

Piedmont Triad Regional Council (PTRC)

Request for Qualifications

For Purchase of a Health Information Technology System

General Information

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Background and Introduction

The Piedmont Triad Regional Council (PTRC) (www.ptrc.org) seeks Requests for Qualifications (RFQs) for a Health Information Technology (HIT) system. The purpose of the HIT is to help PTRC more effectively and efficiently develop a Community Hub model. The Community Hub model envisioned by PTRC will unite healthcare and human service organizations (HSOs) to improve the overall health of the region. The goals of the Community Hub initiative aligns health and human service providers to improve the value of our community's health care and social service systems, address a person's overall health and well-being, and to bring a source of sustainable value and financing to the sector.

PTRC serves its members and the citizens of the Piedmont Triad region of North Carolina (NC) by administering programs related to aging, criminal justice, housing, regional planning, water resources, transportation, Small Business Administration (SBA) lending, information services, personnel administration, recreation and open space, workforce development, and more. PTRC serves individuals of all ages. PTRC is developing a Community Hub model in conjunction with its community partners to coordinate service delivery under a single-entry point. An essential element of this Community Hub is an enabling IT system capable of tracking a minimum data set including such items as, but not limited to, referrals; client demographics; encounter data; results of periodic screening tools; billing elements; outcomes; and return on investment (ROI).

Several distinct environments operate in parallel at PTRC. The ideal HIT platform will serve the majority of the needs for the most work streams described briefly below.

1. PTRC's Area Agency on Aging (AAA) is a major stakeholder in the HIT system selection process and has over fifty funded partners and enjoys long standing beneficial relationships with many of the regional organizations addressing the social health needs

of older adults. A new HIT System will need to enhance the value of these key relationships, as well as any other organization with which PTRC may engage.

2. PTRC is helping to develop of statewide systems that help address the needs of older adults. The North Carolina Association of Area Agencies on Aging (NC4A) is actively developing a capability to offer statewide contracts to health care providers and payers for the delivery of community-based services. The Administration for Community Living (ACL) is similarly encouraging AAA's to pursue this strategy and providing resources.
3. As a recipient of several ACL evidence-based programs grants, the NC Center for Health and Wellness (NCCHW) at the University of North Carolina- Asheville has managed a statewide network of AAAs and local delivery partners in the delivery of health promotion and disease prevention programs. NCCHW branded the initiative "Healthy Aging NC", through which NCCHW centralizes information, support, and data/evaluation, and builds sustainability for evidence-based health programs offered across NC (and primarily by aging network partners). ACL recently awarded NCCHW a grant to help NC-based AAAs build business acumen skills in the areas of accreditation, reimbursement, and healthcare contracting. An HIT platform is central to this new grant.
4. PTRC has applied to serve as a Lead Pilot Entity (LPE) under the North Carolina Department of Health and Human Services (NCDHHS) Healthy Opportunities Pilots. Award announcements are anticipated in March 2021. Upon award, LPEs will be given new program requirements and resources to procure the infrastructure to implement the Pilot activities. Visit the NCDHHS website on Healthy Opportunities Pilots at the link below for more specific details and timeframes:
<https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots>

Companies interested in offering a Health IT system for purchase to PTRC should prepare a statement of qualifications including:

1. Company history and an overview of your experience in the field
2. Response to the list of desired system functionality
3. List of current organizations who are presently using their system, and list of organizations we can contact for reference
4. System compliance with HIPAA, HITECH, SOC 1, SOC 2, etc. and other appropriate regulations
5. Capacity of system to scale to other peer organizations and broader community of users
6. Cost structure and pricing, including startup such as onboarding and training, system maintenance, upgrade, and custom development costs
7. Financial viability
8. Other pertinent information important to help PTRC make the best decision.

