

Ohio Department of Medicaid
Request for Information
ODMR-2021-0002

eCQM Pilot for Ohio's Comprehensive Primary Care Program

Section I - General Information

The Ohio Department of Medicaid (ODM) releases this Request for Information (RFI) to gather information on solutions for ODM to compile timely, usable and actionable clinical data from primary care practices to be used to calculate electronic Clinical Quality Measures (eCQMs) for Ohio's Comprehensive Primary Care program (Ohio CPC).

Section IA
Project 1

General Overview of Ohio CPC

The CPC Program emphasizes primary care and encourages practices or groups of practices—called Patient-Centered Medical Homes (PCMH)—to deliver medical services more efficiently and economically to achieve better health outcomes for the nearly 3 million Ohioans covered by Medicaid.

Ohio CPC establishes PCMHs statewide that will be led by primary care practitioners to comprehensively manage the health needs of certain Medicaid-enrolled individuals. Practices that participate in Ohio CPC must meet a set of ongoing activity, efficiency and clinical quality requirements which will increase access to primary care, improve health outcomes and increase value in healthcare. Practices participating in Ohio CPC will have access to data about their performance and have opportunities to participate in learning activities that support practice transformation.

For more information about Ohio CPC, please visit our website, <https://medicaid.ohio.gov/Provider/PaymentInnovation/CPC>.

Key Players in Ohio CPC

- Primary Care Practices (Adult and Pediatrics)
- Managed Care Plans and Commercial Insurers
- Ohio Department of Medicaid and its contractors

How ODM Currently Collects Clinical Quality Measures (CQMs) for Ohio CPC

ODM currently uses administrative data to calculate clinical quality measures that are used to monitor and evaluate how well each practice provides care for patients. There are currently 20 clinical quality measures that may be calculated for each enrolled practice in Ohio CPC. Calculating measures with administrative data creates barriers for providing practices with actionable data for quality improvement due to:

- Claims lag of 3-12 months from the date of service; and
- Providers excluding non-billable clinical information from submitted claims.

Ohio's Approach

In order to overcome these challenges, Ohio is looking to establish a pilot for automated eCQM reporting using patient level clinical data for two eCQMs; Controlling High Blood Pressure (CHBP) and

Hemoglobin A1c (HbA1c) in a way that limits provider burden while providing them with actionable data. As a result of the solution, ODM must be able to:

- 1) As quickly as technologically feasible, receive and integrate HbA1c and CHBP clinical data for ODM members only from multiple providers and Electronic Health Records (EHR) systems; and
- 2) Incorporate the clinical data into its existing Electronic Data Warehouse (EDW) framework and join the data to other member and claims data.

Section IB

Project 2

Ohio's efforts to improve quality focus on reliable, person-centered care, proven interventions to treat manageable conditions, and reduction in the cost of quality health care for everyone. ODM seeks to modernize Medicaid and foster greater quality and efficiency in Ohio's health care landscape through the implementation of the payment reform strategies, as well as ongoing improvements in working with Ohio Medicaid's Managed Care Plans (MCPs). ODM's population-based health quality strategy and Value-Based Purchasing (VBP) initiatives include Ohio's CPC Program (Ohio's PCMH program), and episodes of care. Both the CPC Program and episodes of care incorporate alternative payment models that include Fee-For-Service (FFS) and Managed Care payment structures in order to provide high-quality and cost-efficient care, as well as to support administrative and population health service delivery. ODM also employs quality improvement science to work with providers and Medicaid managed care plans to improve health outcomes for Medicaid consumers. Ohio seeks strategies to use real-time electronic medical records and clinical data to enhance population-based health strategies.

Ohio's Approach

Data and analytics are changing the health care landscape. To meet the transforming health care needs, ODM is looking to use information technology to deliver high quality, efficient, well-coordinated, safe patient centered care. ODM's goal is to use comprehensive patient data, from multiple providers and EHR systems, accessed in a real time manner, to produce a complete patient profile encompassing the time from Medicaid enrollment to present.

In order to achieve this goal, it is important for ODM to incorporate clinical data into ODM's current data model which includes claims, eligibility, consumer demographic, managed care plan, and provider information. Incorporating this data into ODM's data model, may encompass existing data feeds/storage, data cleaning & standardization, aggregation, claims, payments system, hospitals, physicians, providers and Skilled Nursing Facilities (SNF), etc.

