



NEHII Population Health Management Tool RFP

Please Note: Questions were combined when similar. Questions posing financial risk or offering a competitive advantage to other organizations were eliminated, and only relevant information needed to fulfill the RFP was included at this time.

Question	NEHII Response
Non-Disclosure Agreement (NDA)	
Who is the recipient Point of Contact authorized to sign NDA from NEHII	Jaime Bland DNP, RN Email: jbland@nehii.org Chief Executive Officer Nebraska Health Information Initiative (NEHII) Direct: 402-506-9900 x 125
When should vendors expect the fully executed agreement returned to attach in Section 8 of their proposals?	Vendors should receive the NEHII signed NDA shortly after NEHII receives your signed copy via DocuSign. Please contact anguyen@nehii.org , if you did not receive the NEHII signed copy back.
Would NEHII accept a vendor's NDA for your review/acceptance or are we required to use your NDA provided?	NEHII requires the use of our mutual NDA form for consistency.
Proposal Format	
Will NEHII accept responses from vendors who format their response document following the template but not in the provided PDF form? Can vendors insert screenshots, tables, and other graphics into the new template?	Responses in the provided PDF or vendor modification to the template is acceptable, if vendor adheres to the structure and order of the original RFP. Any excess marketing information or responses not pertaining to the questions will be disregarded. As a reminder, all documents become property of NEHII and the vendor should limit unnecessary marketing or proprietary information.
Can NEHII provide instructions for the content to be included in Section 7 - References please?	NEHII requests three (3) references using a similar platform/solution being proposed to discuss effectiveness and customer service by vendor. You may provide relevant background. Please include: Name Company Address Telephone Number Email
What use cases are required to be met by the analytics solution?	Vendor should refer to Specifications section, among other sections, in the RFP for reference to NEHII's interest in capabilities.



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Data Sources & Format	
Solution has capability to include demographics including preferred language, insurance type, gender, race, ethnicity, and date of birth. Are there additional items not called out in the example provided?	The list is non-exhaustive. Vendor may reference any and all capabilities of solution proposed. Vendor should minimally discuss capabilities listed.
Does your system create C-CDAs?	NEHII does have the ability to generate CCDAs.
Is SQL output available from InterSystems?	Vendors will receive data directly from NEHII.
Is the data currently in a structured environment or does NEHII need the vendor to process and standardize the data sources?	The data is in a structured format in NEHII environment.
Will all data flow through NEHII's MPI for patient matching?	Yes
Is the HIE data normalized? if so, how?	HIE data could be normalized dependent on the needs of the vendor.
Does the solution need to support ADT – as it is not mentioned in the inbound format but has been asked for capabilities under Analytics and Reporting?	No
Regarding data quality, do all encounters have an encounter type, primary diagnosis code, secondary diagnosis code when applicable, age, gender, payer, admission dates, discharge dates, admission source, and discharge disposition?	Yes
Will vendor access the current NEHII data/environment, or will the data need to be transferred for processing? If so, how will the data be securely transferred?	NEHII will transfer or make available necessary data to the population health platform.



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Please clarify “the ability and process to integrate additional/periodic data sources at the network level without vendor interaction.” Would you like the network to upload new data periodically for processing? Or, would you like networks to create custom integrations with additional data sources?	NEHII processes file from key data sources into our enterprise data warehouse, including HIE (HL7, CCDA, and daily extracts), PDMP, SDOH, eligibility (forthcoming), and claims (forthcoming). NEHII will transfer or make available necessary data to the population health platform.
What is the type and estimated size of data feeds? What is the frequency of data updates?	NEHII processes file from key data sources into our enterprise data warehouse, including HIE (HL7, CCDA, and daily extracts), PDMP, SDOH, eligibility (forthcoming), and claims (forthcoming). The frequency of updates will vary based data source. Updates may include daily, real-time, ad-hoc. The size of the data updates will also depend on the data source and could potentially be up to 1 to 10G a day.
How much clinical data do you have in your database?	We estimate a total of 4.2 million unique lives
How many providers does NEHII have and what is the expected growth over the next 5 years?	Currently, NEHII currently has about 450 data sharing facilities, 100% of outpatient pharmacies, and 90% of the hospital and health system market. NEHII will continue adding ambulatory clinics, Long-Term Care sites, and Community Based Organizations in upcoming years.
How many providers with NPIs does NEHII anticipate subscribing to the system?	NEHII estimates 100-200 initial users of the solution. The tool should be capable to scale as needed. The type of users will be dependent on the participating facility's needs and include analytics and quality improvement staff. Approximately 10 will be advanced users with an additional 10-20 power users internal to NEHII. The remainder will be general consumers.
How many years of member historical data need to be backloaded before the solution is live?	Three years, starting 2017.