General Requirements

Implement a software system that facilitates PTRC becoming an effective and efficient Community Hub and can seamlessly add up to 15 additional AAAs and equip other state entities such as NCCHW and the state unit on aging, NC Division of Aging and Adult Services (DAAS) with user and/or reporting abilities. The system should allow PTRC to

- Develop a database of social health needs on Triad residents
- Use the database to improve the health and quality of lives of Triad residents as much as possible
- Build health equity in the Triad
- Maintain all required documentation and reporting (e.g. to federal and non-federal payors and funders requiring different outputs and outcomes)
- Enable PTRC to maximize its work with its Community Health Worker, Evidence Based Program, and other developing community outreach efforts.
- Enable effective and efficient support of funded partners (e.g. food, transportation), to attain and succeed at health care contracts
- Facilitate PTRC collaborating with NC4A and/or its members on a Network Lead Entity (NLE) – Community Integrated Health Network (CIHN)
- Enable PTRC to effectively manage a Healthy Opportunities Pilot and function in the role of LPE
- Help HSOs track referrals, deliver services, generate invoices, and get reimbursed for prescribed tasks in their role of performing non-medical interventions
- Helps HSOs identify areas of improvement and help them improve

The HIT system should allow PTRC to manage referral needs of some partners such as health systems, ACOs, Medicare Advantage Plans, Medicaid Managed Care Organizations/Prepaid Health Plans and others, offering reporting functions to meet the needs of those relationships, and that there is a desire to scale the system across NC in some services (but perhaps not all), which would require agencies like NCCHW and others to possibly have administrative or statewide access to the system.

As part of this collaborative work the system will need to help PTRC implement a new effective and efficient Community Health Worker (CHW) case management system with its health care and human service organization partners.

- Facilitate the development of a (CHW) initiative
- Manage a Case Management Program, which enables a revenue model serving the Triad's aging populations and the community's needs for CHW services aimed at non-aging populations, in a way that creates economic incentives for support from healthcare payers and health system partners.
- Manage the services that clients receive across PTRC's service line, with abilities to create billing codes along the way for services and interactions that offer payments.

Some questions we will want to answer with the system:

- Are the right people getting the right services in the right way at the right time? E.g.

- What gaps in care exist for which people?
- How many and which people are getting multiple (and how many) services?
- Is there enough capacity to deliver services to people who need it?
- Are the services effective in improving outcomes?
- Are the services cost efficient in achieving those outcomes?

PTRC would like the system to allow for the management of federal and non-federal sources of funding. Federal sources of funding for older adults support the foundational services of AAAs like PTRC. As such HSOs and PTRC will need the system to be interoperable with the federal National Aging Program Information System (NAPIS). In NC, DAAS, collects this data through the Aging Resource Management System (ARMS), which may be updated or replaced in the coming years. Based on this experience collecting and disseminating federal reporting data, PTRC desires the following abilities in a software system:

- The software system should function as a single point of data entry with interoperable data sharing capabilities with an emphasis on populating data in other required systems such as ARMS (for federal aging services in NC), Aunt Bertha (for contractual relationships with Atrium Health), UniteUs/NCCARE360 (for NC’s Medicaid work), Salesforce (for National Council on Aging evidence-based program reporting), etc.
- The ability to capture data electronically and eliminate paper wherever possible
- Data entry should be action oriented and monitor workflows for staff to become more efficient as they manage their daily tasks and the populations they serve.
- Quality assurance, outcomes, and impact of work should be captured and analyzed as quickly as possible to manage a person’s social determinants of health (SDoH) needs as effectively as possible.
- Referrals for services should be coordinated internally and externally with providers to ensure a person is receiving the services they are eligible for and willing to obtain.

Overall, we are looking for a “platform” vs. a “program”.

Specific Requirements

1. All data entered and reported on are owned by PTRC and/or subscribing entity and is easily accessible
2. Easily enters demographic data entry on individuals via any/all of:
 - a. via telephone or personal contact
 - b. via tablet or computer either by individual or interviewer
 - c. individuals/groups of individuals electronically of up to 500+ records per transfer
 - i. Electronic Health Record – e.g. EPIC
 - ii. Other
3. Easily checks for duplicates and has active system to avoid duplicates
4. Easily enters assessment data on individuals
 - a. Assessments – for example only
 - i. NC DAAS 101 (e.g. Activities of Daily Living and Instrumental Activities of Daily Living)
 - ii. NC DHHS Standardized SDoH Screening Questions

