REQUEST FOR INFORMATION

ISSUE DATE: **September 6, 2017**

QUESTIONS DUE BY: **September 13, 2017**

RFI DUE DATE: **September 27, 2017**

RFI MUST BE RECEIVED AT: **89 Main Street, Montpelier**

SECURITY PROCEDURES: Please be advised extra time will be needed when visiting and/or delivery information to 89 Main Street. All individuals must present a valid government issued photo ID when entering the facility.

All bidders are hereby notified that sealed bids must be received and time stamped by the Office of Purchasing & Contracting located at **89 Main Street - Montpelier, VT 05620** - by the time of the bid opening. Bids not in possession of the Green Mountain Care Board at the time of the bid opening will be returned to the vendor, and will not be considered. **Any delay deemed caused by Security Procedures will be at the bidder's own risk.**

RFI OPENING AND LOCATION: September 27, 2017 @ 2:00PM 89 Main Street, Montpelier

PLEASE BE ADVISED THAT ALL NOTIFICATIONS, RELEASES, AND AMENDMENTS ASSOCIATED WITH THIS RFI WILL BE POSTED AT:

http://gmcboard.vermont.gov/publications/rfps-contracts-grants

THE STATE WILL MAKE NO ATTEMPT TO CONTACT VENDORS WITH UPDATED INFORMATION. IT IS THE RESPONSIBILITY OF EACH VENDOR TO PERIODICALLY CHECK http://gmcboard.vermont.gov/publications/rfps-contracts-grants **FOR ANY AND ALL NOTIFICATIONS, RELEASES AND AMENDMENTS ASSOCIATED WITH THE RFI.**

PURCHASING AGENT: Erin Collier
TELEPHONE: (802) 828-2901
E-MAIL: Erin.Collier@vermont.gov

1 Purpose

This Request for Information (RFI) is issued for the State of Vermont, Green Mountain Care Board (State) to gather input and obtain information to use in possible Requests for Proposals (RFPs) to replace and enhance the Vermont Health Care Uniform Reporting and Evaluation System (VHCURES), Vermont's All-Payer Claims Database (APCD). VHCURES data allows for population-based analyses of health care system performance. Through data use agreements, VHCURES data is utilized by state agencies, state contractors and academic researchers to support analysis of health care access, spending, utilization, and quality.

The State intends to evaluate the submissions by respondents to explore how these submissions could meet the future needs of VHCURES and understand the costs associated with the proposed solutions. The State shall not be held liable for any costs incurred by the vendors in the preparation of their submission, or for any work performed prior to contract issuance.

This RFI is an invitation to organizations that might have general or specific knowledge of the items discussed within, who would be willing to share their knowledge, expertise, and/or thoughts with the State. It is not directed solely at potential bidders for a subsequent RFP.

1.1 LIABILITY

THIS IS A REQUEST FOR INFORMATION ONLY. This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit the State to contract for any materials or service whatsoever. Further, the State is not at this time seeking proposals and will not accept unsolicited proposals. Respondents are advised that the State will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party's expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued. If an RFP is released, it will be posted on the State's open RFPs web site: http://www.bgs.state.vt.us/pca/bids/bids.php. It is the responsibility of the potential offerors to monitor this site for additional information.

1.2 CONFIDENTIALITY

The State retains the right to promote transparency and to place this RFI into the public domain, and to make a copy of the RFI available as a provision of the Vermont access to public records laws. Please do not include any information in your RFI response that is confidential or proprietary, as the GMCB assumes no responsibility for excluding information in response to records requests. Any request for information made by a third party will be examined in light of the exemptions provided in the Vermont access to public records laws.

2 BACKGROUND INFORMATION

The Green Mountain Care Board is charged with reducing the rate of growth of health care costs in Vermont while ensuring that the State of Vermont maintains a high quality, accessible health care system. To do this, the Board regulates the health care system, facilitates innovation, and evaluates payment and delivery system reforms.

On July 1, 2013, the Green Mountain Care Board assumed responsibility for VHCURES. VHCURES includes eligibility data as well as medical and pharmaceutical claims data for Vermont residents, which data have been submitted by most commercial insurerss, Vermont Medicaid, and Medicare from 2007 to the present. In addition to the eligibility and claims data submitted by payers, VHCURES contains a significant number of reference tables supporting the data.

