



**Solicitation Information
April 23, 2013**

RFP# 7463367

TITLE: Electronic Health Record Immunization Data Technical Assistance

Submission Deadline: May 23, 2013 @ 10:30 AM (EST)

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **May 3, 2013 @ 10:00 AM (EST)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis
Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed four-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

TABLE OF CONTENTS

Section 1 –Introduction.....	3
Section 2- Background	5
Section 3- Scope of Work.....	7
General Scope of Work.....	7
Specific Activities / Tasks.....	7
Section 4 -Technical Proposal.....	8
Narrative and Format.....	8
Section 5 -Cost Proposal.....	9
Detailed Budget and Budget Narrative.....	9
Terms of the Contract	10
Section 6- Evaluation and Selection.....	10
Section 7 -Proposal Submission.....	12
Appendix A- Budget Form.....	14

SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health (HEALTH), is soliciting proposals from qualified firms to provide technical assistance to Rhode Island primary care providers and their electronic health record (EHR) vendors to assure the appropriate set up of electronic health records to create and send data files to the Rhode Island Immunization Information System (KIDSNET) that accurately reflect immunizations administered to children as described herein and in accordance with the terms of this solicitation and the State's General Conditions of Purchase (available at www.purchasing.ri.gov). The contract period will begin approximately July 1, 2013 and end September 29, 2014. HEALTH reserves the right to renew awards on an annual basis for up to four (4) additional 12-month periods depending on successful performance and availability of funding.

This is a RFP, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to price; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted RFP.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the letter of interest.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, letters which depart from or materially alter the terms, requirements, or scope of work defined by this RFP will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. RFP are considered to be irrevocable for a period of not less than 120 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Letters misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the letter.
8. All letters should include the vendor's FEIN or Social Security number as evidenced by a W9, downloadable from the Division's website at www.purchasing.ri.gov.
9. The issuance of a Request for Proposals pursuant to this RFP will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this RFP will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation. For further information, contact the Rhode Island Equal Opportunity Office at (401) 222-3090.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information, contact the MBE Administrator at (401) 574-8253 or visit the website www.mbe.ri.gov or contact charles.newton@doa.ri.gov.

SECTION 2: BACKGROUND

Immunization is a proven public health strategy that reduces the spread of certain diseases and protects vulnerable individuals such as the very young, the very old, and those who are immunocompromised. Immunization registries help healthcare providers and public health agencies assure that individuals and populations are properly immunized. In the event of an outbreak, such as occurred recently in Rhode Island with influenza and pertussis, immunization registries allow a rapid evaluation of the immunization status of individuals and certain subpopulations to target vaccination efforts. Registries also provide identification of individuals exposed to a vaccine in the event of a recall of a contaminated or ineffective product.

Pursuant to Chapter 23-1-18 of the General Laws of the State of Rhode Island, the Department of Health is authorized to require reporting of immunization status and other relevant information to a childhood immunization registry. Healthcare providers who vaccinate children may report immunization data electronically through an interface between their electronic health record (EHR) and the Rhode Island Childhood Immunization Registry housed in the KIDSNET information system. Data must be submitted using Health Level 7 (HL7) data standards according to specified implementation guidelines which can be found at <http://www.health.ri.gov/programs/kidsnet/about/electronicdataexchange/index.php>.

There has been increased interest among health care providers in submitting immunization data to KIDSNET electronically using HL7 standards because it meets a “meaningful use” requirement for submitting data to a public health agency and meets reporting obligations for participation in the state supplied vaccine program. “Meaningful Use” is an incentive program under the "Health Information Technology for Economic and Clinical Health (HITECH) Act" that promotes interoperable electronic health records throughout the United States health care delivery system as a critical national goal. The incentive program is run by the Centers for Medicare and Medicaid Services (CMS) and provides payments to health care providers who adopt electronic health records and use them in a meaningful way according to specified criteria. More information can be found at <https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html>.

Although most electronic health records can create generic HL7 immunization data files, health care providers can experience difficulty creating files that meet the Rhode Island guidelines because of the way their EHR has been set up or how data have been recorded. For example, incorrect vaccine codes in the EHR can produce files containing vaccines not distributed in Rhode Island and would inaccurately reflect the vaccine used to immunize a given individual. Neither KIDSNET staff nor most health care provider office staff has expertise in the set up and implementation of the wide variety of EHRs in use among Rhode Island health care providers. This can make testing electronic HL7 interfaces a lengthy and inefficient process. Technical assistance from an expert with experience using, training office staff, and setting up immunization data in a specific EHR has been found to greatly enhance the testing of

immunization interfaces with KIDSNET and improve efficiency and accuracy of immunization data.

