



Request for Proposals (RFP)

Interoperability and eMPI Software

Applications due by 5:00 p.m. February 17, 2023



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1 RFP Summary

The California Mental Health Services Authority (CalMHSa), a Joint Powers Authority (JPA), serves California Counties and Cities as an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. (*See Gov. Code §6500 et seq.*)

To support County Behavioral Health with meeting federal and state interoperability requirements, as well as facilitating use cases that require the need to exchange relevant data, CalMHSa is seeking through this RFP to procure an interoperability and eMPI software solution. The desired software solution will be used to facilitate the technical data exchange of protected health information (PHI) and personally identifiable information (PII) between disparate systems as well as connect to larger national exchange networks.

This RFP is issued for the purpose of soliciting responses from interested entities with the experience and capacity to provide interoperability capabilities in alignment with federal and state requirements. This request does not commit CalMHSa to contract for any supply or service whatsoever. In addition, respondents are advised that CalMHSa will not pay for any information or administrative costs incurred in response to this RFP; all costs associated with responding to this RFP will be solely at the interested party's expense. Not responding to this RFP does not preclude participation in any future RFP, if any is issued.

2 Project Scope of Work

CalMHSa, as a direct technology partner to several County Behavioral Health agencies, strives to continually enhance, innovate, and add value to the services and solutions we provide to our partners and communities. To that end, CalMHSa seeks a software solution to assist us in the creation and deployment of advanced interoperability and eMPI infrastructure.

The primary goals of the interoperability and eMPI software solution is as follows:

INTEROPERABILITY REQUIREMENTS (Pursuant to Section 3.6., below, please use the attached Excel spreadsheet response template to respond to items 1 – 23 of this section, including all subparts. For each item, please respond “Yes” or “No” in the specified column to indicate Applicant’s ability to comply with each requirement. Please further respond to each item by providing a narrative response in the specified column explaining in detail how Applicant will meet said requirement.)

1. Adherence to HIPAA and all applicable health I.T. and data security standards. Solution must demonstrate ability to not only meet minimum security standards but must also be scalable for more advanced functionality and configuration.



2. Implement isolated environment for CalMHSA solution. If vendor implements an enterprise, multi-tenant environment, please indicate capacity to isolate the CalMHSA instance separately from other clients' instances.

3. Has security controls and infrastructure or configurations present to limit access to the data as appropriate for users, roles, rights and/or as applicable for regulatory and/or industry standard I.T. protocols and other agreed upon requirements such as, but not limited to:
 - 3.1. HITECH
 - 3.2. NIST
 - 3.3. CIS
 - 3.4. Role-based Access Controls
 - 3.5. HIPAA
 - 3.6. 42 CFR Part 2
 - 3.7. California Data Exchange Framework (DxF) Policies and procedures
 - 3.8. Other (please list)

4. Accommodates recognized industry standard toolsets and structures such as, but not limited to:
 - 4.1. HL7 (which versions)
 - 4.2. CCD/A (which versions)
 - 4.3. USCDI (minimum version 2)
 - 4.4. FHIR
 - 4.5. XML
 - 4.6. IHE (All profiles)
 - 4.7. API
 - 4.8. REST
 - 4.9. JSON
 - 4.10. X12
 - 4.11. DICOM and other imaging formats
 - 4.12. Other



5. Provide a solution that consolidates, aggregates, integrates, and presents data in such a way that it is easily consumed or utilized by all applications or functionality including but not limited to:
 - 5.1. Query-able patient/client data via an easy-to-use, web-based, user interface
 - 5.2. Single sign on (SSO) capabilities
 - 5.3. Supports triggers and notification capabilities to users such as: Admits/Discharges/Transfers (ADT's), Observation patient, Jail incarceration and release notifications, Advanced Care Planning (ACP) documents, Telehealth visit, Deceased, Hospice, Mental Health events.
 - 5.4. Regulatory registries, population management, preventative care, evidence-based care, gaps in care, etc.
 - 5.5. Performance, profiling, quality reporting
 - 5.6. Risk and opportunity analysis/stratification
 - 5.7. Syndromic surveillance, public health reporting
 - 5.8. Potential cost analysis, cost trending
 - 5.9. 3rd party API's using both open source and proprietary technology
 - 5.10. Technology to facilitate CMS and CA State technical standards and requirements as detailed via published interoperability implementation guides ([Policies and Technology for Interoperability and Burden Reduction | CMS](#)) including but not limited to:
 - 5.10.1. Patient Access API
 - 5.10.2. Provider Access API
 - 5.10.3. Payer-to-Payer API
 - 5.10.4. Provider Directory API
 - 5.10.5. Document Requirements Lookup Service API
 - 5.10.6. Prior Authorization Support API
 - 5.10.7. Bulk Data
6. Allow for detailed auditing of all access to the system, users, or other methods.
7. The solution is scalable and has SLA levels that are adequate and enforceable for system availability, performance, issue resolution, and includes robust disaster recovery.