The data are currently aggregated and processed by a third-party vendor who then releases quarterly extracts to the State and other users for analysis. At this time, new data releases are limited to Vermont state agencies and contractors doing state-directed work. The GMCB would like to promote the use of VHCURES by producing Public Use Files and/or analytic datasets and by expanding data releases beyond state agencies and contractors.

2.1 References

More background information about VHCURES can be found at the Green Mountain Care Board Health Information Technology page: http://gmcboard.vermont.gov/hit/vhcures

2.2 All-Payer ACO Model

After two years of negotiations, the Vermont All-Payer Accountable Care Organization Model (APM) Agreement (Agreement) was signed on October 26, 2016 by Vermont's Governor, Secretary of Human Services, Chair of the Green Mountain Care Board, and the Centers for Medicare and Medicaid Services (CMS). The APM aims to reduce health care cost growth by moving away from fee-for-service reimbursement to risk-based arrangements for Accountable Care Organizations (ACOs); these arrangements are tied to quality and health outcomes.

The APM began on January 1, 2017, and will conclude on December 31, 2022. The State and its partners are using 2017 to prepare for implementation and conduct a pilot program for Medicaid beneficiaries. The State expects VHCURES to serve as the source for most, if not all, of the claims-based performance measures among commercial populations. Other data sources, however, may also be used and/or incorporated.

The Agreement requires the submission of quarterly reports to CMS, and may require ad-hoc reports. While the State's federal partners will likely produce any analyses for Medicare populations, the State expects to monitor additional information and potentially verify their findings. Additional information regarding the APM can be found here: http://gmcboard.vermont.gov/payment-reform/APM.

3 RFI Description

The State is seeking information to use in possible RFPs to replace and enhance VHCURES.

The RFI has three key objectives:

- provide prospective respondents with information regarding the business need;
- solicit respondent information to assist the State in determining if identified requirements can be met in a cost-effective manner; and
- solicit respondent information to assist the State in determining if identified requirements can be met by available software/hardware COTS (Commercial off the Shelf) alternatives.

The State is seeking feedback on the information in this RFI and will consider any information, including partial responses, received in response to this RFI. If the State moves forward in the development of an RFP, the RFP process will be open to all respondents regardless of their decision to participate in this RFI.

The State envisions that the solution will support the following high-level goals:

- to maintain current data flows (claims and eligibility data from payers, analyses, extract distributions) while improving the efficiency and sustainability of these processes;
- to implement enhanced information reporting; and
- to address new requirements posed by new health care reform efforts such as the APM.

4 Current State

Currently VHCURES is used in many areas, including:

> VHCURES is currently used by state agencies, state contractors and academic researchers to support analysis of health care access, spending, utilization, and quality. Examples include: the evaluation of the Blueprint for Health primary care medical home program, which relies heavily on metrics and reports generated from VHCURES; the Health Care Cost Institute (HCCI)'s 2007-2011 Vermont Health Care Cost and Utilization Report, which compares national and Vermont health care trends for the privately insured; and The Dartmouth Atlas of Children's Health Care in Northern New England, produced by The Dartmouth Institute for Health Policy & Clinical Practice, which examines small area variations in children's health care.

Additionally, VHCURES should be an important resource to help with the monitoring and evaluation of the APM. There is also a statutory requirement that VHCURES provides publicly-accessible reports and data to further the goals of transparency and utility to Vermont residents. Current efforts are underway to address this requirement.

4.1 Agency of Human Services - AHS

Most Vermont state agencies and departments have as-needed login credentials to access VHCURES using a copy stored with the Agency of Human Services–(AHS.) The largest current user of VHCURES is the Vermont Department of Health (VDH) followed by the Green Mountain Care Board. Several other agencies have periodic needs for analytics from VHCURES.

Medicare data has not been made available to Vermont state agencies and departments due to lack of Data Use Agreements certifying ability to meet Medicare requirements. These requirements have since been met, and a future release of VHCURES to AHS will include Medicare data.

4.2 University of Vermont / College of Medicine

The University of Vermont (UVM) College of Medicine (COM) also has access to an extract of a substantial portion of the VHCURES database that has been tailored for their research needs.

4.3 Other Agencies

From time to time other state agencies or their contractors may request access to an extract of the VHCURES database to perform their authorized duties. These agencies/contractors may be given a limited access to VHCURES depending on the research requirements.

