as on their ability to support roll out, training and adoption by those providers most in need of accessing the tool.

*30. Can you please clarify whether experience with an HIE is required.*

Please provide as many relevant case studies, use cases and client examples as meet the requirements listed on pages 4, 6 & 7.

*31. Please clarify whether labor rates, labor categories and estimated hours are required for the Financial Proposal. And if so, where in the Pricing spreadsheet it should be included.*

If deployment of your solution requires customization, please provide the corresponding labor rates, categories and estimated hours as part of your response in addition to completion of the tab provided. If you need to add additional information, you may start a new tab to do so or attach elsewhere but the main document should not be modified.

*32. The RFP states, "Vendors should provide the hourly rates by labor category and estimate hours allocated to the project." Does that mean this is a time and materials contract?*

This requirement should be modified to state: "Vendors should provide the hourly rates by labor category and estimate hours allocated to the project where and if appropriate." If deployment of your solution requires customization, please provide the corresponding labor rates, categories and estimated hours as part of your response.

*33. Question #7 refers to "address CMS measures." Which CMS measures are included? All MIPS eCQMs or does it also include MIPS CQMs?*

Please address your experience with CMS measures, to include MIPS eCQM and MIPS CQM.

*34. Question #9 refers to hospital and ONC proposed rules. Is this a general question regarding CMS rulemaking or are there specific hospital measures, including eCQMs, in scope for this RFP?*

There is not currently a specific hospital measure or rule included in the RFP requirements, but it is possible there would be during the course of the engagement period. Demonstration of your understanding of how to deploy a solution that addresses said rules is requested.

*35. With regard to question #17, are calculations for claims measures in scope or does this just refer to display on the dashboard. If it is in scope, can we get a list of the claims measures?*

Calculations of claims measures are a requirement. Please see the use cases provided in the Requirements attachment for purposes of the RFP response.

*36. In question #24, references are made to “meet Meaningful Use requirements.” Does this refer to only quality reporting with eCQMs or are calculations of “Objective Measures” in scope as well?*

This pertains to 2019 Medicare program requirements that Medicaid eligible hospitals and EPs must adhere to the requirements of their state’s Medicaid Promoting Interoperability Program. Demonstration of an ability to deliver on Meaningful Use requirements or any other measures / requirements you have experience with are relevant.

*37. Are there expectations to ingest non-clinical claims and administrative data?*

Clinical and claims only at this time.

*38. Section 1 Engagement Objective states: “Vendors should be adept at authoring new measures.” Please clarify the intent of this statement. Are vendors expected to author a new eCQMs, or adeptly add existing and available eCQMs that are not part of our offerings today? Please provide your firm’s ability to add, develop, implement, capture, calculate, and/or review both new and currently available eCQMs. Said differently, how would you handle the need to add a new eCQM?*

*39. What is the patient population or EMPI count in the District? For the RFP? An estimate is needed to provide pricing.*

For purposes of this RFP, assume all patients being seen in the District are relevant. This could be as many as 600K people.

*40. Will the eCQM solution replace eCQM Aligned Population Health Reporting (CAIiPHR)?*

The eCQM solution may replace eCQM Aligned Population Health Reporting (CAIiPHR) for some users. This will depend on the RFP submissions received and a vendor’s ability to deploy an exemplary solution.

*41. In section 2.iv, regarding the following statement: “An evaluation of the eCQM solution and needs of CRISP DC, including the existing work being done and the goals for FY19-2020.”*

Please visit <http://dc.crisphealth.org> and the District of Columbia’s 2018 State Medicaid Health IT plan (SMHP) for more information.

*42. What is the format of the inbound clinical, claims, and administrative data (CCDs, HL7, CSVs or other)?*

Format for clinical data may include CCDs, HL7, CSV, QRDA-1, or QRDA-3. Claims data is essentially a flat file format.

43. *What's the plan to populate the system?*

- a. *Historical Load / Data Migration*
- b. *Dynamic feed prior to go-live*

Either methodology may be appropriate. Please provide your recommendation.

44. *What is the current HIE stack? The current interoperability, EMPI, and CDR solution?*

We can share this information with the selected vendor on an as needed basis. It is not relevant to the questions posed in the RFP.

45. *What is the current process or system in place to aggregate, normalize, and deduplicate data?*

Please provide your recommended or preferred approach.

46. *Does the scope include generating eQMs for both ambulatory and inpatient?*

Current scope is for ambulatory only.

47. *What data export capabilities are needed other than QRDA?*

Export abilities may be required for CCDs, HL7, CSV, QRDA-1, or QRDA-3. We are trying to focus on QRDA 1 and 3, but we would expect a tool to be able to support other extraction methodologies previously cited.

48. *Is there a preference to go direct to participants vs. CRISP for data ingestion?*

There is no preference. The organization will have to be a CRISP participant, but we would like to hear the approach that works best for you and your organization.

49. *Would we funnel data from CRISP or direct from participants?*

It could be both, but all data will need to go through CRISP. Please outline your recommended approach.

50. *Do you have an EMPI vendor? As a CRISP vendor can we extend upon it for data unification of a patient?*

CRISP uses the Initiate EMPI and we are not interested in changing this approach.

51. *The total patient population in DC is 600K. Is that a good ballpark to use?*

For purposes of this RFP, assume all patients being seen in the District are relevant. This could be as many as 600K people.

52. *Could you please define the total number of measures that are in scope?*

Please address the use case section of the Requirements document.

53. *Could you please define the name, details of the data stored/transmitted from these sources?*

We can share this information with the selected vendor on an as needed basis. It is not relevant to the questions posed in the RFP.

*54. How does CRISP wish to integrate claims and administrative measures?*

Please provide your recommended approach.

*55. Who is responsible for providing data from these sources? Is it in eCQM vendor's responsibility to extract it from the sources?*

We would expect the eCQM provider to assist in extracting data except in cases where CRISP may be able to provide the data. For purposes of estimating, assume 10 new EHR database connections per year.

*56. Does each provider need to have access to report generation module?*

Yes.

*57. Are there any predefined report formats which vendor need to generate? Please define.*

Please provide examples of your standard reporting formats.

#### **Webinar Attendees, May 17:**

Sean Adetula (SGHealthIT)  
Satyajeet Aparadh (FigMD)  
Brad Feller (Diameter)  
Ari Friedman (Medisolv)  
Melanie Gordon (Amhitech)  
Larry Gusto (Amhitech)  
Justine Hescocx (SGHealthIT)  
Bhushan Kadu (FigMD)  
Surendra Kapse (FigMD)  
Mayura Kulkarni (FigMD)  
Tushar Loya (FigMD)  
Bhushan Vaidya (FigMD)  
Vineeth Yeddula (Kpininja)

#### **CRISP DC**

Ryan Argentieri  
Ryan Bramble  
Anja Hewitt

#### **Webinar Attendees, May 21 (to be added)**

Satyajeet Aparadh (FigMD)  
Zahid Butt (Medisolv)  
Ari Friedman (Medisolv)

Larry Gusto (Amhitech)  
Suren Kapse (FigMD)  
Tushar Loya (FigMD)  
Naren Parimin (Kpininja)  
Renee Towne (FigMD)  
Bhushan Vaidya (FigMD)  
Elly Zupko (Signature)

**CRISP DC**

Ryan Argentieri  
Ryan Bramble  
Anja Hewitt  
Katie Savin Murphy