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Is data collected from the healthcare collaborative or will we be drawing from hospitals directly?	Data includes information from across our participating organizations, hospitals, clinics, pharmacies, and community-based organizations.
How many of those patient lives will have claim information available?	<p>NEHII is currently a Quasi-Qualified Entity (QE) through CMS Qualified Entity Certification Program (QECP) and will be receiving claims on about 2.5 thousand lives for one Merit Based Incentive Payment System (MIPS) eligible group. NEHII is working towards full QE status for the geographical region of at least the state of Nebraska, perhaps regionally, meaning that NEHII could access statewide or regional claims for data aggregation beyond the lives mentioned.</p> <p>NEHII is also interested in vendor's ability to use proxy data for claims to estimate cost while NEHII establishes a broader claims database.</p>
Which payers does NEHII plan to integrate data?	NEHII plans to initially integrate its clinical data repository with Medicare Parts A, B, and D claims. However, NEHII plans to include all-payer types in the future.
Please provide the Supplemental Payor file format(s).	Supplemental payer files are generated in the QRDA I and QRDA III formats or formats specified and approved by payer and auditors.
Describe the interoperability standard versioning and maintenance. Will you please clarify what this question is asking?	The standard for claims is X12 prof. and institutional claims.
If payer data will be initially integrated, who and what are the goals with those payers?	The goal is to combine clinical and claims data for reporting, quality improvement, and analysis of cost and care opportunities.
Can you confirm data expected for statewide directory, vitals, and other data sources reported by member?	NEHII ingests HL7 messages that includes vitals and pulse oximetry. NEHII does not currently ingest any patient remote monitoring data.



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Will you be creating assessments or importing data from external solutions?	NEHII may aggregate data from sources including but not limited to the HIE, PDMP, and SDOH platform, as well as potential administrative data. Solution should be capable of accommodating new data as the organization expands its capabilities.
Are you referring to structured and/or unstructured data and is there currently an archiving solution in place?	NEHII data may include both structured and unstructured data. NEHII uses an EDW to support data archive.
How do you describe discrete data elements?	Data stored discretely in a database table at the lowest level of granularity and both measurable <i>and</i> reportable.
Can you confirm how you are defining user modifiable search mechanism?	The solution should provide a flexible, user-modifiable, search mechanism for retrieval of captured documentation. For example, the system should have word search functionality that allows a user to search for a word or phrase. There are several examples the vendor may present on the solution.
Can we assume that the data sources would actually be acquired from their source systems by NEHII and then be made available to the PHM Solution vendor in those inbound data formats?	Yes
Can you confirm how NeHII is defining cost-proxy elements?	NEHII is interested in proxy cost data (e.g., fee schedule data or expected claims cost) that be included in solution to examine cost opportunities.
Does NEHII utilize any standard assessments for tracking various SDOH elements?	NEHII uses the PRAPARE tool.
What are NEHII's sources of Social Determinants of Health (SDOH) data?	NEHII's vendor for SDOH is UniteUs.
Will NEHII please share your current capabilities and processes that support data quality and completeness?	NEHII has several data quality management processes, including a partnership with Intelligent Medical Objects.



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What type of integration into other platforms would NEHII be looking to support (page 8 of RFP)?	NEHII is constantly expanding to support our payer and healthcare partners. Vendor should describe ability to integrate with HIE, PDMP, SDOH solution, and an integration engine, as well as adapt to the changing needs as NEHII evolves in the future.
Does NEHII have a preferred cloud provider (for example, AWS, Google, Microsoft, etc.)	NEHII currently uses AWS
Clinical Practice Guidelines (CPGs), eCQMs, Benchmarks	
What does NEHII mean by "CPGs"? Please provide further details on NEHII's expectations in this area. To what degree is this a requirement of the platform? How will vendors' responses effect their evaluation/scoring?	Clinical Practice Guidelines (CPGs) include evidence-based recommendations intended to optimize patient care. NEHII is interested in metrics, care gaps, opportunities for care delivery improvement within solution that are driven by evidence-based guidelines from credible sources maintained by vendor. This is a requirement. Your responses to the question will be taken into consideration along with all other specifications within the RFP.
Will the solution need to integrate CPGs within provider workflows that may already exist within Electronic Health Record (EHR) systems?	As NEHII is a HIE with many participating organizations on varied EHRs, this would be irrespective of what is included in an EHR.
How imperative is HCC and Hotspotting to the solution?	NEHII needs ability to use geographical hotspotting to support public health initiatives, as well as risk adjustment for payer initiatives.
Are you looking for cost of care or HCC Coding genre here?	NEHII is interested in vendor's abilities to support risk identification and risk adjustment.