5 Anticipated Requirements

The purpose of this RFI is to determine if there are solutions capable of meeting the State's anticipated requirements and to determine alternatives for meeting those requirements that are consistent with the overall vision for VHCURES.

The State's discovery efforts to date have resulted in a desire to obtain access to solutions with the following attributes:

5.1 Data collection, cleansing, consolidation, and distribution

VHCURES 3.0 should be able to process the claims data in a similar manner as VHCURES 1.0 (the current implementation). The current data submission guide is available from Onpoint Health Data System's website at
http://www.onpointhealthdata.org/clients/vhcures/docs/onpoint_vhcures_dsg_v21.pdf.

Personally-identifiable information and personal health information (PII/PHI) should be de-identified during receipt and only used for purposes of person or provider matching. Claims data may be submitted on a monthly, quarterly, or yearly basis. Claim feeds may originate from commercial insurance payers, Vermont state Medicaid, or Medicare.

Additional data sources may be identified including surveys, discharge datasets, and public data.

There will be monthly processing and reporting activities. Claims runout reports including variance and triangle reports will be produced.

5.2 Master Person Index

A Master Person Index (MPI) is necessary to identify individuals across multiple payers and over time. VHCURES 3.0 may provide a robust implementation of an MPI.

5.3 Master Provider Index

Like the Master Person Index, the Master Provider Index is used to identify providers across payers and may include mappings to practice locations.

5.4 Data warehouse, analytic enclave

There are many terms such as an "analytic enclave" to describe a secure data repository that enables controlled access for analysis and reports. In VHCURES 3.0 this is termed a data warehouse.

The data warehouse must have the following characteristics:

5.4.1 Secure Container

The secure container is subject to the most stringent requirements of the data that it contains. This includes Medicare, Medicaid, commercial claims, and other data sources. All applicable controls such as required by the State Data Use Agreements with CMS and Vermont Medicaid will be enforced.

5.4.2 Controlled Access

All organizations and individuals will be subject to access control performed at the appropriate level of granularity such as dataset, data tables/views/procedures, data elements, and row data constraints.

Granting or revoking of access must be performed under the direction of the State. Periodic reviews of access will be performed. Auditing of all access must be present and continuously active. If Single-Sign-On (SSO) is available it may be implemented. Rules may be updated over the lifetime of the project and the new rules will be applied to current access.

Result sets (reports, aggregate tables, etc.) must also be audited before release to the requestor. Some level of automated constraint checking such as no cell counts <= 10 would be desirable but not necessarily sufficient.

Certain use cases such as database auditing will require an actual extract of the VHCURES data to be made available outside of the data warehouse. These will be handled on a case-by-case basis.

5.4.3 Improved Processing Capabilities

The data warehouse will have modern data-processing resources including sufficient hardware to process the large datasets and complex analytics that are currently standard. These will include modern database technologies, business intelligence tools, machine-learning, predictive analytics, and other capabilities.

The State has recently started using a purely row-level storage RDBMS to a column-store and experienced dramatic improvements in processing speed. We would like to be able to continue to look at alternate storage methodologies.

Data visualization should be possible using state-of-the-art interactive tools, web browsers, report generation tools and be sufficiently flexible to allow for new methodologies to be included.

Open source tools as well as licensed and proprietary software will be accommodated as permitted by the State.

5.4.4 Data Management

The data warehouse solution must include staffing and resources to perform the functions associated with processing data access requests from state and non-state entities. It is expected that much of the processing flow could be automated such as using workflow management tools. The use of online document management and e-signatures is highly desirable.

A secure but non-data warehouse web portal for use by authorized data users and the State would be beneficial. Note that the Data Management functions are not located within, or subject to the restrictions of the data warehouse. All data held within the Data Management area will not contain PII/PHI.

The data management functions may include:

- Receiving requests for data release including actual VHCURES limited data sets, reports, ad-hoc analyses, informational queries about VHCURES.

- Handling the interaction with requestors and any necessary State actions.

