CRISP

Hospital Electronic Clinical Quality Measure Data Collection

Request for Information

RFI Issue Date: March 9, 2021
Response Due: March 26, 2021

Chesapeake Regional Information System for our Patients (CRISP)

Contents

1. Overview and Objective

CRISP Overview and Background

Chesapeake Regional Information System for Our Patients, Inc. (CRISP) is a regional Health Information Exchange (HIE) for the state of Maryland. We are a non-profit organization advised by a wide range of stakeholders who are responsible for healthcare throughout the region. CRISP has been formally designated as Maryland's statewide HIE by the Maryland Health Care Commission. Health information exchange allows clinical information to move electronically among disparate health information systems. The goal of the HIE is to deliver the right health information to the right place at the right time - providing safe, timely, efficient, effective, equitable, patient-centered care. In doing so, CRISP offers a suite of tools aimed at improving the facilitation of care for our region's hospitals, long-term care facilities, and ambulatory providers.

Engagement Objective

In addition to the above-mentioned core HIE functions, CRISP also plays a large role in providing tools and resources that allow Maryland providers to be successful in the Total Cost of Care Model. CRISP also provides support to the Maryland's Health Services Cost Review Commission (HSCRC) for several quality-based measurement and payment initiatives. These initiatives are important policy tools for providing strong incentives for hospitals to improve their quality performance over time. These initiatives hold a portion of hospital revenue at-risk directly related to specified performance benchmarks.

Anticipated Performance Time Period

Through this RFI, CRISP is looking to understand the landscape of data vendors that can collect hospital electronic clinical quality measures (eCQMs) from all Maryland hospitals on a quarterly basis beginning in CY2022. Potential vendors should have the ability to accept data that can be manually input, data from multiple hospital EHR systems, and/or from the hospital's data vendor that also submits hospital Inpatient Quality Reporting (IQR) data to CMS. We anticipate this potentially being a multi-year project with the possibility of other quality measures, including eCQMs for ambulatory providers, potentially being added to the project.

Vendor Overview

Please comment on your organization's capabilities related to the following areas of expertise:

1. Proven success collecting and reporting hospital eCQMs from a variety of EHRs.
2. Knowledge of Maryland's Total Cost of Care model and how the all-payer reporting requirements differ from existing CMS data collection requirements.
3. Ability to provide both patient-level and aggregate data collected back to CRISP and HSCRC in appropriate formats that allow for data analysis and program evaluation. Ideally, we would like the data presented as calculated eCQM measures, with supplemental detail-level documentation that allows the HSCRC to cross-check with EID-attached Inpatient files or stratify for sub-populations.
4. Demonstrated knowledge of health care industry-standard protocols for data transfer, analysis and reporting and proven expertise deploying secure communications solutions to meet interoperability objectives.

2. RFI Submission Instructions

Submission Instructions

Responses to this RFI should be submitted by March 26, 2021 no later than 5 pm (EST) to Peggy Oehlmann at peggy.oehlmann@crisphealth.org. Vendors shall submit the main body of their response as a single MS Word document containing the responses to all the required information. Excel files with supplemental information may be sent as separate files, provided they are clearly named and identified. The main body of the response should not exceed 10 pages.

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

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

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

negotiation will be borne by the responder.

All responses become the property of CRISP and will not be returned to responders. Responders may identify specific passages that are identified as confidential to protect the disclosure of intellectual property. Findings from responses may be disclosed to CRISP advisors and HSCRC as deemed necessary.

3. Submission Content

Company Overview

Please provide a company overview including key team members and a description of similar projects and client references. Overall, your response should provide CRISP with an understanding of your company, proposed team, and your approach to data collection, data security, and the ability to present findings in a concise and clear manner. Be sure to include a summary of how you currently support hospitals in their data collection and regulatory submission of eCQM data.

They should also provide five customers for reference (use table format below) as well as a description of at least three relevant project or client examples.

Client References

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

General & Technical Questions

Use Cases

1) CRISP is seeking a vendor capable of collecting, via manual data entry or QRDA 1 (patient-level) uploads, inpatient quality measures on a quarterly basis from all Maryland hospitals.

