NASSAU HEALTH CARE CORPORATION a/k/a the NuHealth System

Request for Proposals for Population Health and Data Warehouse Solution RFP 2016-011 - Questions and Answers

Q: Can you provide additional detail on the selection process and timeline? Specifically: Who will be the members of the selection committee? Roles within Nassau Health Care Corporation.

A: A selection committee will be reviewing the proposals received. Unfortunately, we cannot share the names of the committee and their roles in the Corporation.

Q: Are privately-held organization allowed to submit only the audited financial reports.

A: Yes

Q: How many concurrent users do you anticipate? Do you anticipate future growth of concurrent users?

A: From 10-2,000 depending on how the integration is configured with the EMR.

Q: Will patient and provider portals be needed?

A: Patient and Providers portals are not in the Scope of Work

Q: Do you have a Population Health Management/MPI solution currently in place?

A: No current HIE or population health solution.

Q: What integration Points will be needed (MMIS, PPS, DSRIP, EHR/EMR, lab, pharmacy, etc)?

A: NUMC, NUMC Community Partners, Transaction systems, RHIO, HIE, Ancillary systems, etc

Q: What deployment method would be preferred? (Installed, Installed with hosting, SaaS)

A: Would prefer installed but will consider hosted solution. Both cost and data security will be considered.

Q: Please describe your reporting and compliance needs?

A: DSRIP, HEDIS, QARR etc.

Q: Please describe HIE/MPI functionality desired

A: Patient lookup, Event Notifications, Referral management, Consent Management, Normalization

Q: Are there any additional functional requirements that might not be listed.

A: No but we will consider additional feature if presented.

Q: What is the total size of the population you are looking to manage?

A: 200,000 Unique patients

Q: In the Scope of Services section there is a description of Data Warehouse and HIE. To make sure we understand the question, your organization would like to better understand if we have comprehensive data warehousing capabilities including the ability to integrate with regional and state HIE's

A: Yes

Q: Anticipated Schedule: What is the approximate time for NHCC to select a vendor?

A: 3 months

Q: Anticipated Schedule: What is the approximate time by when NHCC would like to implement the selected solution?

A: 9 – 12 months

Q: How many external systems will the new system receive data from?

A: Approximately 15 systems.

Q: How many external systems will the new system send data to?

A: Approximately 10 systems.

Q: What does NHCC consider appropriate documentation for licensing and authorization to do business in Nassau County & New York state?

A: Have valid liability insurance to do business in NY

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Q: Can we provide a link to our financial statements to conserve space and paper?

A:No

Q: Exhibit "JC"—Is the information requested in this exhibit to be provided with the proposal or later, such as, at the time of contracting?

A: At the time of contracting

Q: Is MWBE participation required for participation in this RFP process?

A: The MWBE Participation Goals as noted on the NYS Contract Reporter are for the Nassau Health Care Corporation as a whole and not specifically for this contract. MWBEs are encouraged to respond to this RFP.

Q: Does NHCC allow for negotiation of Terms and Conditions including Schedule "B" and Exhibit "JC?"

A: Yes but limited.

Q: Can terms be negotiated after the RFP is submitted?

A: Yes final terms will be negotiated during contracting phase

Q: Most of Appendix I doesn't apply. Can we just leave them blank?

A: Yes

Q: Decision support questions - Is this asked in regard to ambulatory care or inpatient care or both?

A: Both; At point of service and predicting, recommending or correcting a behavior at POS.

Q: What is the data delivery schedule? Daily, weekly, quarterly etc

A: Daily at minimum but real-time preferred

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Q: Does your organization have a preferred or strategic Business Intelligence tool for reporting, ad hoc and/or predictive analysis that we should consider in our response. If so, what is it?

A: No

Q: Will an existing integration engine be used to feed the HIE? Do you require High Availability and Disaster Recovery?

A: Yes but will consider alternatives

Q: Do you have an existing MPI to be utilized with the HIE or would you like us to include ours?

A: Include yours

Q: Will you partner with other organizations in the cost of managing and operating the bid solution? Will they be included in the bid review and selection? Who are they, if any?

A: No

Q: You mentioned this is not a competitive bid but that there are a variety of factors by which a bid may be award on #4 listed on page 10, can you enumerate in order of priority on what those factors may be assuming a bid is awarded?

A: NHCC's decision-making and selection process will be discretionary and will be based on a variety of factors which unfortunately cannot be shared.

Q: Does NHCC employ all physicians and non-physician clinicians? If no, is there an agreed data governance setup to allow for the flow of data from the physician's systems into an NHCC system?

A: No. Yes all employed physicians and yes governance is there

Q: Is NHCC looking for a new care management workflow solution as part of this RFP? Or is NHCC asking about the vendor's ability to integrate with existing care management systems already embedded within their workflow? In this question, we define "care management workflow solution" primarily as the workflow solution for care coordination used by care managers.

A: No. Vendor should include their ability to integrate.

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Q: Please identify all quality measure programs in which NHCC is looking for support. Does NHCC need a vendor for data collection/calculation AND for reporting to the respective agencies referenced in the previous question?

A: DSRIP, HEDIS/QARR, PQRS etc. No.

Q: Does NHCC have an eMPI?

A: Yes but would consider alterntives

Q: When an HIE is mentioned, is NHCC primarily looking for a data warehousing solution in support of population health management, OR for a more traditional HIE solution that is focused on the retrieval and access of patient data between disparate systems, and less about storage? Based on the RFP, it seems like the former applies, but we would like to confirm this.

A: The former

Q: Can NHCC please confirm that respondents are not required to submit items included in the "Information Required for all Covered Staff" section as part of our response to this RFP prior to contract award?

A: Not required

Q: Please elaborate Patient Centered Medical Home recognition requirement for the vendor.

A: Not specific to the vendor. In meeting PCMH 2014 standards, standards 1,3,4,5 and 6 have IT requirements that the system should be able to support.

Q: What is the current approach to prevent admissions and readmissions for high risk patient

A: The Care Transitions department currently utilizes an internal report that identifies high risk and provides care management to them.

Q: The RFP mentions enrolment, financial, and patient satisfaction among the list of domain areas for real-time dashboards and reporting; can you confirm whether you need actual real-time data or whether you simply need reports updated daily with nightly data refreshes.

A: Actual real time data preferred but will consider solutions with nightly refresh.

Q: How many employees do you anticipate will need to be trained on the solution?

A: Depends on the scale of the solution

Q: What is meant by 'strong integration' with existing EMR and Care Management tools? Does it mean bi-directional interface for tasks and notifications between the Population Health Platform and EMR/Care Management tools? Is the strong integration needed for specific care settings? If yes, please specify. How many systems are there where strong integration needed?

A: Exchange of all Structured data across systems.

Q: Is a particular Risk Model used today and is it required to be leveraged moving forward in the proposed solution from vendors?

A: No

Q: Please provide a list of desired disease registries that are currently in place and a list of desired disease registries.

A: Diabetes, Cardiovascular Conditions and Behavioral Health registries.

Q: Is the technology to be used specifically to address DSRIP needs or will it be used to address needs across the health system?

A: Address both needs listed

Q: Will NuHealth be the acquiring entity and would the technology for this bide be used to support NQP (PPS) and its' alliance partners?

A: NUMC will be acquiring the solution.