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# CRISP Overview and Background

CRISP is a regional health information exchange (HIE) serving Maryland and the District of Columbia. It is 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 health information exchange 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 safer, timelier, 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 providers. Its participants include each of the 48 acute general care hospitals in Maryland, all eight hospitals in the District of Columbia, 29 hospitals in WV as well as numerous other facilities and providers of care. CRISP provides two Portals for to clinical staff. As clinical information is created and shared with CRISP, it is made accessible in real time to participating health care providers through the CRISP Portal, CRISP Encounter notification services, shared in context to EMR’s and used for population health reports.

# Project Overview

The support for our current MPI (IBM Initiate 10.x) is scheduled to expire so CRISP is seeking options for their next MPI. While IBM is one of those options, this significant an upgrade is causing CRISP to evaluate options.

CRISP’s MPI serves as the foundation for managing an individual's data to ensure identity integrity and to accurately link the individual's information. The MPI serves as an essential component of accurate patient identification and therefore demands active data stewardship, data governance and many collaborative processes. The role of the MPI is more critical than ever due to: increasing reliance on computerized patient information; development of health information exchange initiatives; integration of healthcare delivery systems (including the establishment of multihospital systems and vertical integration of hospitals, physician practices, home care agencies, long term care, and other non-acute facilities).

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# Current Challenges

* Accurately and consistently link identities across multiple facilities to create a single view of a patient. A near-zero tolerance of a false positive match rate with a low tolerance of a false negative match rate.
* Accurate cross-entity / cross-source patient identity management is a critical for an HIE to function with the trust of its participants.
* Privacy and confidentiality can be jeopardized unknowingly. Incorrect patient identification, especially overlays[[1]](#footnote-2), can result in CRISP inappropriately connecting medical records for two different people into the same virtual chart.
* The overall cost to maintain the MPI is an increasingly large percentage of CRISP’s operational budget.
* CRISP is increasingly participating in real-time information sharing directly into source EMR’s (*EPIC, Cerner, etc.)* This puts pressure on the Empi in that those transactions require sub second response overall including the time required by the EMPI. As of May of 2018, the MPI is accessed ~40 times per second during business hours; with the volume expected to more than double in the next 12 months.

# Scale

When crafting the RFP response be mindful that CRISP only has enough operational staff to perform manual work on perhaps a dozen transactions per day. Solutions that require manual intervention as a matter of routine course are impractical. Kindly focus answers on solutions that can operate without manual intervention at the scale described below.

Focus little attention on the user experience as it relates to capabilities like manually joining/separating records as that is an edge case.

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* Members in MPI (MRN’s): 94,038,765
  + CRISP receives an average of 25,000 new patients (MRN’s) per day.
* Entities (People) in MPI 17,853,248
  + Entities are shrinking on average at a rate of 600 per day; as a result of using a third party referential matching system and routine system cleanup such as removing out of state singletons older than 1 year.
* Number of API calls to MPI per day: ~2,000,000 with 98% responding in < 300 MS
  + Expected to double in 12 months.
* CRISP adds an average of 1.2 new customers (sources) per day; against a baseline of ~2,000 current sources. The number of sources has caused issues for CRISP in the past.
  + No expected change in customer acquisition rate in the next 12 months.

# Engagement Objective

CRISP is soliciting competitive, responsive proposals from experienced and financially sound organizations to implement a Master Patient Index (MPI) solution. This identity management solution is anticipated to improve processes and approach by linking medical records from multiple sources into a single enterprise. By implementing the MPI, CRISP will achieve a unified view of member data to improve the precision and quality of data necessary to enhance care coordination and data quality for electronic clinical quality management reporting for partnering members.

# RFP Evaluation Criteria

Key qualifications for a vendor include:

|  |  |
| --- | --- |
| Weight | Qualification |
| 50% | Experience  Proven success building master patient index,   * + With at least one deployed solution serving 10+ million people as a related use case   + With at least one customer processing data from more than 2,000 sources.   + With at least one customer having demonstrated API response times of <300 ms at the same scale as CRISP. |
| 25% | Cost   * + Cost will be evaluated based a projected 3-year total cost to implement and then support the technology platform.   + Cost will include not only software licensing, but the projected total CRISP/partner resources required to own and operate the asset. |
| 25% | Security   * + Compliance with HIPAA and the Maryland Medical Records Act   + HiTrust, or similar certification. |
|  |  |

****RFP Process and Submission Instructions

Contract Type

All are welcome to explain their pricing models and to propose and justify other contract types if deemed appropriate. CRISP will issue full contract specifications as part of the final procurement process as outlined in the RFP timeline below.

# RFP Process Overview

This RFP requires vendors to set forth costing information (including licensing models and fees, typical implementation costs, and labor category rates). Based on responses, CRISP will select multiple vendors for in-person/webinar interviews and solution/product demonstrations and conduct reference reviews. Following the interviews, CRISP will issue refined specifications and ask selected vendors to provide a final response and financial bids. CRISP expects to issue the final vendor award approximately two months after issuance of this RFP.