CMS Hospital Quality Reporting Options

EHR-Based Clinical Quality Measures (eCQMs)			
ID	Measure Name	Data Source	CY/FY Required by CMS

ED-2	Admit Decision Time to ED Departure Time for Admitted Patients	EHR	<CY2016
PC-05	Exclusive Breast Milk Feeding	EHR	2017/2019
STK-02	Discharged on Antithrombotic Therapy	EHR	2017/2019
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	EHR	2017/2019
STK-05	Antithrombotic Therapy by the End of Hospital Day Two	EHR	2017/2019
STK-06	Discharged on Statin Medication	EHR	2017/2019
VTE-1	Venous Thromboembolism Prophylaxis	EHR	2017/2019
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	EHR	2017/2019
	Safe Use of Opioids- Concurrent Prescribing	EHR	2022/2024

In CY 2021, the Inpatient Quality Reporting (IQR) program requires hospitals to annually report to CMS four of the eight eCQMs listed above[i], as well as the Safe Opioid Use measure beginning with CY 2022. Maryland hospitals must comply with all CMS eCQM submission requirements. Beginning in CY2022, the HSCRC will also require Maryland hospitals to electronically report the ED-2 measure on a quarterly basis, as well as up to eight of the remaining CMS-specified eCQM measures (in addition to the Safe Opioid measure). The vendor selected for this project must have the ability to either electronically accept QRDA-I files from hospitals or provide a portal for manual data submission. The vendor must also have the ability to provide both summary reports and data exports to the HSCRC and CRISP within 2 weeks following each quarterly submission deadline. As described previously in the "Vendor Overview," the vendor should be able to provide calculated eCQM measures with supplemental detail-level documentation that allows the HSCRC to cross-check with EID-attached Inpatient files or stratify for sub-populations.

2) Hospitals will be required by CMS to report the Hybrid Hospital Wide Readmission measure beginning with reporting period from July 1, 2023 through June 30, 2024, impacting the FY 2026 payment determination, and for subsequent years. The HSCRC would also like the vendor to provide more background on the HWR **"hybrid measure"** data collection process**.** According to a recent HSCRC survey of 36 hospitals, nearly 70 percent report that they have the capability to collect the data elements needed for the hybrid HWR measure. HSCRC would like to learn more about how vendors are able to combine data elements from multiple data sets to effectively report this measure. Please provide a summary of your organization's experience in collecting this measure and the technical challenges associated with presenting the measure given multiple data input streams.

3) Please comment on your organization's ability to meet a potential future use case for ambulatory eCQM reporting. Currently, ambulatory providers in Maryland Medicaid and MDPCP submit quality measures through CRISP's Unified Landing Page on an annual basis. Providers report this data by either manual entry or by uploading QRDA III files. At some point, CRISP may explore outsourcing this data collection to an outside vendor. We are interested in learning about the vendor's capability to do EHR data extraction, dashboards, and monthly reporting for ambulatory practices, keeping in mind:

   - Ambulatory practice reporting would be a second priority to the hospital reporting
   - A significant number of the ambulatory practices are on the same EMR platforms as the hospitals, as much as 50%
   - The ambulatory focus encompasses a broad range of eCQMs
   - The primary focus for ambulatory data extraction and reporting would be the 500+ practices in the MDPCP.

MDPCP – Ambulatory Quality Reporting Options

EHR-Based MDPCP-CMS 2021 Clinical Quality Measures (eCQMs)			
ID	Measure Name	50th Percentile	80th Percentile
CMS69v8 *New for 2021*	Body Mass Index (BMI) Screening and Follow Up [PROCESS]	40.37%	78.77%
CMS2v9 *New for 2021*	Preventive Care and Screening: Screening for Depression and Follow-Up Plan [PROCESS]	24.73%	70.25%
*CMS122v8	Diabetes Poor Control [OUTCOME]	33.97%	19.03%
CMS165v8	Controlling High Blood Pressure [OUTCOME]	65.65%	76.92%

General Information

Please answer the below questions in your response. Provide any supporting information in Excel documents per earlier specifications.

1. Where is your company headquartered?
2. How long has your company been in business?
3. How many employees and independent contractors work for the company? How many FTE versus independent contractors are allocated to the specific product /solution being discussed?
4. Is the company privately held or publicly traded?
5. Please note any relevant accreditations your organization has achieved.
6. Please describe your work with other HIEs, if any. In your work with HIEs, like CRISP, do you rely on any partnerships, subcontracts, or other relationships. If so, please explain.
7. Please provide an approximate number of total current clients using your hospital eCQM data collection solutions as well as a make-up of each clients' focus (i.e., for-profit vs. non-profit vs. public entity / government agency).
8. Please list those Maryland hospitals or systems for which your organization currently collects and submits data on their behalf.
9. Please provide an approximate number of total current clients using your ambulatory eCQM data collection solutions as well as a make-up of each clients' focus (i.e., for-profit vs. non-profit vs. public entity / government agency).
10. Please list those Maryland ambulatory organizations for which your organization currently collects and submits data on their behalf.