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Is there a defined list of benchmarks being considered e.g. Pha, DM Status, or all HEDIS measures?	NEHII supports several CMS Quality Payment Programs (QPP) and finds benchmarks crucial to success. NEHII is looking for all benchmarks, local, regional, and national, that support opportunities for care delivery improvement within the solution driven by evidence-based guidelines from credible sources.
NEHII is currently NCQA certified for eCQMs. Are you looking for the incoming analytics vendor to take on responsibility for these measures? Are there quality measures beyond the current eCQMs required?	NEHII is interested in a population health solution that is NCQA certified and has the ability to submit measures but may not ask vendor to assume responsibility for eCQMs at this time.
Does NEHII have list of existing quality measures (eCQMs) it tracks today that can be provided?	NEHII is NCQA certified and is looking to partner with a vendor that also has an extensive eCQM library of measures. NEHII will disclose additional details about existing quality measures to vendors selected to proceed in the RFP process.
Care Management	
Can you provide a summary or overview of NEHII's definition of Care Management (including the referral process)?	NEHII supports and refers to the definitions of care management used by CMS, AHRQ, CHCS, AAFP among others, including many payer partners. An effective care management referral system aids in developing visibility to relationships among the levels of care and helps to ensure patients receive the right care by an appropriate provider.
Will NEHII resources be performing Care Management capabilities or will there be outsourced resource handling care management functions?	NEHII may offer care management services if requested by facilities and supported by the Board of Directors. NEHII does not offer Care Management at this time.



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Is the expectation for the CM portion to serve as the primary workflow system or for the solution to provide related outputs to support care management?	NEHII does not expect the solution to be the primary care management solution for providers at this time. However, NEHII would be interested in options if there is integrated care management modules for the solution.
Does NEHII intend to have staff out in the field directly interacting with patients performing Care Management activities? Or will this be managed from a centralized location?	At this time, that is not in scope, but may be a future offering.
Does NEHII have existing business/operational rules in place for managing care coordination?	This is not a service at this time.
What is the population to be served by care management (e.g. all high-risk members, cohorts with both chronic medical & BH risk factors, high risk pediatric patients)?	NEHII would anticipate supporting analytics on all populations identified in the question. NEHII may undertake care management activities for specific populations or functions in the future.
Who would be accessing the system for care management?	Clinical Services and Population Health team, including nursing and analytics backgrounds currently.
How many environments are desired?	Development, User Testing/QA, and Production at minimal.
Is a member/care team portal expected for access to the care plan?	Not at this time for care management specifically.
Is the vendor required to collect Care Management data or will it be provided by NEHII?	NEHII will provide relevant data.
Which third-party patient portals do you anticipate interfacing with?	Not in scope at this time.



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Does NEHII currently use episodes of care? If so, could NEHII indicate which episode definitions you are using, whether you intend to retain the license to use these definitions, and whether the definition license would allow a third-party vendor who may contract with NEHII (such as one of the potential vendors in this RFP) to also use these definitions in the work product delivered as part of a potential contract?	NEHII does not have an episode of care module but would be interested in vendor supported solution.
Are there legacy risk scores that are expected to be utilized?	NEHII requests the vendor propose commonly accepted risk scores. Vendor should be prepared to discuss components for data elements included in a risk score, even if proprietary.
Are predictive analytics included as part of risk score?	Predictive analytics may include risk scores, but they are not the same for NEHII purposes.
Can you provide a list of all predictive analytics categories used at NEHII other than readmissions risk scores?	NEHII supports several partners in quality improvement, care management, care coordination. NEHII supports dashboard and reporting functions for several chronic disease populations, ED and readmissions, care management (risk and acuity-prospective and concurrent), and COVID among others. Vendor should consider current and future state for population health in discussing predictive analytics supported by solution.
Several opportunity analyses are provided as examples (Provider prescribing practices, Cost and waste, etc.). Has NEHII prioritized opportunity analyses to identify which may be most impactful during the implementation of a population health management solution?	NEHII is interested in vendor presenting options the solution can meaningfully support.



