

**State of Oklahoma  
Oklahoma Health Care Authority**



**oklahoma  
health care  
authority**

**Amended**

**Request For Information  
Health Information Exchange Network  
For  
Oklahoma Health Information Organization  
(OKHIO)  
By The Oklahoma Health Care Authority**

**AMENDED**  
**REQUEST FOR INFORMATION**  
**HEALTH INFORMATION EXCHANGE NETWORK**  
**FOR THE OKHIO OF OKLAHOMA**

**SECTION I: GENERAL INFORMATION**

**1.1 ANNOUNCEMENT**

The Oklahoma Health Care Authority (OHCA) is issuing this Request for Information (RFI) to obtain information from prospective bidders related to the development and implementation of a Health Information Exchange (HIE) network. Interested parties are requested to submit a response outlining their available products and services. OHCA appreciates the assistance of vendors in this effort.

**1.2 POINT OF CONTACT**

This RFI is issued by OHCA and OHCA is the sole point of contact from the date of release of this RFI through the closing date as follows:

Oklahoma Health Care Authority  
4545 N. Lincoln Blvd Ste 124  
Oklahoma City, OK 73105  
Attention: Micqueal Ware  
Phone: (405) 522-7909 Fax: (405) 530-3289  
E-mail: Micqueal.Ware@okhca.org

**1.3 RFI CLOSING DATE**

Responses submitted in accordance with this RFI must be received by OHCA no later than 4:30 PM Central Standard Time (CST) on **Friday, April 10, 2009**. Responses should be mailed, e-mailed, or faxed to the address and number above. All responses delivered or received by the closing time and date will be reviewed. Respondents may call the telephone number above to ensure that their submissions were received.

**1.4 ACCEPTANCE OF RESPONSES**

**1.4.1** The OHCA will accept all responses submitted according to the requirements and deadlines specified in this RFI. Responses must be complete when submitted and should clearly describe the Respondents' ability to meet the requirements of the RFI and the needs of the OKHIO.

**1.4.2** The OHCA may ask any Respondent for written clarification of their response.

**1.5 COST OF PREPARING RESPONSES**

**1.5.1** All costs incurred by the Respondent for Response preparation and participation in this competitive process will be the sole responsibility of the Respondent. The OHCA will not reimburse any Respondent for any such costs.

**1.5.2** The OHCA reserves the right to withdraw the RFI at any time during the process. Issuance of this RFI in no way obligates OHCA to award or issue a contract or to pay any costs incurred by any Respondent as a result of such a withdrawal.

## **1.6 RETENTION OF RESPONSES**

**1.6.1** All responses submitted in response to this RFI become the property of the OKHIO and will not be returned. All material submitted by Respondents becomes the irrevocable and sole property of the State of Oklahoma

**1.6.2** All responses submitted and all information contained therein shall be subject to the Oklahoma Open Records Act, 51 O.S. §§24A.1 et seq. (1991).

## **SECTION II: BACKGROUND**

### **2.1 BACKGROUND**

Oklahoma Health Information Organization (OKHIO) is a group organized to ensure that Health Information Exchange (HIE) between Oklahoma State Agencies and other Health and Human Services Agencies continues to evolve to meet the needs of all Oklahomans. The OKHIO would like to design a system that will encumber all of the data needed to build healthier Oklahoma communities.

The following are agencies are the members at OKHIO:

**2.1.1** Oklahoma Health Care Authority (OHCA) is the state agency that administers the Oklahoma Medicaid Program, known as SoonerCare. Medicaid is a federal and state entitlement program that provides funding for medical benefits to low-income individuals who have inadequate or no health insurance coverage. For more information, respondents may visit our website at [www.okhca.org](http://www.okhca.org).

**2.1.2** The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB/Plan) is an agency of the State of Oklahoma that administers multiple-employer health plans under the trademark name "HealthChoice". OSEEGIB administers, manages and provides group health, dental, life and disability plans for active employees and retirees of state agencies, school districts and other governmental units. For more information, respondents may visit our website at [www.sib.state.ok.us](http://www.sib.state.ok.us).

**2.1.3** The Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS) continues to evolve to meet the needs of all Oklahomans. Collaborating with leaders from multiple state agencies, advocacy organizations, consumers and family members, providers, community leaders and elected officials, the way has been paved for meaningful mental health and substance abuse services to build healthier Oklahoma communities. For more information, respondents may visit our website at [www.odmhsas.org](http://www.odmhsas.org).

**2.1.4** The Department of Corrections (DOC) Medical Services is committed to providing clinically appropriate, necessary medical and dental care for inmates, organized to ensure that resources are used efficiently. Medical Services provides medical and dental care for inmates in the Department of Corrections' facilities, work centers, contract facilities, and DOC inmates in contract county jail beds.

Quality of care is strongly emphasized and is audited by periodic facility visits by central office performance improvement nursing staff. For more information, respondents may visit our website at [www.doc.state.ok.us](http://www.doc.state.ok.us).