Technical Requirements

1. What is the deployment model of your solution (software as a service, hosted, other)? Describe the expected or typical integration process and when customization or more advanced integrations (e.g., SSO) may be required.
2. How would you conduct data quality audits?
3. Describe your solution's approach to data integrity, quality, and security.
4. Please provide screenshots and examples of a typical user interface, including descriptions and explanation of how the tool(s) work and sample user types, e.g., for clinical providers.
5. Please describe the general steps for implementation needed to onboard users and facilitate data connections with outside vendors (e.g., hospital EHR vendors, ambulatory providers).
6. Would your system be able to be expanded to collect eCQM data from other provider types, particularly ambulatory providers?

Customer Support

1. Describe your approach to customer support, including your issue escalation process and how you track and resolve problems (I.e., first and second or executive level escalation).
2. Please include a copy of your Service Level Agreement (SLA), and document different levels of support and pricing, if applicable.

Privacy and Security

1. Please outline information about privacy and security measures the company has in place. Generally, how does your solution ensure the security and confidentiality or transfer of sensitive information?
2. Has your organization completed HITRUST and ONC certifications, and if so, please provide documentation and outline your process for maintaining a highly secure environment?

Pricing

This RFI requests that vendors provide pricing information (including licensing models if appropriate and fees, typical implementation costs, and labor category rates) to the best of their ability. Pricing estimates should correspond with the use cases outlined on pages 5-7 and specifically break out pricing for each use case.

As this is an RFI, vendors should understand that this is not a price commitment. CRISP is interested in gathering information on the range of prices for the use cases described further on page 5-6. Understanding that customary pricing may not be applicable, please provide a range describing your likely pricing structure (per measure, per hospital, per practice, fixed monthly, etc.) Please include any additional specifications that would be important for us to define were you asked to later provide a firm bid.

Questions about this RFI may be directed to Peggy Oehlmann at peggy.oehlmann@crisphealth.org. Questions will only be answered in writing. No phone calls or meeting requests, please.

4. Glossary

Terms:

CMS- The Centers for Medicare/Medicaid Services (CMS) is the federal agency within the United States Department of Health and Human Services that administers the Medicare Program.

eCQMs- Electronic Clinical Quality Measures (eCQMs) are generated in a specified format by an organization's Electronic Health Record to track the quality of health care provided by the organization.

Electronic Health Record (EHR)- is stored health information on a patient in a digital format that can be transferred across different health care settings.

Enterprise Identifier (EID)- a unique patient identifier used by CRISP, Maryland's state designated Health Information Exchange.

Health Information Exchange (HIE)- HIEs are a platform that enables verified users to securely exchange patient health information across a wide variety of EHRs and other appropriate data systems, such as a state immunization registry.

HITRUST- The Health Information Trust Alliance (HITECH) enables vendors and provider organizations to demonstrate compliance with federal privacy requirements.

HSCRC- The Health Services Cost Review Commission (HSCRC) is the state agency in Maryland that has rate setting authority over Maryland's 47 acute inpatient and freestanding emergency facilities, three specialty facilities, and three private psychiatric hospitals in the State. The HSCRC also oversees Maryland's Total Cost of Care waiver approved by CMS.

IQR- Under the hospital Inpatient Quality Reporting (IQR), CMS collects quality data from hospitals across the country.

MDPCP- The Maryland Primary Care Program (MDPCP) is a key component of the Total Cost of Care waiver and provides enhanced primary care payments and support to approved primary care practices.

ONC- The Office of the National Coordinator for Health Information Technology (ONC) is charged with coordinating nationwide efforts to advance adoption of health information technology and electronic exchange of health information.

QRDA I- Quality Reporting Document Architecture 1 (QRDA I) is a specific file format needed for the collection of data elements of electronic quality measurement. QRDA I files collect data at the individual patient level.

TCOC- The Total Cost of Care (TCOC) waiver was approved by CMS for the state of Maryland and allows the state to "waive" federal Medicare rules in favor of state-regulated payment to hospitals. In 2019, the waiver was renewed and renamed TCOC. It includes a hospital component (Hospital Payment Program), a Care Redesign Program, and the MDPCP.

[i] https://www.qualitynet.org/inpatient/iqr/measures