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Solution identifies patients at risk for compliance. Is this based off Social Determinants of Health data or another source?	NEHII would not rely solely on SDOH data for risk scores related to compliance. NEHII is interested in vendor providing information on risk scores available in solution.
Reports	
Can you clarify what is meant by Standard Clinical Reports?	NEHII requests information on pre-built analytic content that assists with business intelligence, generally including clinical, financial, and operational components.
Who will be the users of standard clinical reports, and is NEHII able to provide samples from any reports currently in use?	Users would include clinical services, population health, and analytics and Information Sciences team members. Participating organizations also receive reports, largely quality teams. NEHII would provide a list of current reports to the selected vendor.
Will NEHII staff be responsible for creating custom reports?	NEHII analytics team.
Are there existing base reports users currently utilize and has there been analysis of existing report inventory and future applicability?	Yes
Other	
Please share your scoring methodology.	NEHII is not sharing further details on scoring methodology. Selected vendors will demonstrate the capabilities of their solution that align with the needs for NEHII. Vendors will be provided guidance for presentation of proposal and product demonstration if selected.
Would it be possible to see a high-level overview of a network/infrastructure diagram?	NEHII will provide necessary information to a selected vendor.
How are customizations being defined?	Vendor should identify any and all customization opportunities the solution can support in addition to those explicitly requested.
Is NEHII considering moving to FHIR as an interoperability standard in the future?	NEHII will support FHIR APIs.



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Is there an existing analytics vendor in place at NEHII? Will this vendor be replaced?	The current RFP is a re-procurement for an existing solution.
Will NEHII please provide a list of the services you currently offer to your subscriber base? Additionally, does NEHII intend to leverage some or all of the work potentially provided as part of this RFP to deliver services to NEHII subscribers?	NEHII will share current service offerings with selected vendor. NEHII would offer work supported in this RFP to deliver services to NEHII subscribers.
What is the budget for the population health solution? Please include budget by year, breakdown by component, and total for all years.	NEHII encourages the vendor to include a competitive bid based on the proposed solution. NEHII is a nonprofit organization.
Is this RFP solution intended to replace the current registry? Will this RFP solution augment the current registry?	NEHII will continue supporting our QCDR status in addition to the solution procurement.
Can you explain the following question; "Timeframe for demonstration of this product"?	Please identify how long it would take, if requested, to provide NEHII a demonstration of the proposed solution.
Is NEHII asking for a general demo of the proposed solution or a NEHII-specific product demonstration? Please clarify.	NEHII would request a demonstration of the solution being discussed in the proposal.
As part of the proposed solution, will NEHII consider on-going consulting and delivery resources to support NEHII staff?	NEHII may consider, under separate scope of work, a consulting or staff augmentation arrangement based on need.
Has NEHII considered a phased approach to meet the requirements in the RFP?	NEHII is interested in a solution that best meets current and near term needs of the organization as represented in the RFP.
Do you have a list of priorities for the RFP requirements?	NEHII is interested in vendor responding to all requirements in the RFP.
Has NEHII considered a partnership with the State of Nebraska Division of Medicaid and Long Term Care (MLTC) Data Warehouse initiative (HealthInteractive Analytics) which provides certified HEDIS measures, custom and scheduled reports, enterprise and business unit views with drill down, Predictive Analytics and would be enhanced by NEHII clinical data for implementing the requested functions?	NEHII plans to procure its own population health solution.



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In our experience, we have seen other health care organizations with a 99.0% uptime SLA. Is this acceptable to NEHII?	NEHII would request vendor discuss response times for priority levels. NEHII will review SLAs during contracting.
For what period of time does the system data need to remain online?	Up to five years.
Regarding the “no offshoring” provision, is this a limitation strictly on where data resides, or does it also prohibit access to PHM Solution’s platform by the vendor’s operational processing and support personnel?	NEHII does not allow offshoring of data, operations, or consultation/support to align with federal and state funding requirements.
Do you anticipate the vendor to perform configuration and management of users, user roles and user permissions?	At a minimum in the initial stages, we do expect vendor to assist with these functions.
Is the statewide directory a provider directory?	Yes
What is the expectation for end user support (e.g. 24hour help desk, on call consulting hours)?	Vendor should include user support offerings included in proposal for bid.