8. Employs open architecture data services to allow ease of access to the underlying data to individual users and/or applications via batch, web services, data services, API and other more traditional interfacing methods.
9. Is scalable to support current and future yet to be defined needs for data integration and system utilization. The immediate need is to aggregate data in whole or part from the following at least the following domains:
 - 9.1. Clinical including Hospitals, Outpatient Entities, Laboratories, Behavioral Health, Pharmacies, and other healthcare organizations.
 - 9.2. Administrative including payer, billing, and practice management
 - 9.3. Non-healthcare organizations including Education, Social Services, Community-based organizations, Justice System, etc.
10. Combined clinical, administrative, and non-healthcare data aggregation by multiple relational constructs.
11. Vendor has worked with other HIEs and in situations that include the goals above and can demonstrate as such with clients and references.

ENTERPRISE MASTER PATIENT INDEX (EMPI) REQUIREMENTS (Please use the attached Excel spreadsheet response template, as indicated in Section 3.6, below):

12. Solution should be able to store and manage robust person information from multiple systems including but not limited to name, address, DOB, SSN, MRN, phone numbers, MRN's, Insurance ID's, etc.
13. The solution must be able to receive and process information from multiple sources and potentially in different formats (i.e. XML, HL7, CSV, etc.).
14. Ability to configure rules and thresholds capable of identifying single best record data based on selected and weighted criteria (i.e. First Name, Last Name, DOB, Address, Phone Number, Gender, etc.).
15. The proposed solution shall support an EMPI/MPI number (a unique identifier) as well as separate, multiple person identifiers.
16. Allow for detailed auditing of all access to the system, users, or other methods.
17. Multiple alias storage and past value retention for processed records.

18. Support privacy standards applicable to medical, mental health, and alcohol and other drugs, and relevant legal definitions.
19. It should have clear protocols and remediation capabilities for identifying patients who lack identification and for distinguishing clients with the same name.
20. Support and remediation for episodic identifiers, such as a last name change with a start and stop date. For Example, “Jane Doe” may be “Jane Smith” from July 1, 2001, through December 31, 2009, to be replaced with “Jane Doe”. Similarly, a health care unit may have multiple identifiers for a client with start and stop dates.
21. Support and remediation for potential record matching resulting from deviations in demographics. For example, “John Doe” born on 1/1/2000 is the same person as “Jonathan Doe” born on the same date with the same address. Similarly, patient records may also have deviations in addresses as well.
22. Support for US National Health Information Exchange Standards (i.e. HL7, IHE, FHIR, etc.).
23. The proposed solution shall be able to receive information through various methods such as direct entry and API/messaging services.

3 Requested Information

The following response components are required for each Scope of Work. CaIMHSA is not responsible for costs associated with the development of responses nor shipping or delivery of the same.

Please submit the following components as part of your response. Please use the attached Excel spreadsheet response template to respond to Question 6., below:

1. Cover Sheet.
2. Narrative description of Respondent’s background information, to include, but not be limited to, previous experience designing, implementing, and supporting interoperable solutions both in a healthcare and non-healthcare setting.
3. Implementation roadmap and high-level tasks/milestones, including a timeline for designing and implementing the desired interoperability and eMPI solution based on the scope of work provided in this RFP.
4. A proposed total budget for the Project Scope of Work as stated in Section 2, above.

5. Three (3) signed letters of support, including references from organizations with whom the Respondent has contractual or other business relationships who can substantiate the Respondent's capacity to provide such services as described in the Project Scope of Work, as described in Section 2, above.
6. Please use the attached Excel spreadsheet response template to respond to each of the Interoperability and eMPI requirements listed in Section 2, above. For each of the 23 items and subparts, please respond "Yes" or "No" in the specified column to indicate Applicant's ability to comply with each requirement. Please further respond to each item by providing a narrative response, in the specified column, explaining in detail:
 - a. Applicant's experience providing applicable services, including relevant examples;
 - b. How Applicant will meet said requirement, and;
 - c. Any specific deficiencies that would prohibit Respondent from meeting the requirements identified.