- 2.1.5** The Oklahoma Commission on Children and Youth (OCCY) continues to improve services to children by: facilitating joint planning and coordination among public and private agencies; independent monitoring of the children and youth service system for compliance with established responsibilities; and entering into agreements to test models and demonstration programs for effective services. For more information, respondents may visit our website at [www.okkids.org](http://www.okkids.org).
- 2.1.6** The Oklahoma Insurance Department (OID) continues to provide Oklahomans with the resources needed to make sound decisions about the products and services offered by the entities we regulate. Additionally, we strive to protect consumers from deceptive and unfair business practices and ensure that companies can live up to the promises they make to their customers. For more information, respondents may visit our website at [www.ok.gov/oid](http://www.ok.gov/oid).
- 2.1.7** The Office of Juvenile Affairs (OJA) is proud to present our "new look" web site which will provide insight into the new and innovative philosophy for juvenile justice in Oklahoma. Since beginning as a new agency July 1, 1995, we have seen a virtual revolution in the state system. Staff have embraced change, contributed hard work and new ideas, and been revitalized in their commitment to serving the delinquent youth of Oklahoma. For more information, respondents may visit our website at [www.ok.gov/oja](http://www.ok.gov/oja).
- 2.1.8** The Oklahoma State Department of Health (OSDH) currently has 68 county health departments and two independent city-county health departments serving 77 counties. Each department offers a variety of services, such as immunizations, family planning, maternity education, well-baby clinics, adolescent health clinics, hearing & speech services, child developmental services, environmental health, and the SoonerStart program. For more information, respondents may visit our website at [www.ok.gov/health](http://www.ok.gov/health).
- 2.1.9** The Oklahoma Department of Human Services' (OKDHS) original programs began in the Depression year of 1936, a time of desperate human need. The agency's official name has changed twice since 1936, in response to federal mandates. It became the Department of Institutions, Social and Rehabilitative Services in 1970 and was renamed the Department of Human Services in 1980. The agency provides relief and care of needy aged persons who are unable to provide for themselves, and other needy persons who, on account of immature age, physical infirmity, disability, or other cause, are unable to provide or care for themselves. For more information, respondents may visit our website at [www.okdhs.org](http://www.okdhs.org).

## **SECTION III: SCOPE OF THE RFI**

### **3.1 SCOPE OF THE RFI**

The OKHIO sees HIE as just the beginning for Health Information Exchange (HIE) in Oklahoma. The OKHIO sees this HIE effort possibly expanding to electronic health records (EHR) and personal health record (PHR) system. Over time this should become a universal system that will include referrals and integration with other HIE systems while still complying with State and Federal laws.

The responses to this RFI will be carefully reviewed to see what features and capabilities are available and what options are available to facilitate HIE as well as progressive plans for greater integration of electronic medical records, and other HIE networks. This is an opportunity for commercial enterprises to show what their systems can do and how it can improve health care for all Oklahomans.

The OKHIO will utilize a federated architecture with a centralized Master Person Index (MPI) and Record Locator Service (RLS).

### **3.2 DEFINITIONS**

Definitions of the key health information technology terms referenced in this RFI may be found at:

- 1) [http://www.nahit.org/images/pdfs/HITTermsFinalReport\\_051508.pdf](http://www.nahit.org/images/pdfs/HITTermsFinalReport_051508.pdf)

The following outlines in general terms the types of services that OHCA is considering:

### **3.3 HEALTH INFORMATION EXCHANGE (HIE)**

The OHCA is leading the collaboration with which the Oklahoma Health Information Organization (OKHIO) a group of Oklahoma State Agencies and other Health Information Organizations (HIO) can connect. The initial scope of the project will be limited to data exchange between Oklahoma State Agencies and Health and Human Services Agencies.

The OKHIO Utility consists of the following four components:

- 1) Health Information Exchange (HIE)
- 2) Web Portal
- 3) Data Repository (RLS, master person index, provide index, and audit features)
- 4) Electronic Health Record (EHR)

## **SECTION IV: RESPONSE SUBMISSION CONTENT/REQUIREMENTS**

### **4.1 SUBMISSION OF RESPONSES**

**4.1.1** All responses should clearly indicate the name, title, e-mailing and postal addresses, and fax and telephone number of the Respondents' contact person.

- 4.1.2** Respondents mailing their proposals or using a commercial delivery service should allow sufficient time for delivery of their proposals by the time specified. Delivery of the Proposals is at the Respondents' expense.

## **4.2 RESPONSE FORMAT**

### **4.2.1 FORMATTING**

Please organize your response as follows:

- 1) Cover page with organization name, contact information, and signature as described in 4.1.1;
- 2) Table of contents;
- 3) Answers to written questions 4.2.2 numbered in sequence according to 4.2.2 format;
- 4) Cost estimate for products and services; and
- 5) Attachments

### **4.2.2 WRITTEN QUESTIONS**

Please note that the Respondent is **NOT** required to answer all the questions below with exception to number 1. The Respondent may choose which questions to answer based on the organization's particular interests, expertise, and experience.