- Managing data Applications (formal requests for data)

- Gathering required supplemental material for the Application (contracts, IRB documents, non-State authorizations)

- Constructing Data Use Agreements for execution by the State and other required entities

- Obtaining personal Affidavits for individual users

- Cataloging all data queries and supplying them for review before execution

- Providing first-level review of query results (reports, products) and passing to the State for approval

- Performing periodic status checks on Agreements, Affidavits, Certificates of Disposition

5.5 Public use data and/or analytic files

As part of the goal of increased transparency and to provide additional benefits to researchers, publicly available datasets should be produced. There is currently a separate effort by the State to construct these but the capability should be maintained during the lifetime of the VHCURES APCD.

Datasets may include aggregated analytic files and/or de-identified sampled data that can be used for research and analytics. Synthetic datasets may be considered to assist in development of software and algorithms outside of a secure environment.

6 Other Considerations

6.1 VHCURES Rule Changes

The current VHCURES Rule H-2008-01 has been in effect for close to a decade and many changes have happened in the landscape of APCDs. To address these changes and to prepare for future enhancements, the VHCURES Rule is undergoing revision.

6.2 Lock-Box for Master Person/Provider Indexes

The VHCURES 2.0 RFP initially considered the use of a third-party implementation of a lock-box to further protect patient/provider identities. This may still be an option worth considering but it is not a statutory requirement.

6.3 Proprietary/Licensed versus Open-Source Software and Products

It is the expectation that most of the implementation of VHCURES 3.0 could be achieved using open source or licensed software. The goal is to be able to maintain and sustain the effort without relying on proprietary solutions. These proprietary solutions are frequently costly and run the risk of becoming obsolete when platforms are changed.

6.4 Collaborative Implementations

As more and more states are implementing APCDs it is becoming increasingly clear that there is room for collaborating with other states on portions of the VHCURES 3.0 implementation. The State would welcome any suggestions on opportunities to partner with states or cooperate to provide improved solutions.

7 Requested Information

Each submission prepared in response to this RFI must include the elements listed below, in the order indicated. The vendor, when presenting the response, must use the following outline:

- Cover Page
- Vendor Information
- Cost Estimates
- Business and Technical Requirements

7.1 Cover Page

The first page of the vendor's RFI Response must be a cover page displaying at least the following:

- Response of RFI Title
- Vendor's Name
- Contact Person
- Telephone Number
- Address
- Fax Number
- Email Address

All subsequent pages of the RFI Response must be numbered.

7.2 VENDOR QUESTIONNAIRE

Please provide your answers to the stated questions related to the project. Additional information may supplement your answers and must be attached to the RFI response.

We are asking for a total cost estimate (low and high estimates) comprised of software, hardware, and

necessary implementation services. We understand that the cost figures provided are for planning purposes only and will not be binding in any way.

Please provide any other materials, suggestions, cost, and discussion you deem appropriate.

7.3 CONTACT INFORMATION

All communications concerning this Request for Information (RFI) are to be addressed in writing to the attention of: Erin Collier, State of Vermont, Green Mountain Care Board, **89 Main Street - Montpelier, VT 05620**. Erin Collier is the sole contact for this RFI Response. Attempts by RFI Responders to contact any other party could result in the rejection of their RFI Response.

7.4 RFI RESPONSE SUBMISSION

CLOSING DATE: The closing date for the receipt of RFI Responses is 2:00 PM September 27, 2017. **Responses** must be delivered to: Erin Collier, State of Vermont, Green Mountain Care Board, **89 Main Street - Montpelier, VT 05620** prior to that time. RFI Responses or unsolicited amendments submitted after that time will not be accepted and will be returned to the vendor.

7.5 Explanation of Events

7.5.1 Issuance of RFI

This RFI is being issued by the State of Vermont, Green Mountain Care Board. Additional copies of the RFI can be obtained from the Green Mountain Care Board web site http://gmcboard.vermont.gov/publications/rfps-contracts-grants or directly from Erin Collier at Erin.Collier@vermont.gov.

7.5.2 Deadline for Written Questions

Potential respondents may submit questions regarding this RFI. Questions must be submitted in writing, by e-mail, to Erin Collier at Erin.Collier@vermont.gov and must be received by 4:00 PM Eastern Time on September 13, 2017

7.5.3 Submission of Responses

Three (3) paper copies of the RFI response and one (1) electronic copy on CD should be delivered to the State no later than 2:00 PM Eastern Time on September 27, 2017. Responses received after the due date and time may not be considered.

Responses should be labeled, "Response to RFI - Vermont Health Care Uniform Reporting and Evaluation System"