Additional information

Length of support

Funding for the TA Vendor is available through September 29, 2014. Additional funds may become available to extend the service beyond that date.

Anticipated volume

The amount of available funding is not intended to provide technical assistance to every healthcare provider in the state. Rather, it is intended to meet some of the unmet need on a first come first served basis and the potential exists for additional federal funds to become available in the future. Referrals can only be made to the TA Vendor by KIDSNET and will be made as soon as requests to establish electronic interfaces are made to KIDSNET. It is difficult to predict how many requests there will be and funding is limited. In 2012, an approximate average of 2 new requests per month to establish immunization interfaces were received. Practices may vary in size. It is estimated that adequate funding is available to provide technical assistance to 15 small providers (1-5 doctors), 8 medium providers (6-25 doctors), and 2 large providers (26+ doctors) or any variation thereof.

Electronic Health Record Products:

There are many electronic health record products in use by primary care providers in Rhode Island. The TA Vendor would be expected to identify expertise in setting up, recording, and sending immunization data from any EHR product that is referred to them. Currently only provider practices that immunize children are eligible to establish an electronic reporting interface with KIDSNET. That may change if the immunization registry is expanded to individuals of all ages. Although additional EHR products may be purchased in the future, those products known to be in use by primary care providers who serve children include:

- Acrendo
- Amazing Charts
- AthenaClinicals
- Care Tracker (Optum Insight/Ingenix)
- Centricity
- Dr First
- eClinical Works
- e-MDs
- Epi-Chart
- Greenway
- Logicin

- NextGen
- Office Practicum
- Practice Partners (McKesson)
- RPMS (Indian Health Service)
- SOAPware
- Vitera (Sage) Intergy
-

SECTION 3: SCOPE OF WORK

General Scope of Work

HEALTH is soliciting proposals from qualified vendors to provide technical assistance to work with primary care providers and their electronic health record vendors to efficiently establish electronic EHR-KIDSNET interfaces to transfer immunization data using the required HL7 format. This vendor would be expected to coordinate the identification of and payment for expertise in the set up of any EHR that is referred and to have significant expertise with immunization data. Feedback and considerations related to identifying, engaging and reimbursing qualified individuals with knowledge in the wide variety of EHR products in use in Rhode Island is especially of interest.

Specific Activities / Tasks

For each health care provider office referred, the TA Vendor, with close support and collaboration from KIDSNET staff will:

1. Identify a staff member or sub-contractor with expertise in the set up and export of immunization data in the EHR used by the referred health care provider practice and in establishing interfaces with other data systems. That individual will be responsible for the remaining tasks.
2. Verify EHR set up: Using documentation provided by KIDSNET, facilitate or review the existing set up of demographic and immunization data in the EHR to assure that templates and tables are properly filled and will meet the Rhode Island HL7 Implementation Guide for immunization transactions. This includes assurance that all coding is correct and vaccines and manufacturers are linked to the correct codes (see CDC code sets at <http://www.cdc.gov/vaccines/programs/iis/code-sets.html> for vaccine and manufacturer codes. Additional code sets are found in appendix 1 of the implementation guides (<http://www.health.ri.gov/programs/kidsnet/about/electronicdataexchange/index.php> for details about required coding). The Vendor will optimize EHR set up to maximize the selection of accurate immunization data.

3. Perform a Work flow analysis to optimize collection of required immunization data. The vendor will identify office policies and procedures related to recording immunization data and the individuals responsible for those activities. If indicated, recommendations for a revised work flow for improved data collection will be made available to the health care provider and KIDSNET.
4. Provide staff training and technical assistance to provider office staff on immunization data set up, data entry, and data quality to maximize the selection of accurate immunization data.
5. Provide technical assistance for generating export files in compliance with RI HL7 2.3.1 implementation Guide (<http://www.health.ri.gov/programs/kidsnet/about/electronicdataexchange/index.php>) or CDC HL7 2.5.1 implementation guide (<http://www.cdc.gov/vaccines/programs/iis/technical-guidance/hl7.html>), and local RI 2.5.1 guide to be developed. This will include completing the RI Checklist for HL7 files found at <http://www.health.ri.gov/publications/checklists/KIDSNETHL7.pdf> and assuring all requirements are met. At least two provider office staff members will be trained on how to generate an HL7 immunization export file from the EHR if manual file generation is required.
6. Assist practice and EHR vendor with establishing synchronous file transport between EHR and KIDSNET using HTTPS Post or SOAP with CDC WSDL. Details regarding transport requirements can be found beginning on page 10 of the Rhode Island HL7 Implementation Guide for immunization transactions. (<http://www.cdc.gov/vaccines/programs/iis/technical-guidance/hl7.html>)
7. Facilitate testing process between provider EHR and KIDSNET (<http://www.health.ri.gov/publications/instructions/EMRAndKIDSNETImmunizationInterfaceTestingProcedure.pdf>) by assuring that test files are sent when requested and any problems identified with the tests are addressed.
8. Create or update necessary documentation, guidelines and manuals to support EHR vendors and provider office IT staff wishing to establish interfaces.
9. A working production interface will be established within four months of the initial referral by KIDSNET unless an extension has been approved by KIDSNET due to extenuating circumstances or delays outside of the control of the Vendor.
10. Furnish all necessary services, personnel, materials, equipment and facilities needed to provide technical assistance and pay all subcontractors and submit a monthly invoice and summary of activities for the prior month directly to KIDSNET.