## RFP Timeline: All dates, including the contract start date are subject to change.

|  |  |  |
| --- | --- | --- |
| Event | Approximate Dates | Notes |
| CRISP Issues RFP | June 22, 2018 | Any proposal updates will be issues on the CRISP website |
| Clarifications and Q&A | Ongoing | Questions may be submitted to Praveen.singh@crisphealth.org |
| Vendor RFP Responses Due to CRISP | July 20, 2018 | Proposals must be emailed by 5 pm to **Praveen.singh@crisphealth.org** |
| Follow-Up with Vendors | August 10,2018 | CRISP will contact vendors as needed |
| Vendor Selection and Contracting | August 20 2018 | CRISP will contact selected bidders to initiate contracting process |
| Contract Execution | September 2018 | Contract will begin upon execution |

****CRISP will work in good faith to provide adequate and equal opportunity for all participating vendors. However, CRISP reserves the right to adjust or modify the Procurement Timetable at any point, as deemed necessary, in the process

## Bidders Conference and Requests for Clarification

CRISP will routinely answer and post to our website questions and answers related to this procurement. Please email questions and requests for clarification to Praveen.singh@crisphealth.org

## Vendor Partnerships

Proposals developed by multiple vendors in a partnership for the solution are welcomed. The lead partner should submit the joint RFP response. Prior history of working with other vendors/solutions should be included in the response. Any combined responses must include a Service Level Agreement (SLA) with specific roles and responsibilities between the partners

## Vendor Specialization

Proposals that serve only the core component of this procurement are also welcomed. For this engagement, we envision a vendor with a specialized product for a Master Provider Index to submit a response inclusive of that component of the solution. In this case, CRISP would envision either suggesting vendor partnerships or segmenting the work efforts into multiple contracts.

## Innovation

We understand that through ongoing work efforts, vendors are rapidly developing innovative solutions. CRISP welcomes RFP responses that meet State objectives that rely on innovative concepts outside of our identified framework.

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## Terms and Conditions and Confidentiality

All responses become the property of CRISP and will not be returned to responders. Responses may be disclosed to CRISP and CRISP advisors as deemed appropriate by CRISP. All pricing information will be treated confidentially.

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

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

Submission of a proposal in response to this RFP constitutes acceptance of all the conditions of this procurement process described here and elsewhere in the RFP.

A bidder receiving a positive response to their RFP proposal should be prepared to immediately begin negotiation of final terms based on the RFP and other mutually agreed-to terms and conditions, provided that terms described by bidder in their response may be rejected in whole or in part and/or otherwise negotiated by CRISP in the contracting process. In addition, a positive response from CRISP does not assure that a contract will be entered into; CRISP may discontinue negotiations with a bidder at any time, at our sole discretion. Until and unless a formal contract is executed by CRISP and responder, CRISP shall have no liability or other legal obligation to a responder whatsoever, relating to or arising from this RFP, the RFP process, or any decisions regarding pursuit of a formal solicitation.

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 RFP or response by a vendor. All responder’s costs from response preparation, response delivery, and any negotiation will be borne by the responder.

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## Executive Summary

Provide a summary of the proposal including company overview, proposed team and work plan. (1 – 2 pages)

## Submission Instructions

Responses to this RFP should be submitted by **July 20th, 2018 no later than 5 pm (EST)** to **Praveen.singh@crisphealth.org**. Vendors should submit the proposal as one zip file containing the following documents:

1. Answers to the questions in Appendix A

2. Other supporting documents and diagrams; condensed to a single file is preferred

The maximum size for all individual files should be <15MB. Therefore, please compress screenshots or diagrams.

# Questions to Vendor

## Company Overview

Provide a company overview including a description of similar projects. Vendors selected for interviews will be asked for client references.

Describe why your company is uniquely qualified.

## Team qualifications

Share an overview of the proposed team and describe their qualifications.

Proposed Work Plan

Explain your MPI implementation process. Include all the details from pre-implementation planning phase till post implementation support.

## General and Technical Questions Responses

* Responses to all questions listed in Appendix A are required, and all answers should be clearly provided within the context of the proposal and/or in their own separate section. All answers provided should be succinct in length to ease reviewer evaluation, while providing sufficient depth to answer each question thoroughly.
* Any non-answer will indicate that any proposed company or technology will be unable to provide or unwilling to disclose a solution to the question, and this may negatively impact CRISP’s perception of the overall proposal. Inability to provide a response to any question will not immediately disqualify a proposal from consideration.
* Please NOTE: All responses, assertions, and commitments made in this proposal will be part of the contract.

## Financial Proposal Content

The financial proposal should estimate labor and expenses for the project.

