

REQUEST FOR INFORMATION

Missouri Hospital Association

1.0 Description

1.1 The Missouri Hospital Association (MHA) is seeking information on how an interested contractor could, through the deployment of innovative health IT and data analytics within a single platform, support improved health outcomes. Areas of focus include the ability to segment patient populations to determine variation, analyze trends in outcomes for populations with high-risk chronic health conditions; support improvement of care delivered and improvement aligned with value based payment models.

1.2 THIS IS A REQUEST FOR INFORMATION (RFI) ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit MHA to contract for any supply or service. Further, MHA is not at this time seeking proposals and will not accept unsolicited proposals. Respondees are advised that MHA will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If a solicitation is released, it will be published on the [Missouri Hospital Association website](#). It is the responsibility of the potential offerors to monitor these sites for additional information pertaining to this requirement.

2.0 Background

MHA's mission is to "create an environment that enables member hospitals and health care systems to improve the health of their patients and communities." This mission aligns with the broad Centers for Medicare & Medicaid Services (CMS) goals to:

- empower patients and clinicians to make decisions about their health care
- support innovative approaches to improve quality, access and affordability
- improve the CMS customer experience.

In addition to the broad goals listed above, MHA has the structure and processes to:

- provide exceptional service to patients and providers
- test and scale bold national aims
- increase flexibility and engagement of local leadership and partnerships
- innovate to improve quality accessibility and affordability.

MHA has created an agile framework through organizational structure and partnerships to support and promote burden reduction, flexibility, innovation and value. The heightened awareness of quality and safety, use of evidence-based processes, and friendly competition through price and quality transparency is achieving meaningful results. MHA's five key improvement strategies are to:

- unify MHA's approach to quality and population health using Triple Aim principles and a standardized metric set aligned with state and federal programming

- advance clinical and operational performance of providers by identifying high-value opportunities and implementing a framework to facilitate statewide improvement to reduce variable performance and disparities
- advance population health to improve community health through collaboration, support and analysis
- lead initiatives in health care quality data and price transparency
- support providers, communities and beneficiaries to increase safety, preparedness and resiliency in the work place and the community.

MHA staff inform, influence, convene and facilitate strategies to improve quality, health and value from which all provider, beneficiary and community actions are deployed. Priority actions and engagement are based upon data-driven identified needs; alignment with federal and state value-based, meaningful metrics; provider, community and beneficiary input; and, emerging changes in community health.

MHA is investigating opportunities to further assist in deployment of data-driven quality improvements over the next five years with the potential of a five-year renewal to support hospitals and practices affiliated with Missouri and the bi-state Kansas City health systems, at a minimum. We are expecting services provided to a minimum of 3,000 clinicians and their respective practices. Necessary resources MHA is interested in include, but are not limited to, interactive analytic tools, quality and operations-based reports and real-time clinical decision support aids that support innovative practice models. This will assist healthcare organizations to deliver safe and high quality care achieving better health of populations at lower costs. Ability to stratify data in multiple ways also is critical to this work. Examples may include using data to assist in targeting chronic high risk populations, reducing unnecessary admissions and readmissions and financial forecasting in value based purchasing models. Additionally, the goal is to assist in delivering patient-centered care and burden reduction to clinicians.

2.1 Planned Services: Please provide a detailed plan on how you could assist in the deployment of the above stated strategy including additional innovative ideas to further achieve the goals. Services could begin as early as third quarter, 2019.

2.2 Delivery Period: Please provide an estimated timeframe on the implementation and delivery of the solution.

2.3 Limitations: Provide any limitations that may prohibit the execution of the proposed plan and how you plan to mitigate these limitations if able.