11. Meet bi-weekly or less, by phone or in person, at the discretion of KIDSNET to review and report on current status of each referred provider practice with KIDSNET team.

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. Staff Qualifications – Provide staff resumes/CVs and describe qualifications and experience of key staff, including proposed sub-contractors, who will be involved in this project, including their experience working with the set up and implementation of electronic health records in health care provider offices, “meaningful use”, immunization data and coding, and HL7 standards, especially standards related to immunization messages.
2. Capability, Capacity, and Qualifications of the Offeror - Please provide a detailed description of the Vendor’s experience with EHRs and Immunization data, including experience with HL7 standards and working with health care providers to set up and implement EHRs. Provide proof of expertise in use of the following EHR products: EClinical Works, NextGen, Epichart, Athena, Amazing Charts, Greenway, McKesson, Office Practicum, Acrendo, Optum/Insight (Ingenix Caretracker), Centricity, Allscripts. Additional EHR products may be included. If there is no direct experience with products on the above list, or an additional product is referred, describe how the Vendor would identify the expertise necessary to complete the tasks outlined in the scope of work. A list of relevant client references must be provided, to include client names, addresses, phone numbers, dates of service, type(s) of service(s) provided, and EHR product.
3. Work plan - Please describe in detail, the framework within which tasks 1 through 11 in the scope of work will be performed. This work plan should apply and be repeated for each referral.
4. Approach/Methodology – Describe methodology to: 1) identify individuals or subcontractors with expertise in the set up and export of immunization data in EHR products, 2) verify the EHR has been set up correctly, 3) perform work flow analyses to optimize collection of required immunization data, 4) identify needs and provide training and technical assistance 5) establish synchronous file transport, 6) facilitate the test process, 6) achieve four month time frame from referral to working interface.

SECTION 5: COST PROPOSAL

Detailed Budget and Budget Narrative:

Provide a budget and proposal for fees to be charged for the services outlined in this proposal using the budget form in Appendix A. Please explain the basis and rationale for your fee structure. Reimbursement options include percentage of salary, hourly rate, per practice fee or another fee structure of your choosing. The total budget cannot exceed \$38,000. The State is interested in receiving the best possible value. Explain the benefits of the fee structure approach.

Terms of the Contract:

1. The contract will begin approximately July 1, 2013 and end September 29, 2014.
2. The total cost of the contract is not to exceed \$38,000; however, the State is interested in receiving the best possible value.
3. The contractor will be responsible for all expenses related to overhead, supplies, postage, client invoices and other related forms and/or correspondence, equipment, research, data collection, travel and other costs necessary to complete the scope of work.
4. To ensure compliance, the Department of Health shall regularly monitor the activities under this contract. The contractor must provide access to any and all materials relevant to the evaluation and monitoring of the activities and requirements described herein.
5. The contractor will be responsible for supervision, performance and adherence to contractual language of all of its subcontractors.
6. The State will retain total discretion of all administrative decisions regarding the management and billing of and/or receipt of payments for services rendered.
7. The contractor must have sufficient liability insurance coverage and/or be bonded.
8. Cancellation Clause: With a thirty (30) day notice HEALTH may cancel the contract for cause.
9. HEALTH reserves the right to renew awards on an annual basis for up to four (4) additional 12-month periods depending on successful performance and availability of funding.

SECTION 6: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. To advance to the Cost Evaluation phase, the Technical Proposal must receive a minimum of 60 (85.7%) out of a maximum of 70 technical points. Any technical proposals scoring less than 60 points will not have the cost component opened and evaluated. The proposal will be dropped from further consideration.

Proposals scoring 60 technical points or higher will be evaluated for cost and may be assigned up to a maximum of 30 points in cost category, bringing the potential maximum score to 100 points.