ODM must be able to:

- 1) Incorporate changes required to existing infrastructure with a clear understanding of turnaround time for implementation of the Interfaces.
- 2) Verify that the ODM system accepts data appropriate to that performance year during submission.
- 3) Perform real time patient records matching and develop actionable strategy for sustaining this process.
- 4) Integrate real time individual-level Medicaid clinical data in a standardized format across different EHR systems (e.g., EPIC) including individual providers, hospital systems, and laboratories into ODM's data model.

- 5) Calculate and ensure the accuracy and standardization across providers of the entire suite of eCQMs applicable for Medicaid population for real-time quality improvement projects and supporting ODM's population-based health model of care involving Medicaid providers, Medicaid managed care plans, and consumers.
- 6) Identify and address the root cause of low performing eCQMs and opportunities to compare provider performance to identify best practices and gaps in care.
- 7) Operationalize a feedback process with providers/hospital systems and Medicaid managed care plans to build in a work flow identifying opportunities for care coordination between providers and Medicaid managed care plans, such as alerts for Admit, Discharge, Transfers (ADTs), high risk patients, and other opportunities for coordination between providers.
- 8) Complete randomized and detailed audit of the required data.

Section IC

Respondents are NOT to include ANY trade secret information because the contents of their response to this RFI will be considered public information and will be made available upon request. Responses to this RFI are to contain general descriptions of methods, technological solutions, or services that would serve the State's needs; ODM seeks nothing as detailed as the sort of information that might be considered proprietary in nature.

This RFI is issued solely for information and planning purposes and does not constitute a solicitation. Respondents should note that no contract will be awarded pursuant to this RFI and that responding to, or not responding to, this RFI will neither increase nor decrease any Respondent's chance of being awarded a contract from a subsequent solicitation by ODM.

The State of Ohio is not liable for any costs incurred by a Supplier for the development and provision of a response to this RFI. Respondents may be referred to as "Interested Parties", "Suppliers", or "Respondents".

Section II - Timeline Information

Anticipated Timetable

Date	Event/Activity
4/19/2019	ODM releases the RFI to the Supplier Community on the ODM and Department of Administrative Services (DAS) websites: -Q&A period opens -RFI becomes active -Interested Parties may submit inquiries.
5/1/19	Question and Answer (Q&A) Period Closes; 8 a.m. (for inquiries for RFI clarification) -No further inquiries will be accepted -ODM will provide answers to the inquiries on the DAS website as they come in, which comprises the Final Q&A Document.
5/23/2019	Deadline for Interested Parties to submit responses to ODM (4 p.m. EST)

Section III - Internet Question and Answer Period; RFI Clarification Opportunity

Interested Parties may ask clarifying questions regarding this RFI. To ask a question, Interested Parties must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the “Resources” tab and select “Legal and Contracts”;
3. Select “RFPs”, under “Current Opportunities”, select the appropriate posting;
4. Select the “Submit Inquiry” option button; and
5. Follow instructions to submit a question, or to view posted questions and answers, select “View Q and A” near the bottom of the webpage.

In submitting a question, the Interested Party must include the name of a representative of the Interested Party, the organization’s name, email address, and business phone number. ODM will not respond to any questions submitted after 8:00 a.m. on the date the Q&A period closes.

Questions will be answered only if they are submitted using this process, and are received before the close of the Q&A period. The answers provided by ODM may be accessed by following the instructions above.

ODM responses to questions will be posted on the website dedicated to this RFI, for reference by all Interested Parties. Questions shall only be answered inside this forum. Clarifying questions asked and ODM responses to them comprise the “ODM Q&A Document” for this RFI.

In the event of any technical difficulties with this Q&A process, Interested Parties may seek assistance by contacting the ODM, Office of Contracts and Procurement: (614) 502-7117.

Section IV – Format of Response

In the interest of time, ODM has a strong desire to receive and review condensed, content rich responses. To meet this objective, ODM has established a structured format for Supplier responses to the RFI. All narrative responses must be provided to ODM in PDF.

Section V - Content of Response

Suppliers and other interested parties responding to this RFI should address the following topics and questions associated with eCQM Pilot for Ohio CPC project. Please note, Respondents are encouraged to submit narrative responses to any or all questions, it is not mandatory to respond to each question.

Project 1

1. Describe your organizational experience, to include:
 - a. Please describe your approach for completing Project 1.
 - b. Describe relevant experience accessing and analyzing patient-level electronic health record data for the purposes of reporting standardized measures.
 - c. From what EHR systems does your organization have experience extracting and analyzing data? Please specify the number of years and months of experience and specific tasks involved.
 - d. How has your organization overcome challenges involved in combining patient-level data from multiple EHR systems?
 - e. What services do you offer to further the ODM mission?