4 Minimum Requirements

Respondent must meet the requirements below otherwise they may be considered non-responsive, and the proposal may be rejected at CalMHSA's sole discretion.

1. Respondent(s) must have a minimum of three (3) years of experience in designing and implementing interoperable solutions as requested in the scope of work.
2. Respondent's staff must be located within the continental United States.
3. Respondent must not currently have a Settlement Agreement or Claim against them with any of CalMHSA's member counties or any state agency. If there are current claims against the Respondent in excess of \$10,000 within the last Five (5) years, Respondent must disclose claims information as part of their response submittal.
4. Financial Information: Respondent is required to submit copies of Respondent's most recent audited financial statements.

5 CalMHSA Rights and Responsibilities

1. CalMHSA is not responsible for representations made by any of its officers or employees prior to the execution of the Agreement unless such understanding or representation is included in this RFP or any written addenda to this RFP.
2. CalMHSA has the right to amend the RFP by written addendum. CalMHSA is responsible only for that which is expressly stated in the solicitation document and any authorized



written addendum thereto. Such addendum shall be made available to each person or organization which CalMHSA records indicate has received this RFP. Should such addendum require additional information not previously requested, failure to address the requirements of such addendum may result in the Proposal Package not being considered, as determined in the sole discretion of CalMHSA. CalMHSA is not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

6 CalMHSA Option to Reject Proposal Packages

CalMHSA, at its sole discretion, may reject any or all Proposal Packages submitted in response to this solicitation. CalMHSA shall not be liable for any cost incurred by a Respondent in connection with preparation and submittal of any Proposal Package.

7 Truth and Accuracy of Representatives

False, misleading, incomplete, or deceptively unresponsive statements in connection with a Proposal Package shall be sufficient cause for rejection of the Proposal Package. The evaluation and determination in this area shall be at CalMHSA's sole judgment and its judgment shall be final.

8 Submission Instructions and Requirements

Proposal Timeline

EVENT	Key Dates
RFP Issued	1/23/2023
RFP Questions Due	1/31/2023
RFP Questions Answered	2/3/2023
Deadline for Responses to be Submitted	2/17/2023
Application Review	2/18/2023– 3/3/2023



Submittal Address

All Submissions must be submitted electronically using CalMHSAs e-Procurement Portal, through Bidnet:

<https://www.bidnetdirect.com>.

RFP Questions and Clarifications

All questions and requests must be submitted through CalMHSAs e-Procurement Portal at: <https://www.bidnetdirect.com>. The deadline to submit questions for this RFP is **January 31, 2023**. The FAQ responding to the questions will be posted on **February 3, 2023**, at <https://www.bidnetdirect.com> and on the CalMHSAs website.

To ensure all parties have access to the same information at the same time, except as stated below, CalMHSAs will NOT respond to questions as they are received and will not accept telephonic questions.

It is the sole responsibility of the Respondent to refer to the FAQs, which will be posted on CalMHSAs e-Procurement Portal at <https://www.bidnetdirect.com>.

If a Respondent is unable to submit questions via the BidNet e-Procurement Portal, the Respondent must provide CalMHSAs with an email justification at info@calmhsa.org outlining why the Respondent is unable to do so.

If a question relates to a proprietary/trade secrets aspect of a proposal and the question would expose proprietary information if disclosed to competitors, the Respondent must mark the question as "CONFIDENTIAL." With the question, the Respondent must submit a statement explaining why the question is sensitive. If CalMHSAs concurs that the disclosure of the question or answer would expose proprietary information, the question will be answered by email reply, and both the question and answer will be kept confidential. If CalMHSAs does not concur regarding the proprietary nature of the question, the question will not be answered in this manner and the vendor will be notified and asked whether the vendor would like the question to receive a public response or no response at all.

Withdraw

A Respondent may withdraw or amend its proposal, but only before the Application Submittal Deadline, directly on CalMHSAs e-Procurement Portal at <https://www.bidnetdirect.com>.



