INFORMATION AND QUALITY SERVICES CENTER

REQUEST for PROPOSAL

Data Cleansing & Correction Tool

Issued By

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Introduction and Purpose of Request for Information (RFP)

The Dallas-Fort Worth Hospital Council Education and Research Foundation (Foundation) is a 501(c)(3) not-for-profit charitable organization headquartered in Irving, Texas. For more than 40 years, the Foundation has been dedicated to improving the region's patient safety and quality of care with more than 110 partners that include hospitals, universities, and community organizations.

The purpose of this Request for Information (RFP) is as follows:
- To invite qualified vendors to provide information about their application that is currently available and meets our need for data cleansing and state data submission and reporting;
- To obtain a high-level indication of vendor capability to provide an appropriate technical solution to the Foundation;
- To obtain an understanding of costs associated with suggested technologies
- To supplement or change our current process in order to support the 837 Professional format

We are seeking responses from vendors who can help process 837 Institutional and Professional claims as required by the Texas Health Care Information Collection (THCIC) technical specifications.

DFWHC Foundation History and Background

The mission of the Foundation is to serve as a catalyst for continual improvement in community health and healthcare delivery through education, research, communication, collaboration and coordination. We are able to meet this mission in part by providing high quality, standardized data that our members and researchers use to measure value, improve delivery of care, improve the health of our community, prevent disease and promote patient safety. Data collection, analysis, education and general consultation are provided by the Foundation's Information and Quality Services Center (IQSC), which oversees the data warehouse and our Regional Enterprise Master Patient Index (REMPI) utilization and development. The Foundation also relies on the North Texas Healthcare Information and Quality Collaborative (NTHIQC), a committee of representatives of the IQSC's hospital participants. The NTHIQC provides hospital-led subject matter expertise related to quality, patient safety and the development and utilization of the data assets to support the strategic goals and tactical activities of the Foundation and the NTHIQC hospital participants. Below are key points about the IQSC:

1) Trusted business and partner relationships with more than 110 hospitals since 1999;
2) Enhanced data correction tool that has ensured a higher quality of data integrity in the North Texas Region. Through the data auditing tool we have the ability to test, accept, and edit the 5010 Institutional format immediately; experience with a data warehouse of more than 75 million inpatient/outpatient claims including Self Pay and Charity care patients as required by state mandate;

3) A hospital collaborative which has implemented BI tools that analyze over 100 inpatient quality and market metrics, preventable emergency room visits, and over 160 community health metrics, the ability to apply SAS Agency for Healthcare Research and Quality Algorithms, and application of the New York University (NYU) Emergency Room Algorithm which probabilistically assigns cases in the ER to four main care level categories;

4) A mature Master Patient Index for the North Texas region through the REMPI that identifies 13 million unique patients. This tool performs analysis of regional admission profiles giving hospitals the ability to implement operational and treatment modifications for patients identified as high risk of readmission

Current Environment

The Information and Quality Services Center (IQSC) currently receives monthly and quarterly data submissions. The application we request information on should allow users to import, edit and submit data in the required THCIC 5010 format for institutional and professional claims data. It should also have a separate dashboard and administrative system integrated with the software application for tracking files submitted by a user/facility, for submitting data to the State reporting regulatory agency. The dashboard should include administrative functions such as user profile building and maintenance, hospital user profiles, and File Transfer Protocol (FTP) capability that encrypt the data in motion.

THCIC currently requires all inpatient encounters be submitted, but not all outpatient encounters are currently required. Due to their restrictions, we have implemented special business rules on the export of the THCIC 837 extract that gets created for outpatient that only includes claims required by THCIC. The file that comes to us includes all inpatient and outpatient encounters in a flat file format for import into our regional data warehouse.

Our operating environment is a cloud model in which the data content cleansing tool is hosted in a data center and users can access the data via a web-based tool such as Chrome. As data is completed and ready for submission, it is sent over via a secure FTP process to our servers several times a day. This allows us flexibility in processing data as often as required.