- f. Please describe staff experience extracting and analyzing EHR data, including number of years and months of experience per EHR system, and quality improvement or performance monitoring background.
- g. What technology platforms do you support?
- h. Please describe your experience extracting payer-specific information from EHRs.

Project 2

1. Describe your organizational experience, to include:
 - a. Please describe your approach for completing Project 2.
 - b. Your current business model and also include information on how it is HIPPA complaint. How does your organization ensure data privacy and security?
2. Describe what services your organization has provided for:
 - a. Data standardization, aggregation, and linkage to Medicaid data.
 - b. Increase patient, provider and Medicaid managed care plan access to lab and diagnostic records.
 - c. Opportunities for provider engagement, coordination of care between providers and Medicaid managed care plans, population health management strategies, identification of high-risk patients, quality improvement activities, and work flow management.
 - d. Standardization of eCQM calculations between providers and meaningful ways to compare provider performance, identify best practices and gaps in cares, and use in general work flow; and prescription monitoring including identification of individuals at risk for adverse drug interactions and/or overdose potential.
3. Describe the qualifications your Organization has:
 - a. Please provide any certifications obtained, capabilities and adaptabilities of the organization clinical data exchange technologies.
4. Describe relevant experience:
 - a. Accessing and analyzing patient-level EHR data for the purposes of population health management, work flow management, providing opportunities for coordinating care between providers and managed care plans. Identifying best practices and gaps in care, and reporting measures in a standardized manner from multiple EHR systems.
 - b. From what EHR systems does your organization have experience extracting, cleaning, standardizing, aggregating, and analyzing data? Please specify the number of years and months experience and specific tasks involved.
 - c. How has your organization overcome challenges involved in combining patient-level data from multiple EHR systems? Please specify the number of years and months experience and specific tasks involved.
5. Describe organizational capability for:
 - a. Data integration, cleaning, standardization, aggregation from various EHR systems, validation, audit and ability to exchange data.
 - b. The turnaround time to accomplish and how frequently data is updated?
6. Please describe what analytics are used in:
 - a. Current model to process claims, member demographics, enrollment and provider information and generate real-time feedback to providers for actionable items, for example prioritization of high risk and high cost patients.
 - b. Are there technologies currently used or being developed to enhance data exchange and care coordination between providers?
 - c. What are your benchmarking capabilities?
 - d. Does your organization support the electronic referral loops by sending, receiving, and incorporating health information?

7. Please describe how your organization is delivering cost management solutions and helping providers who are not performing to the standards.
 - a. Please describe your organization's understanding of the compliance, patient safety, privacy, security risk, billing and coding risks, and regulatory risks. How does your organization mitigate those risks?
8. Please describe your organization's approach/standards of practice, in pharmaceutical prescribing monitoring and analytics use in managing pharmaceuticals, in particular, adverse drug interactions, high risk patients, and opioid prescribing.
9. Describe how patient data is accessed, standardized and generated for view, download, transmit and reported back to provider and/or patient.
10. Is your organization able to provide public health surveillance and reporting? If so, please describe on what measures and are they available to be integrated as well in the health clinic data system.

Section VI - Trade Secrets Prohibition; Public Information Disclaimer

Suppliers are prohibited from including any trade secret information, as defined in the Ohio Revised Code (ORC) § 1333.61, in their submissions in response to any RFI. ODM shall consider all responses voluntarily submitted to be free of trade secrets, and such responses if opened by ODM will, in their entirety, be made a part of the public record, and shall become the property of ODM, pursuant to ORC § 149.43.

Section VII - Response Submission Procedures

ODM requests responses to be submitted in electronic format and e-mailed to ODM_Procurement@medicaid.ohio.gov. The supplier's submission must be received by OCP no later than **4:00 p.m.** on May 23, 2019. No other method of submission will be accepted. Suppliers will receive a confirmation e-mail from OCP within one business day of receipt of response.

Please convert the response into one single .pdf document attached to the e-mail. If the submission's size necessitates more than the two .pdf documents to contain the entire response, please use the fewest separate .pdf documents possible.

All submissions must be received by OCP by the specified deadline. Materials received after the deadline will not be added to any previously received submissions. Submissions must contain the organization's name, the RFI title and number, and the submission date. The electronic copy may be used by ODM for archiving and Public Records Requests. OCP will accept submissions at any time prior to the posted submission deadline (date and time). ODM is not responsible for submissions incorrectly addressed or sent to any email other than the address specified above.

Thank you for your efforts to provide ODM with your suggestions, comments and relevant information to assist with this project.