- iii. CDC Healthy Days
 - iv. Other
 - b. Captures data
 - i. individually via tablet, computer, and/or scanned form
 - ii. Electronic transfer of up to 500+ records per transfer
 - c. Able to integrate to local Regional Health Information Organizations (RHIO) /Health Information Exchange (HIE) and with other platforms
 - d. Interoperable - should be flexible and adaptable as new data sources, partnerships, and applications are introduced to the workflow captured outside of the primary application. Examples may include referral management applications, Medicare billing, traditional billing, health system data, evidence-based program applications, reporting requirements such as feeding a data lake, and accommodate updates to existing applications.
- 5. Tracks referral status
 - a. Directly through data entry
 - b. Electronic data transfer via other systems, e.g.
 - i. NCCARE360
 - ii. Aunt Bertha
 - iii. Etc.
- 6. Allows role based views of data
- 7. Allows correlation of different data sets for
 - a. Identification of individuals in need
 - b. Evaluation of efforts, outcomes, and impact
- 8. User can extract data and create reports easily, e.g.
 - a. Which individuals to pay attention to when and why based on assessment or survey responses.
 - b. Change in risk status
 - c. Outcomes over time and services used,
 - d. Participation rates
 - e. Etc.
- 9. Enables Social Service Provider tracking and evaluation
 - a. Easily tracks individuals by organization(s) providing services
 - b. Electronically imports data on organizations, e.g.
 - i. Client experience/satisfaction surveys
 - ii. other
- 10. Easily produces evaluation reports on social service providers, as close to real time as possible, to be used for quality improvement first, and then value based payment metrics to determine how shared risk models impact the populations served.
 - a. Type of reports possible such as outputs, outcomes, impact, and total cost of care.
 - b. Method for producing by multiple role-based users such as a set designed for administrators, directors, supervisors, staff, and volunteer levels.
 - c. Method for correcting information such as removal of duplicate entries, removal of toxic data producing false negatives or false positive information, or ability to

easily extract data to be cleaned up and utilized outside of the primary application.

- d. Having access to a list of fields or data dictionary to help determine which fields can be used for reporting purposes.

11. Training

- a. Training provided for users and super users
- b. Help section, videos, or other material available within the application.
- c. User can configure the software for customizing forms, assessments, workflows, billing, and any other areas related to management and delivery of services.
- d. Costs for initial and ongoing training/support.

12. Has modules that can be used for scheduling Evidenced Based Programs and enrolling participants in programs, or the ability to seamlessly integrate with other EBP software systems (Workshop Wizard, Compass, Juniper, etc). NC-based programs include:

- a. The Chronic Disease Self-Management Education suite of programs (Chronic Disease, Diabetes, Chronic Pain)
- b. Programs such as A Matter of Balance, Tai Chi, etc.
- c. Diabetes Self-Management Education and Support (DSMES), a Medicare service
- d. Medical Nutrition Therapy, a Medicare service
- e. Etc.

13. Willing to build workflow, assessments, survey, scheduling, and reporting modules not yet built.

14. Has certified security certificates such as meaningful use, HITECH, or other certificates that meet HIPPA standards for the transmission and use of patient health information.

15. Users

- a. Cloud-based which allows entire network to utilize
- b. Minimum of 99% up time with minimum recurring back-ups every 24 hours
- c. Audit trail tracking who entered/changed/deleted & when
- d. Can be scaled statewide
 - i. Any limits on number of users?
 - ii. Pricing per organization and number of users using
- e. Purchase and support options with scalability not just onboarding / maintenance costs

16. Billing

- a. Able to capture billing codes for sending 3rd party biller
- b. Able to invoice and capture billing related to Long Term Services and Supports as well as Home and Community Based Services provided by PTRC.
- c. Experience with global billing?

17. Waitlist management (TBD)

18. Additional potential requirements of a Lead Pilot Entity (please see pp. 176-179 of Healthy Opportunities of the Piedmont RFP:

<https://www.ncdhhs.gov/about/department-initiatives/healthy-opportunities/healthy-opportunities-pilots>)