Current Capabilities:

- Web-based software program
- Offers a proven solution to hospitals' challenges with data cleanliness
- Used by over 110 hospitals in the DFW area to clean data before submission, evaluate the data file (across claims) and analyze data in preparation for THCIC certification process and PUDF data release)
- Perform various format and content edits to ensure the hospital creates valid discharge data files
- Allows users to make format correction in a text editor embedded in submission tool

- Offers the ability to load, correct or modify, mass sign off, delete, void, release, restore, and override claims
- Ability to run/view reports by category (i.e. financial, clinical, procedure, diagnosis), view all claim submissions, and administration functions to add physicians and create, edit, or delete a user
- Standard reports such as: Claims Loaded Detail Report, Claims Loaded Summary Report, Claims Error by Patient Report, Claims Errors by Errors Report, Claims Error Summary Report, Deleted/Voided Claims Report, Duplicate Claims Report, Physician Audit Report, Payer Audit Report, Held or Filtered Report, as well as provide canned reports, and ability to customize reports via an Ad Hoc Report option.
- Users can upload multiple files at a time
- We host a test environment and production environment that allows users to test files before uploading them into production
- Applies blinding rules in the file submitted to THCIC for
- Pertaining to outpatient claims, the tool should have the ability to maintain the filtered outpatient records in report form and detailed claim information form for each held or filtered record.

Scope

This RFP will be used for informational purposes and to evaluate what vendors provide the ability to do both and 837 Institutional and 837 Professional. We are also looking for vendors with flexibility on allowing special programming as needed for our specific customer and warehouse requirements. We will follow up with vendors if an RFP is released. The Foundation is seeking RFP's from qualified vendors who are FISMA compliant and can provide a technical solution for one of our core business functions.

Key Contacts

Theresa Mendoza
Dallas-Fort Worth Hospital Foundation
Director of Quality, BI, Data Services
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tmendoza@dfwhcfoundation.org

Marco Mack
Healthcare Project Manager
Dallas-Fort Worth Hospital Council Education and Research Foundation,
Information and Quality Services Center

Timeline

Timeline	
Process	**Deadline**
RFP Released	June 20, 2022
Overview of the Current Environment & Foundation	July 5, 2022
Intent to Respond Due by COB (Close of Business)	July 8, 2022
Written Questions Due	July 15, 2022
Responses to Questions Posted	July 22, 2022
RFP Responses Due 4PM CT	July 29, 2022
Vendor Presentations and Technical Reviews	Week of August 15th, 2022
Vendor of Choice Selected	September 2, 2022
Contract Completed	October 28, 2022
Preliminary Start Date *	November 28, 2022

**The Foundation will need assurance that the vendor has staff available and ready to start by the beginning of February as our timeline for implementation will be aggressive.*

Overview of the Current Environment and Foundation

The IQSC will provide an overview of the Foundation and expectations for the project to assist vendors in their decision to submit a letter of intent. Please RSVP Theresa Mendoza if intend to be on this call so that we can inform you if any of the information below is changed for any reason.

Date: July 5, 2022
Time: 12:00PM to 1:00PM Central Time
Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or join by entering a meeting ID

Meeting ID: 277 846 422 799

Passcode: 7Yy3oY

Or call in (audio only)

[+1 469-206-8478,,264296943#](#)   United States, Dallas

Phone Conference ID: 264 296 943#

[Find a local number](#) | [Reset PIN](#)

Letter of Intent to Respond

The IQSC asks that all vendors email a letter of intent declaring their intention to respond to this RFP by the given deadline. The e-mail should be sent to tmendoza@dfwhcfoundation.org and received no later than 7/08/2022. Please include the words "**RFP: Intent to Respond**" in the subject line.

Inquiries

We encourage inquiries regarding this RFP and welcome the opportunity to answer questions from potential applicants. Vendors will review the information posted and communicate any requested changes or updates in writing. Please direct your questions to tmendoza@dfwhcfoundation.org. Please include the words "RFP: Inquiry" in the subject line. All questions from all vendors will be consolidated and answered in writing by 5:00 PM (CT) on 07/22/2022.

Proposal Submittal Process and Deadline for Response

The proposal should be submitted to IQSC no later than 4:00 PM (CT) on 07/29/2022. Responses are required for all questions. Responses along with documentation should be sent electronically. The e-mail should be sent to tmendoza@dfwhcfoundation.org. Please include the words "RFP: Vendor Final Proposal" in the subject line. Late proposals will not be evaluated.

General Conditions

IQSC is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by IQSC to award any contract.