The Department of Health reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Staff Qualifications	15 Points
Capability, Capacity, and Qualifications of the Offeror	25 Points
Quality of the Work plan	15 Points
Suitability of Approach/Methodology	15 Points
Total Possible Technical Points	70 Points
Cost calculated as lowest responsive cost proposal divided by (this cost proposal) times 30 points *	30 Points
Total Possible Points	100 Points

*The Low bidder will receive one hundred percent (100%) of the available points for cost. All other bidders will be awarded cost points based upon the following formula:

$$(\text{low bid} / \text{vendors bid}) * \text{available points}$$

For example: If the low bidder (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly cost and service fee and the total points available are Thirty (30), vendor B's cost points are calculated as follows:

$$\$65,000 / \$100,000 * 30 = 19.5$$

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal. Applicants may be required to submit additional written information or be asked to make an oral presentation before the Technical Review Committee to clarify statements made in their proposal.

SECTION 7: RFP SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at David.Francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **RFP # 7463367** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties will be permitted.** Interested offerors may submit RFP to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus four (4) copies**) should be mailed or hand-delivered in a sealed envelope marked "**RFP# 7463367- Electronic Health Record Immunization Data Technical Assistance**" to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Letters received after the above-referenced due date and time will not be considered. Letters misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Letters faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Letters shall include the following:

1. A completed and signed four-page R.I.V.I.P generated bidder certification cover sheet downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.

2. One (1) completed and signed W-9 (included in the original proposal) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
3. **A separate Technical Proposal** and a description of the qualifications and background of the respondent and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to twelve (12) pages (this excludes any appendices). As appropriate, resumes of key staff that could provide services covered by a future request for proposals will be included as an appendix.
4. **A separate, signed and sealed Cost Proposal** reflecting the hourly rate, or other fee structure, proposed to complete all of the requirements of this project using Appendix A: Budget Form.
5. In addition to the multiple hard copies of RFP required, Respondents are requested to provide their letter in **electronic format (CDRom, diskette, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested and it should be placed in the proposal marked "original".

CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all RFP, and to award in its best interest.

Letters found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

APPENDIX A: BUDGET FORM (1 of 3)

BUDGET

NAME OF AGENCY: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

ADDRESS: _____

CITY/TOWN: _____ ZIP CODE: _____

PHONE NUMBER: _____ FAX: _____

EXECUTIVE DIRECTOR: _____

TIME OF PERFORMANCE: FROM _____ TO _____

BUDGET SUMMARY

COST CATEGORY

AMOUNT

- | | | |
|----|--------------------------------------|-------|
| 1. | PERSONNEL | _____ |
| 2. | CONSULTANT AND SUB CONTRACT SERVICES | _____ |
| 3. | TRAVEL | _____ |
| 4. | SPACE | _____ |
| 5. | SUPPLIES | _____ |
| 6. | EQUIPMENT | _____ |
| 7. | OTHER COSTS | _____ |

TOTAL FUNDS REQUESTED:

\$0.00

APPENDIX A- BUDGET FORM (2 of 3)

PERSONNEL REQUEST*								
A	B	C	D	E	F	G	H	I
POSITION TITLE	EMPLOYEE NAME	TOTAL ANNUAL SALARY	TOTAL ANNUAL FRINGE BENEFITS	% APPLIED TO PROJECT	SALARY ON PROJECT (Column C x E)	FRINGE BENEFITS ON PROJECT (Column D x E)	TOTAL PERSONNEL COST ON PROJECT (Column F + G)	SOURCE OF OTHER** FUNDS
TOTAL→								
<p>* ROUND TO NEAREST DOLLAR</p> <p>** INDICATE FUNDING SOURCE IF EMPLOYEE COST IS SHARED</p>								
							ENTER ON PAGE 1 LINE 1	

APPENDIX A- - BUDGET FORM (3 of 3)

BUDGET DETAIL			
CONSULTANTS & SUB CONTRACT SERVICES	TYPE, NAME, HOURLY RATE, NUMBER OF HOURS, ETC		COST
	Enter on page 1, line 2		
TRAVEL	PURPOSE, RATE, NUMBER OF MILES, ETC		COST
	Enter on page 1, line 3		
SPACE	DESCRIPTION		COST
	Enter on page 1, line 4		
SUPPLIES	DESCRIPTION		COST
	Enter on page 1, line 5		
EQUIPMENT	PURCHASE, LEASE, RENTAL		COST
	Enter on page 1, line 6		
OTHER COSTS	DESCRIPTION		COST
	Enter on page 1, line 7		