* + Labor: Provide the hourly rates by labor category and estimate hours allocated to the project. The vendor will be able to reallocate resources among labor categories but may not exceed the Labor Project Total.
  + ****Expenses: Provide an estimate of the total expenses for the project. Please note, vendors will only be reimbursed for travel expenses documented by receipts.
  + Software: Include a 5-year projected cost for the software including any one-time or recurring licensing expenses.

## CRISP Labor resources and Other Costs

A description about the CRISP's resources, by role, required for the successful completion of this project along with the estimated time commitment for each.

If the solution requires additional systems or capabilities not included in the vendor’s proposal, those should be delineated in the final tab of the spreadsheet in any form you find suitable. For example, the vendor’s solution requires 1 SQL Server license; with the expectation that CRISP will purchase the license.

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# Appendix A: General and Technical Questions

1. How will the technology platform handle adding new customers? Today about 10 customers are added every week, and this causes performance issues with Initiate 10.x. Is there any specific customer limit with your platform? How many customers (sources) does your marquee client have today?
2. How can your system enable improvements to overall quality of the MPI, over time? How have your customers worked with sources to improve the incoming quality of data, over time? How does the system measure those improvements?

1. What is your strategy for minimizing costs associated with MPIs (license, implementation, maintenance and support, hardware, ongoing tuning, stewardships, MPI cleanups and upgrades.) over the next 3 years.
2. Describe your site’s security features (data encryption, anti-virus/antimalware, firewalls, DLP, IPS/IDS, etc.) and your vulnerability management policies and procedures. List the security reports the product provides to meet all auditing and HIPAA reporting needs.
3. Is your matching limited to the data you have collected, or are you able to reference outside data to automate decisions that would otherwise result on Manual Research tasks?  If so, where does this data come from?
4. Describe unique/interesting ways the system improves match rates in a way that balances the risk associated with false positives.
5. Describe how the system handles multiple demographic 'facts' for one field.  For example, multiple last names.  How are they stored and weighted?
6. How does the system enable more effective matching for 'chain' hospitals?  For example, University of Maryland owns multiple hospitals and Ambulatory practices.  Each location has their own MRN pool, and every record has an master person ID.
7. Can manual task decisions be audited?  How does that work?

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1. Kindly include any assessments done by third party independent auditors (hi-trust).
2. One unique challenges HIE’s face is that they lack direct oversight of different teams that work at the hospitals. Does the system provide any insights, by source, with respect to the quality of their data? Ideally a ‘quality score’ per source? Does the system provide guidance to sources on what changes they could make to improve information sent to CRISP?
3. How often is maintenance performed (operating system and application)? Do you have normal maintenance windows for system backup and maintenance?
4. In the past two (2) years, how many outages have you experienced outside of normal maintenance? Do you have a business continuity and disaster recovery plan? What is your recovery time objective (RTO) and recovery point objective (RPO)?
5. Who are your primary customers (Industry)? Can you share some of your customers’ success stories, even without listing their names?
6. How does the MPI adapt to the reality that there are degrees of trust with regards to allowing a source to update demographics.  Some sources are more ‘trustworthy’ than others.
7. What is your strategy for the cloud (e.g. on-premise only, hybrid, hosted in cloud, SaaS) including backups and disaster recovery?
8. How does your product respond when the same source materially different demographics for the same Medical Record Number at two different times. Example: HospitalMRN123 is Regan, Ronald DOB:1/1/1915 on January 1st of 2018 and Hospital MRN123 is Frankly, Benjamin DOB:1/1/2016 when provided to CRISP in June of 2018. This often occurs due to a technology shift at a source with MRN’s being re-used or a technology issue.
9. ****How does the system account for sources using ‘generic’ values when admitting some patients? For example, “TRAUMA, DOE DOB: 01/01/1900”

Is admitted to a hospital unconscious, and then becomes “Bond, James 4/1/1920”. How can the system distinguish these from an overlay, given each hospital has its own business process for unconscious patients, each with their own naming standards?

1. Given some downstream systems have stored the EID\MRN combination; how can your system gracefully handle the migration from our current MPI to yours – in a way that is minimally disruptive to those downstream systems.
   1. For example, the state of MD has the current EID\MRN relationships as part of a contract with CRISP to perform reporting services. While we can change the ID’s, it disrupts their business processes.
   2. The system that stores CCD’s has a copy of the MRN/EID relationships updated via HL7 message (A08, A24, A40 etc.). If every EID changes that will necessitate a material amount of work for the system storing CCD’s.
2. What gives you confidence the system can handle upwards of 3M API calls per day at < 300 MS?
3. Does your system have some type of reporting service available? For example, if we wanted to know how a participant is doing in terms of data quality, how would we measure that?

1. Overlay … Materially different demographics for the same Medical Record Number from the same source provided at two different times. Example: HospitalMRN123 is Regan, Ronald 1/1/1915 on January 1st of 2018 and Hospital MRN123 is Frankly, Benjamin 1/1/2016 when provided to CRISP in June of 2018 [↑](#footnote-ref-2)