2.4 Security Requirements: Please provide the security platforms with which you are compliant, including:

- HIPAA
- FISMA
- FedRAMP
- Section 504 of the Rehabilitation Act
- Section 508 of the Rehabilitation Act

3.0 Requested Information

Please provide an actionable narrative of services that will allow for MHA to achieve our vision and strategy. When formulating the response please consider and/or include the following items at a minimum:

- Do you have a live cloud based platform that may be accessed by each participating facility?
- Are you able to integrate into the EHR workflow?
- What are your data intake options?
- Do you have the ability to create custom measures?
- Are you a Qualified Clinic Data Registry (QCDR)?
 - a. Provide a list of measures you are certified to report as a QCDR
- With which Electronic Health Records do you have established interfaces?
- With which payers do you have established relationships and feed capabilities?
- Do you have Care Coordination/Chronic Care Management capabilities?
- Are you able to provide population health and healthcare disparity analytics?
- Ability to build in electronic assessments for analysis on a clinic/organization/state level.
- Ability to assess performance to value based payment models.

In your response, please provide multiple Use Case's and/or references of current and past implementations that have driven innovative healthcare delivery and led to positive outcomes and return on investment.

Please also provide a potential menu of costs and a general description of your fee structure model(s) for the services described. For example, would the services described above be purchased or licensed for a specific time period; would fees be assigned per service, annual or one-time fees? Please also address ownership of data during and after services are rendered.

4.0 Responses

4.1 Interested parties are requested to respond to this RFI in a narrative document, which must include clear explanation and listing of capabilities.

4.2 Microsoft Word compatible format or PDF are **due no later than 29, March 2019, 18:00 CST**. Responses shall be limited to 25 pages for Section 2 Contact information from Section 1 is not included in the 25 page limit. Responses must be submitted via e-mail only to rfi@mhanet.com. Please submit questions regarding the RFI to rfi@mhanet.com. Proprietary information, if any, should be minimized and **MUST BE CLEARLY MARKED**. To aid MHA, please segregate proprietary information. Please be advised that all submissions become MHA property and will not be returned.

4.3. Section 1 of the RFI response shall provide administrative information, and shall include the following as a minimum:

- 4.3.1. Name, mailing address, overnight delivery address (if different from mailing address), phone number, fax number, and e-mail of designated point of contact.

4.3.2. Recommended contracting strategy.

4.3.3. Business type (large business or small business. If classified as a small business, please identify your status, as applicable, as a small disadvantaged business, including a 8(a)-certified small disadvantaged business, HUBZone small business, woman-owned small business, veteran-owned small business, or service-disabled veteran-owned small business. Please refer to Federal Acquisition Regulation [FAR 19](#) and [13 CFR Parts 121, 124, 126 and 127](#) for additional detailed information on Small Business Size Standards.

The number of pages in Section 1 of the RFI response shall not be included in the 25-page limitation, i.e., the 25-page limitation applies only to Section 2 of the white paper.

4.4 Section 2 of the RFI response shall answer the issues addressed in Section 3 of this RFI and shall be limited to 25 pages.

5.0 Industry Discussions

MHA representatives may or may not choose to meet with potential offerors. Such discussions would only be intended to get further clarification of potential capability to meet the requirements, especially any development and certification risks.

6.0 Questions

Questions regarding this announcement shall be submitted in writing by e-mail to rfi@mhanet.com. Verbal questions will NOT be accepted. Questions will be answered by a direct response back to the sender and posting answers to the MHA website. MHA does not guarantee that questions received after March 25, 2019 at 18:00 CST will be answered. To access the MHA website, go to <https://web.mhanet.com>. Click on About MHA, Invitation for Bids or Proposals, to view other important information related to this RFI.

7.0 Summary

THIS IS A REQUEST FOR INFORMATION (RFI) ONLY to identify sources that can provide Health IT services and Data Analytics. The information provided in the RFI is subject to change and is not binding on MHA. MHA has not made a commitment to procure any of the items discussed, and release of this RFI should not be construed as such a commitment or as authorization to incur cost for which reimbursement would be required or sought. All submissions become MHA property and will not be returned.