IQSC is not responsible for any costs incurred by any vendor or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of IQSC.

All responses will be kept private from other vendors.

IQSC reserves the right to modify this RFP at any time and reserves the right to reject any and all responses to this RFP, in whole or in part, at any time.

IQSC is not bound to accept the lowest bid, nor any proposal submitted. There is no guarantee that the prospective project described in this RFP will be undertaken.

Review Process

Respondents submitting the top three (3) proposals **may** be required to present proposals to our RFP committee in an effort to clarify or negotiate modifications to the Respondent's proposals. We anticipate this to occur during the week of January 27th, 2013.

Terms of Contract

Contract terms will be negotiated upon award of the contract.

Evaluation/Scoring Criteria

The maximum score for each criterion is indicated in the table.

Criteria	Description	Score	Maximum
Vendor Profile	• General, Parent Company (if applicable), Main Contact, and Organizational Background sections are complete and addresses all questions • Prior with 837 file formats, state data submissions, and data cleansing		10%
Product Information	• Solution/Approach and Technology/Requirements addresses all technical aspects and risks of the project as identified in the RFP • Data Cleansing Applications • Reporting Capabilities describes the standard reports and customization capacity • Solution is flexible and easy to tweak to meet our requirements • Security, HIPAA and FISMA Compliance		40%
Training	• Type/Length of training • Vendor involvement • Staffing		10%
Helpdesk/Technical Support	• Method of communication • Availability • Incurred charges		10%
Contract Terms/Guarantees	• Warranty • Addendums		10%
Cost Estimates/Pricing	• Fees • Ongoing annual costs • Five (5) year cost of ownership		20%
	TOTAL		**100%**

Proposal Format and Requirements

Vendors should organize their proposals as defined below to ensure consistency and to facilitate the evaluation of all responses. All the sections listed below must be included in the proposal, in the order presented, with the Section Number listed. The responses shall be submitted in the following format:

- **Section 1** – Executive Summary (provide a concise summary of the products and services proposed)
- **Section 2** – Vendor Profile/Financial Stability (provide answers using the template and instructions below)
- **Section 3** – Product Information (provide answers using the template and instructions below)
- **Section 4** – Training/Testing (provide a high-level implementation plan with estimated timeline)
- **Section 5** – Helpdesk/Technical Support (provide answers using the template and instructions below)
- **Section 6** – Cost Estimates/Contract Terms/References (provide answers using template and instructions below)

RFP Questionnaire Form	Answers
Vendor Profile (Section 2 Begins)	
Company name	
Company address	
Company web page	
Company privately held or publically traded	
Contact Name	
Contact Title	
Contact telephone number/email address	
Number of Employees	
Main Products/Services	
Brief history of your company and company location(s).	
How long has the organization been in business?	
How many software clients do you have currently?	
Describe what differentiates your organization from competitors.	
Bonded and Insured	
Pending Litigations	
Liens; if so, how many?	
Provide information, utilize an appendix, showing our organization's financial viability, such as audited financial statements.	
Product/Software Information (Section 3 Begins)	
Do you offer a web-based data cleansing and correction tool?	
Can this product/software be hosted by the Foundation?	
Provide an overview of your client management software system. Please attach any relevant marketing materials and data sheets.	
Describe the user interface and system navigation feature.	
In what ways can your software system be customized?	
Does the system support the import of HIPAA 5010?	
Is your application ICD10 compliant and ready to take ICD10 codes in an 837 format?	

Does the product contain look-up tables for industry codes and data fields?	
Is the update of these tables a part of normal system maintenance or is this considered custom programming?	
Is there a dashboard mechanism that is used for file tracking?	
Does this application allow for the creation of data extracts for warehousing or submission to state regulatory agencies?	
Is there an option to remove or delete a file from the application?	
Can the dashboard be modified to interface with the IQSC data warehouse in order to track files that have been staged to be loaded to the warehouse?	
Is the system capable of applying specific business rules so that certain records are included in the final extract?	
Describe user help features built into the system.	
Does the product contain a format editor that allows a user to correct formatting errors during the data import? If so, is this an integrated product or is it built into the software?	
Does the product contain search capabilities that allow for identifying specific records within a file based on given search criteria?	
Does the product contain a claim navigation tool that identifies claims based on specific error types?	
Does the product measure the quality of the data after all corrections have been completed?	
Does the product include mass update capabilities? (The ability to update all records within a file with the same value.)	
Does the product allow for development of business rules during the creation of the 837 during the export portion to ensure encounters are properly masked and selected for submission to THCIC?	

