



Notice of Request for Proposals (“RFP”)
**Fast Healthcare Interoperability Resources (“FHIR”) Solution:
Architecture, Implementation, Project Planning, and Cost Estimate**

August 1, 2020

Alameda Alliance for Health
1240 South Loop Road
Alameda, California 94502
vendormgmt@alamedaalliance.org

Timeline

ITEM	DUE DATE
RFP Issued	August 1, 2020
RFP Responses Due (<i>no exceptions</i>)	September 1, 2020
Finalist Selection	October 1, 2020
Finalist Interviews and Presentations	October 5-9, 2020
Vendor Selection	October 15, 2020

I. About Alameda Alliance for Health

Alameda Alliance for Health (“Alliance”) is a local, public, not-for-profit managed care health plan committed to making high-quality health care services accessible and affordable to Alameda County residents. Established in 1996, the Alliance was created by and for Alameda County residents. The Alliance Board of Governors, leadership, staff, and provider network reflect the county’s cultural and linguistic diversity. The Alliance provides health care coverage to more than 265,000 low-income children and adults through National Committee on Quality Assurance (“NCQA”) accredited Medi-Cal and Alliance Group Care programs (an employer-sponsored plan that provides low cost comprehensive health care coverage to In-Home Supportive Services (“IHSS”) workers in Alameda County).

a) Programs

Medi-Cal

Medi-Cal is a state-sponsored health insurance program administered through the Alliance. Medi-Cal provides comprehensive health care coverage for those who meet income guidelines, including:

- Families and children;
- People with disabilities; and
- Seniors.

Alliance Group Care

Alliance Group Care provides low-cost health care coverage to IHSS workers in Alameda County. Benefits include routine care from a primary care physician, specialty care, hospital care, and other services.

IHSS home care workers may qualify for Alliance Group Care through the Alameda County Public Authority for IHSS.

II. Project Description

a) Project Description

i. Patient Access Application Programming Interface (API)

The Alliance is seeking proposals from qualified vendors to provide an FHIR solution to meet new requirements from the Centers for Medicare and Medicaid Services (CMS). The CMS Interoperability and Patient Access final rule (as outlined in: www.cms.gov/Regulations-and-Guidance/Guidance/Interoperability/index) requires CMS-regulated payers including Medicaid managed care plans (of which the Alliance qualifies) to implement and maintain a secure, standards-based Patient Access application programming interface (API) using Health Level 7® (HL7) Fast Healthcare Interoperability Resources® (FHIR) 4.0.1 that allows patients to access their claims and encounter information, including cost, as well as a defined sub-set of their clinical information through third-party applications of their choice. Proposers must have a system that leverages HL7 FHIR Release 4.0.1 or be compatible, and the system must integrate with existing customer portals using API.

ii. Provider Directory API

This rule also requires the same type of payers to make provider directory information publicly available via a FHIR-based Provider Directory API. The rule requires the development of a standardized payer-to-payer data exchange to allow payers to exchange certain patient clinical data, specifically the U.S. Core Data for Interoperability, at the patient's request. This will allow the patient to take their information with them as they move from payer to payer over time to help create a cumulative health record with their current payer, according to CMS. Health and Human Services (HHS) finalized technical as well as content and vocabulary standards in the ONC 21st Century Cures Act final rule, which were adopted by CMS to support these two API policies. In addition, CMS has been working with HL7 and other industry partners to ensure implementation guides and additional resources are freely available to payers to use if they choose to use them.

The Alliance is seeking interested qualified bidders to submit responses that demonstrate their ability to help the Alliance meet our requirements for the Patient Access API and Provider Directory API, including: Project Planning, Development, Testing, Implementation, Training, and Handoff.

III. Solicitation Terms and Conditions

a) Questions About This RFP

Vendors may submit questions regarding this RFP via email to the Alliance Vendor Management Department at vendormgmt@alamedaalliance.org. The Alliance will reply as appropriate.

b) **Amendments to This RFP**

The Alliance retains the right to amend this RFP by a written amendment posted on the Alliance website at www.alamedaalliance.org.

c) **Option to Reject Proposals**

The Alliance may, at its sole discretion, reject any or all proposals submitted in response to this RFP at any time, with or without cause. The Alliance shall not be liable for any costs incurred by the bidder in connection with the preparation and submission of any proposal. The Alliance reserves the right to waive immaterial deviations in a submitted proposal.