Review of Applications

CalMHSA will receive all applications and review for completeness and adherence to the RFP rules stated in this document. Following the initial review, all qualified applications will be reviewed and scored by a review panel. The evaluation panel will conduct a fair and impartial evaluation of proposals received in response to this RFP.

The review panel is comprised of individuals with varied backgrounds, to include professional expertise, lived experience, personal knowledge, etc. Panelists' information will not be disclosed as a matter of confidentiality. CalMHSA is committed to ensuring the RFP review panel is representative of California's racial, ethnic, and cultural diversity.

Selection will not be based exclusively on price or highest score. CalMHSA reserves the right to negotiate with Respondents who, in the opinion of the review panel, have submitted the best proposal in an attempt to reach an agreement. If no agreement is reached, CalMHSA may negotiate with other Respondents or may choose to extend the proposal period. CalMHSA also reserves the right to meet with vendors to gather additional information. Additional information may include, but is not limited to, a demonstration of skills described in the proposal.

Protest Procedures

Protests must be received no later than Five (5) business days after the Notice of Intent to Award is posted on the CalMHSA website. The sole bases for protest are that the award was (1) in violation of law, (2) in violation of the provisions of this RFP, or (3) in violation of CalMHSA's procurement process. All protests must be in writing and (1) state in detail each and every ground asserted for the protest, citing to the law, RFP provision, or particular provision of the procurement policy on which the protest is based; (2) explain why the error prevented the aggrieved organization from being awarded the contract; and (3) identify the remedy sought.

Written protests can be sent to the following:

Via Email:

info@calmhsa.org

Via Certified Mail:

CalMHSA
Attn: Chief Administrative Officer
PO Box 22967
Sacramento, CA 95822

Within 14 days of receipt of any protest, CalMHSA's Executive Director will provide a written decision which shall be final upon transmission to the protesting party. If the Executive Director determines that

the error identified by the protesting party has deprived that party from receiving the contract, the Executive Director may act to rectify the error, including but not limited to: cancellation of the RFP or proposed contract, correction or other revision of the awarded contract, termination of an improperly awarded contract, or affirmation of an existing contract if the discovered defect is immaterial or the Executive Director determines that affirmation is in the best interest of CalMHSAs.

Notice Regarding Public Records Act Request

CalMHSAs is subject to the Ralph M. Brown Act and the California Public Records Act. All proposals received for this RFP are ultimately subject to public review; however, during the competitive bid process, all proposals will be kept confidential. Upon award and execution of the contract by awardee(s), all proposals and supplemental information will be subject to public review, with the exception of those elements of a proposal which contain elements that are clearly marked as confidential or trade secrets. Any such designation should be accompanied by a brief explanation of the reason the information is non-public and protected from disclosure under California law. CalMHSAs reserves the right to disregard such designations if they have been applied indiscriminately to non-protected information, and in no event shall CalMHSAs, its agents, representatives, consultants, Directors, or Officers be liable to a responding party for the intentional or inadvertent disclosure of all or a portion of a proposal submitted under this RFP, regardless of whether it was marked as confidential or trade secret.

Although the California Public Records Act allows certain confidential or trade secret information to be protected from disclosure, CalMHSAs may not be in a position to establish that the information submitted is protected. If CalMHSAs receives a request for public disclosure of all or any portion of a proposal that has been designated as exempt from disclosure, CalMHSAs will use reasonable efforts to notify the responding party of the request and give such party an opportunity to assert, at its own expense, a claimed exception under the California Public Records Act or other applicable law within the time period specified in the notice issued by CalMHSAs and allowed under the California Public Records Act.

Format of Proposal

Proposals must be submitted through CalMHSAs's e-Procurement Portal at: <https://www.bidnetdirect.com>. Submissions by other methods will not be accepted. Internet Explorer 11, Microsoft Edge, Google Chrome, or Mozilla Firefox are recommended. JavaScript must be enabled.

Browser cookies must be enabled. Respondents should contact Bidnet at 800-835-4603 for technical questions related to submissions, or visit Bidnet's help forum at [BidNet Direct](#).

Submission materials should be prepared in the file formats listed under Requested Information for this opportunity in the BidNet Portal. All PDFs documents must be formatted in Times New Roman, 12 pt. font, double spaced, unless otherwise indicated in the Requested Information. The maximum upload file size is 1000 MB. Documents should not be embedded within uploaded files, as the embedded files will not be accessible or evaluated.