- 1) Please address these items based on your proposed compliance as described in The American Recovery and Reinvestment Act of 2009 (ARRA09) and the National Industrial Security Program NISP.:
  - a) History of Experience
  - b) Functionality
  - c) Interoperability
  - d) Technical Architecture
  - e) Ease of Implementation
    - i) Time Frame
  - f) Usability
  - g) Reliability and Availability
    - i) Secure Web Access
  - h) Scalability
  - i) Performance
  - j) Total Cost and Financial Sustainability
    - i) Initial Cost
    - ii) Recurring Costs
  - k) Ability to be Upgraded and Expanded
    - i) EHR
  - l) Follows Federal Guidelines
    - i) Privacy
    - ii) Security
  - m) Positions Titles of Staff Used
  - n) History of Successful Implementation

- 2) Please provide an executive summary containing an overview of all major points detailed in your response to the RFI.
- 3) Please provide product names included in your proposed solution including version, current release, and a description of how each product or component fits into the overall architecture.
- 4) Describe any successfully implemented systems that have dealt with HIE including, but not limited to mental health and/or substance abuse information.
- 5) Is your products model federated? If not, tell us how it could be incorporated into a federated model.
- 6) If you offer an EHR or PHR please explain the functionality?
- 7) What are your opt in/opt out capabilities for privacy and security?
- 8) Please clearly describe the hardware, software, operating systems, and database requirements that your proposed solution requires from data user, data provider, and system administrator (centralized) perspectives.
- 9) List which data types your solution can handle and which data standard formats you would support. Include how information can be captured as well as disseminated from your solution.
- 10) Please describe how your proposal will comply with and enhance privacy and security of information, and the security of the HIE network.
- 11) Please describe your strategy for loading and gathering data, including services offered, and your link/unlink (merging) services for member demographics, and your recommendations.
- 12) Please describe how your solution is able to respond to new and outside systems and technologies from an interoperability and architecture perspective.
- 13) Please attach a sample project plan that includes typical project tasks, milestones, estimated timelines, and required resources (indicate if task is typically staffed with respondent-supplied implementation team, client team, or third party resources). Please reference management procedures and tools used to track implementation timelines, manage and resolve issues, and maintain project documentation. Please indicate implementation services that are typically included and those that can be purchased on a fee basis.
- 14) Please describe the recommended technical and end user training/education including documentation approaches, modules offered, post implementation support, system upgrades, and other services that would be offered.
- 15) Please describe your organization's experience with these types of solutions and initiatives.
- 16) Please describe how the system would be deployable to additional organizations in a scalable manner and the incremental technical, financial, and operational implications associated with system expansion at both data provider (federated) and administrative (central) levels. Describe the ongoing support and maintenance that will be necessary for your solution at both the statewide and user/provider level. Include the pricing and costs associated with each component.

- 17) How would the system conform to the architectures and standards utilized by the National Health Information Network (NHIN) pilots established by the ONC?
- 18) What privacy and security considerations, including compliance with State and Federal law, are implicated by the system, and how could they be addressed?
- 19) Describe your experience with CCHIT certifications. Are you CCHIT certified or progressing toward certification?
- 20) Discuss any different approaches you would recommend in urban vs. rural areas, primary care vs. specialty care, and capitated care vs. fee-for-service.
- 21) Discuss any experiences that influence provider satisfaction and any empirical evidence that indicates that improvement in these factors can improve quality or access to care.
- 22) OHCA sometimes requires expert assistance and testimony related to federal and state legislation and regulation and judicial rulings that may affect SoonerCare programs. Discuss experience and ideas in this area and any services Respondent might be able to offer OHCA.
- 23) Discuss the experience and qualifications of your organization that enables you to successfully provide utilization patterns, costs, and groups/clusters for members of Medicaid programs. Describe any recommendations or examples of projects similar in size and scope for other State Medicaid projects or new initiatives.
- 24) Discuss how your organization generally bills for services (i.e. hourly, monthly, retainer, per transaction, per person, etc.). Some suggested questions are below but feel free to respond as you feel is most useful.
- 25) If your firm has utilized a partnership or subcontracting with other firms in this area, please discuss how the services of the partner or subcontractor might assist with OHCA's needs.
- 26) Discuss any other innovative approaches, methodologies, or services that your organization offers that you think might be useful to OHCA.
- 27) If you offer a PHR how does it work?

#### **4.2.3 COST ESTIMATE**

Please provide a general estimate of how you would calculate costs for the products and services outlined in Section 4.2.2. Respondents and OHCA acknowledge that providing a cost range does not bind nor obligate either party in any way. The cost range is simply a tool to be utilized by OHCA to determine the cost effectiveness of issuing a bid in the future.

#### **4.2.4 DEMONSTRATION OF PRODUCTS AND SERVICES AND KEY PERSONNEL INTERVIEWS**

Based on the response to RFI questions, the OHCA may invite some Respondents to make oral presentations and conduct demonstrations of some of their products and services. Respondents who are selected to make presentations at OHCA will be notified at least seven (7) days in advance. The OHCA may also request teleconferences with key personnel.