d) **Master Services Agreement**

Included as attachments to this RFP are the Alliance Standard Master Services Agreement (“MSA”) and Business Associate Agreement (“BAA”). The vendor agrees to be bound by the terms of the MSA and BAA.

e) **Proposal Timeline**

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IV. General Vendor Information

In a separate attachment, please provide the following information about your organization.

a) **Vendor Primary Contact Information**

- Name
- Title
- Address, City, State, Zip
- Phone Number
- Alternate Phone Number
- Fax Number
- Email
- Vendor Website URL

b) **Vendor Locations (Please include city and state)**

Please include the city and state for each department/entity below:

- Corporate Headquarters
- Support Personnel
- Client Education Personnel
- In what state(s) is the vendor incorporated?

c) **Vendor Employee Details**

Please provide the number of employees for each department/entity below:

- Total Employees
- Client Education Personnel
- Installation
- Ongoing Survey Support
- Technical Support and Hours Available

d) **Vendor Background and Customer Base**

In a separate attachment, please provide a response for each criteria outlined below.

1. How long has your company been in business?
2. Has your company received notice of violation of, or been convicted of a violation of any federal, state or local law? If yes, please explain. Provide additional attachments, if necessary.
3. Has your company been listed as an excluded Vendor by any federal or state agency or convicted of a criminal offense related to healthcare? If yes, please explain. Provide additional attachments, if necessary.
4. Has your company been cited for or does your company have business activities that contribute to the violation of human rights? If yes, please explain. Provide additional attachments, if necessary.
5. Does your organization offshore any obligation of this Survey which requires access, use or disclosure of protected health information (“PHI”), as such term is defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), to any subcontractor that is not located in the United States, or is not subject to the jurisdiction of a court in the United States. If chosen, vendor shall not fulfill any obligation of this agreement through such means.
6. The Alliance is looking for a partner financially capable of meeting all needed services. Please provide the following financial metrics for your organization: (a) Liquidity ratio, (b) Efficiency ratio, (c) Profitability ratio; and (d) Leverage ratio.

e) **Subcontractors**

Any use of subcontractors by a proposer must be identified in this proposal.

f) **Conflict of Interest**

Proposer(s) must be free of any obligations and interests, which might conflict with the interests of the Alliance. Any conflict or potential conflict must be described in the proposal. This statement combined with the prior work performed listed in the proposal along with any additional due diligence review of the proposer’s independence deemed appropriate by the Alliance will be used to determine whether the proposer(s) has a potential conflict of interest. This decision is solely the responsibility of the Alliance. By submitting a proposal, the proposer(s) agrees to these terms.

V. RFP Submission Responses

In a separate attachment, please provide a response for each question outlined below:

TOPIC	QUESTION
Executive Summary	1. Bidder(s) shall provide a high-level description of how their proposal will meet the project requirements.
Experience	2. Please describe your experience implementing your FHIR software. We are particularly interested in your experience with the following: <ul style="list-style-type: none"> 2a. Working with any Medi-Cal health plans. If yes, which plans and what services did you perform? 2b. Working with other commercial health plans. If yes, what services did you perform and for which plans? 2c. Please provide three (3) to four (4) brief client references from current clients that can describe your relationship. Please provide the contact information of a specific person for each reference that the Alliance can contact.
Patient Access API	3. Please respond to the following questions on the Patient Access API: <ul style="list-style-type: none"> 3a. Describe how your Patient Access API will be/is hosted. 3b. Identify the portion of the solution that was derived from publicly available code base. 3c. How does your solution address changing versions of the API so as not to disrupt ongoing production communication? 3d. How will the database be populated in bulk? 3e. How can the data be extracted in bulk? 3f. Describe your database solution (is it SQL? Relational?). How is it unique? 3g. Describe the timing and update process of the FHIR database data. 3h. Describe the process to update the FHIR database version and how it will be done without impact to ongoing operations. 3i. Describe the FHIR API platform redundancy in case of failure. 3j. How will authentication and authorization be addressed? 3k. Describe support for development, quality assurance, and user acceptance testing (UAT) environments. 3l. How will HIPAA requirements be met? 3m. If the solution will be hosted by the Alliance, list the required hardware and software.