Reports	
Does the product contain functionality that allows the export of the corrected file in the HIPAA 5010 format including all summary reports and extracts?	
Are the summary reports customizable?	
Are standard summary reports produced as a result of an imported and packaged file?	
Does the product contain ad-hoc reporting capabilities?	
Technology	
Do you provide Cloud solutions or require 3rd party vendor participation?	
What is the 3rd party vendor's involvement?	
How are support issues handled?	
What hardware is required in the cloud to run this application	
Is virtualization supported or required (VMware, XenApp, etc.)?	
Does your product require or recommend a firewall?	
Do you provide all CALs (client access licenses) for database and system access or does the customer purchase these?	
List all security enhancements which must be accommodated on workstations (e.g., Internet sites trusted, active x controls enabled, Dot Net versions supported, registry modifications, etc).	
What are the bandwidth requirements per user?	
What are the workstation requirements?	
What applications are supported and/or need to be installed on the workstation? (Java, Flash, Adobe, etc.)	
Can the product be securely accessed from any location with an Internet/broadband connection?	
How often is routine maintenance performed on remote system?	

Licensing	
How is the product licensed?	
Are licenses purchased per user/facility?	
Define 'user' if it relates to the licensing model (i.e., FTE MD, all clinical staff, etc.).	
Security and Data Protection	
Describe how the product meets all HIPAA, HITECH, EPHI, FISMA and other security requirements.	
Does the product provide different levels of security based on User Role, Site, and/or Enterprise settings?	
Does the product provide different levels of security based on type of user (IT Support, Report Writer, Consumer)?	
Describe the audit process within the product.	
List the security reports the product provides at Go-Live to meet all auditing and HIPAA reporting needs.	
Describe the product's ability to lockout users (for upgrades, security breaches, employee terminations, etc.).	
Describe the product's ability to create new security rights/roles based on new workflows or enhancements	
Describe how the data is secured at all times and in all modules of the product (e.g., strong password protection or other user authentication, data encrypted at rest, data encrypted in motion).	
Describe your disaster recovery capability.	
Describe outside auditing procedures utilized to ensure security.	
Describe your normal back up procedures and restore processes.	
Would you be able to attest to being HIPAA and FISMA compliant?	
Installation	
What is the average timeline for a standard implementation of your software without any additional programing and user acceptance	

testing?	
If you need to do additional programming in order to conform to the THCIC 837 standards and edits, how long do you estimate the implementation would take with user acceptance testing?	
Describe the implementation process.	
Could we begin a temporary process for getting the 837P prior to a full implementation?	
Training (Section 4 Begins)	
What level of training will DFWHCF be provided?	
Training options (train-the-trainer, # hours of staff)?	
What types of on-line training are available?	
Super User Training • Will super users be trained by vendor? • Remote or on-site training provided?	
Helpdesk/Technical Support (Section 5 Begins)	
What type of communication does your organization use for technical support or helpdesk services?	
During what hours is support available?	
Is there an hourly rate for every service call?	
At what point do charges start to incur? Are charges estimated and approved by client before work is completed?	
Describe your telephone support.	
Describe your email support.	
Where is your technical support staff located? Are they off-shore?	
Describe your normal support terms for priority level and response time.	
Please provide as an appendix your normal Service Level agreement terms.	
Estimated Cost/Contract Terms (Section 6 Begins)	
One Time Fees	
One time implementation fees:	
Training fees:	
Consulting fees:	
Ongoing annual costs (include all fees for maintenance, support, use, access, etc.)	

Yearly support and license fees after implementation.	
Please provide your policy regarding price increases.	
Are discounts provided for multiple year contracts?	
Contract Terms	
Please provide a copy of the contract as an appendix.	
Provide your product and services warranty.	
How are changes or addendums to original contracts handled?	
Provide a list of references and their contact information.	

Thank you for taking the time to complete our RFP. Your feedback is instrumental in ensuring the Foundation is offering the most innovative solutions available.