#	Functionality	##	System Requirements
1	Develop HSO Network	1.1	Store HSO applications
		1.2	Record and track status of HSO applications
		1.3	Track anticipated capacity of contracted HSOs
2	Identify Contracted Network of HSOs	2.3	Record point-in-time contract status (such as active, inactive, terminated)
		2.4	Track HSO contract status (such as active, inactive, terminated) history over time
4	Assess Network Adequacy and Efficiency	4.1	Track and generate information/reports on HSO network composition, such as number of HSOs per domain or per county
		4.2	Track current capacity of contracted HSOs
5	Monitor Network of HSOs for Program Integrity	5.1	Record and track HSO monitoring status such as on PIP, CAP or Under Investigation
		5.2	Record and track HSOs that have had Pilot service payments withheld.
		5.3	Record and track HSOs that have had contracts with the LPE terminated.
6	Receive, Track and Validate HSO Invoices	6.2	Identify a service as an authorized Pilot service for delivery to Pilot enrollee
		6.3	Permit HSO to generate invoices based on services delivered, including supporting documentation
		6.4	Receive invoice from HSO
		6.5	Validate completeness and accuracy of invoice and supporting documentation from HSO
		6.6	Transmit complete and accurate invoice to PHP
		6.7	Transmit incomplete or inaccurate invoice to HSO that submitted the invoice
		6.8	Records and tracks status of invoices such as submitted, pending, paid, denied, under dispute, dispute resolved
		6.9	Generates information and/or reports on invoices
		7	Track Service Payments from PHPs to HSOs
7.2	Record and track the status of payment and payment reconciliations, disputes, and dispute resolution between HSOs and PHPs		
7.3	Generate information and/or reports on payments from PHPs to HSOs		
8	Distribute Capacity Building Funds to HSOs	8.1	Record and track the status of capacity building funding applications from HSOs

		8.2	Receive electronic distribution of capacity building funding from the Department for distribution to HSOs
		8.3	Record and tracks the status of capacity building funding payments to HSOs
		8.4	Records and tracks HSOs' capacity building expenditures based on HSOs' submitted reports
		8.5	Generate information and/or reports on HSO capacity building funding requests and expenditures
		8.6	Allow for electronic distribution of capacity building payments to HSOs
9	Contract with Pre-Paid Health Plans	9.1	Record and track the status of PHP contracts
		9.2	Generate information and/or reports on PHP contracting
		9.3	Record and track the status of payments and payment reconciliations between the LPE and PHPs
		9.4	Generate information and/or reports on payments and payment reconciliations between the LPE and PHPs
10	Use Lead Pilot Entity Capacity Building Funding	10	Record and track Lead Pilot Entity capacity building funding requests submitted to the Department
		10	Record and track receipt of Lead Pilot Entity capacity building funds from the Department
		10	Record and track capacity building expenditures and uses, including distribution to sub-contractors or external vendors (not including HSOs)
		10	Generate information and/or reports on capacity building requests, expenditures, impact of expenditures and requested budget modifications
		11	Receive capacity building funds electronically from the Department
11	Participate in Value- Based Payments	11	Identify and track contracted HSOs' performance as it relates to their potential to earn value-based payment distributions
		11	Record and track the status of value-based payments received from the Department Record and track the status of value-based payments distributed to HSOs
		11	Generate information and/or reports on value-based payments received and distributed
		11	Allow for electronic receipt of value-based payments from the Department
		12	Allow for electronic receipt of value-based payments from the Department
12	Technical Assistance and Training	12	Track and record types of training and technical assistance activities provided to key entities such as contracted HSOs and care managers

		12	Track and record the total number of HSOs engaged in each training provided
		12	Track and record the total number of care managers engaged in each training provided
		12	Track and record priority issues surrounding barriers to Pilot service delivery faced by contracted HSOs and participating care managers as they arise and steps being taken to address such issues
13	Convening	13	Track and record key features of convenings executed including: number of convenings completed, description of attendees and a description of topics covered.
14	Monitor and Evaluate for CMS	14	Collect and analyze data and generates reports in support of Pilot evaluation and quarterly/annual monitoring reporting by the Department to CMS

Evaluation Criteria

A HIT system will be selected after an overall evaluation of the submissions, including reference satisfaction.

Selection Procedures

- PTRC staff and consultants will review submissions. Demonstrations of the product may be requested. The proposals will be ranked and negotiations will be undertaken with the highest ranked proposal. Upon successful negotiation of terms, PTRC will offer a contract to the company. In the event that a mutual agreement cannot be reached, the next highest ranked vendor will be contacted and negotiations will be undertaken.
- As part of the process, vendors will be expected to offer site visits to corporate and/or organizations using the system
- This process will continue until the contract is awarded.
- PTRC reserves the right to negotiate a purchase contract, including the scope of the system and price, with any respondent or other qualified party.
- PTRC reserves the right to accept or reject any or all responses received as a result of this request, or to cancel this request in part or in its entirety if it is in the best interest of the PTRC.
- The PTRC may contact any vendor after receiving its submittal to seek clarification on any portion thereof.
- The PTRC reserves the right to request additional information from any vendor if the PTRC deems such information necessary to further evaluate the offering.

Questions and Clarifications

Questions should be directed to ydavenport@ptrc.org .