TOPIC	QUESTION
Provider Directory API	<p>4. Please respond to the following questions on the Provider Directory API:</p> <p>4a. Describe how your Provider Directory API will be / is hosted?</p> <p>4b. Identify the portion of the solution that was derived from publicly available code base.</p> <p>4c. How does your solution address changing versions of the API so as not to disrupt ongoing production communication?</p> <p>4d. How will the database be populated in bulk?</p> <p>4e. How can the data be extracted in bulk?</p> <p>4f. Describe your database solution (is it SQL? Relational?). How is it unique?</p> <p>4g. Describe the timing and update process of the FHIR database data.</p> <p>4h. Describe the process to update the FHIR database version and how it will be done without impact to ongoing operations.</p> <p>4i. Describe FHIR API platform redundancy in case of failure.</p> <p>4j. How will Authentication and Authorization be addressed?</p> <p>4k. Describe support for development, quality assurance, and user acceptance testing (UAT) environments.</p> <p>4l. How will HIPAA requirements be met?</p> <p>4m. If the solution will be hosted by the Alliance, list the required hardware and software.</p>
Solution Architecture	<p>5. Provide a solution diagram that includes the flow of data from the Alliance to the FHIR Solution and how members and other partners interact with said solution. Indicate whether the solution is a vendor hosted, public cloud hosted, client hosted, or a hybrid solution.</p>
Subject Matter Expertise	<p>6. For this proposal, Bidders should prepare at least one subject matter expert (SME) contact to be readily available throughout this project on an as needed basis. The SME(s) must be experts in the California health care field as well as the FHIR requirements. Please identify each resource and provide background.</p>
Project Planning	<p>7. How and whom do we contact throughout the project? What are the operations, training, and transition goals?</p> <p>7a. What are the communication channels and issue escalation processes?</p>

TOPIC	QUESTION
Project Planning (cont.)	<p>7b. Describe all project milestones with estimated resource requirements and duration. Please provide estimate resources from Bidder’s side and estimated resources (hours and type) from the Alliance side for each stage.</p> <p>7c. Please identify Bidder’s unified strategy to address CMS ongoing and changing requirements.</p>
Ongoing Support	<p>8. How will CMS requirement updates to the FHIR specification be handled by this solution?</p> <p>8a. How will the Payor to Payor Information Exchange requirements due by July 2021 be handled by this solution?</p>
Disaster Recovery	<p>9. Does your company have a formal business continuity (“BC”) and disaster recovery (“DR”) program policy and procedure? Have you had to implement either of these policies?</p>
Help Desk	<p>10. Please describe your Help Desk capabilities and support, policies/procedures, and hours of operation.</p>
Service Level Agreements (“SLAs”) and Performance Guarantees (“PGs”)	<p>11. Please describe your standard SLAs regarding software availability, critical and non-critical bug fixes, and Help Desk response times.</p> <p>11a. Please describe what type of PGs are in place for abstraction and over-reads.</p>
Offshoring	<p>12. Please identify and quantify any offshore resources engaged on behalf of your company.</p>
Pricing	<p>13. Please provide the pricing methodology and structure (e.g., time and materials, fixed price, milestones, etc.), including any expenses. Please include any variables, performance incentives, etc. Please provide a budget sheet, which must match the proposed staffing plan.</p> <p>The cost estimate section must include the following:</p> <ol style="list-style-type: none"> 1. Total estimated cost of implementation <ul style="list-style-type: none"> • Consultation • Interpretation of CMS requirements and deadlines • ETL from the Alliance databases to FHIR databases in bulk load • Mapping from internal fields to FHIR fields 2. Total estimated cost of yearly support 3. Cost estimate when adjusting for changes in API versions and database version 4. Support detail

TOPIC	QUESTION
Value Add	14. Do you provide any value-added services with no charge to the Alliance? Please list any other value-added services or any other services provided.
Miscellaneous	15. Please include any details pertinent to your organizational capabilities and the topics of this RFP.

VI. Requested Attachments

The table below indicates required and optional supplemental attachments. Please include the names of all additional documents returned with your response to this RFP. If there are attachments other than those required below you would like the Alliance to consider, please include them when submitting your proposal. Attachments are not to be used in lieu of answering the questions included in this RFP.

ATTACHMENT TYPE	REQUIRED (Y/N)	NAME OF FILE SUBMITTED
Three (3) to four (4) client references	Y	
Implementation plan and timelines	Y	

VII. Return Instructions

Please submit your responses to this RFP electronically via email to the Alliance Vendor Management Department at vendormgmt@alamedaalliance.org.

Please include the following in the subject line: **FHIR Interoperability Patient Access and Provider Directory API**

In order to be considered, all electronic submissions must be received by **5 PM (PST) on Tuesday, September 1, 2020.**