

Department of Human Services

Pennsylvania Patient and Provider Network (P3N) Draft Technical Submittal Requirements

Request for Information (RFI)



Date: January 8, 2020

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PART 1. General Information

1.1 Purpose of this Request for Information

The Pennsylvania Department of Human Services (“DHS” or “Department”) Shared Services for Health and Human Services, Bureau of Procurement & Contract Management, issues this Request for Information (“RFI”) to gather input and information concerning the continuation and expansion of the federated health information exchange (“HIE”) in Pennsylvania, through the Pennsylvania Patient and Provider Network (“P3N”) and the Pennsylvania Public Health Gateway (“PHG”).

Specifically, this RFI seeks information to assist the Department in developing the technical specifications for the potential replacement of the P3N infrastructure and incorporation of the PHG. Through this RFI, the Department seeks to become aware of and knowledgeable about industry advances and options for providing federated HIE services and public health reporting services for Pennsylvania.

The Department encourages interested parties to provide feedback in response to this RFI or any part of it. A respondent may respond to all or any of the specific questions or topics included in this RFI.

1.2 Request for Information Timeline

Event	Date
Release RFI	January 8, 2020
RFI Responses Due	February 10, 2020

The Department is requesting that all responses to this RFI be submitted by 12:00 p.m. on the due date. Responses must be submitted electronically to the following email account with “P3N Re-Procurement RFI” in the email subject line: RA-PWRIFICOMMENTS@PA.GOV .

While the Department does not intend to respond to questions or clarifications during the RFI response period, vendors may submit administrative questions related to this RFI electronically to: RA-PWRIFICOMMENTS@PA.GOV using “P3N Re-Procurement RFI” question” in the email subject line. The Department may or may not respond based on the nature of the question. The Department will post all answers provided online at: <http://www.emarketplace.state.pa.us>.

1.3 Disclaimers

The Department is not liable for any costs or expenses incurred by respondents in the preparation of responses related to this RFI.

This RFI is issued for information and planning purposes only and does not constitute a solicitation for future business, an offer for procurement, or any other type of current or future procurement action and is only intended to gather information and input. The Department will not award an agreement on the basis of this RFI or otherwise pay for any of the information received.

The Department may use the information gathered through this process in the development of future procurement documents; however, the Department does not guarantee that this will occur. The Department will not return responses to this RFI. Respondents will not be notified of the result of the review, nor will they be provided copies of it. If the Department issues a procurement document, no respondent will be selected, pre-qualified, or exempted based on its participation in this RFI process.

Respondents should be aware that the responses to this RFI will be public information and that the Department will not honor any claims of confidentiality, including designations of material as confidential, proprietary or trade secret protected. All responses are subject to a request for public records made under the Pennsylvania Right-to-Know-Law, 65 P.S. § 67.101, et seq., and are subject to disclosure thereunder. The Department is not requesting, and does not require, confidential, proprietary information, or other competitively sensitive information to be included as part of the RFI submission. Ownership of all data, material and documentation originated, prepared, and provided to the Department during this RFI process will belong exclusively to the Department.

PART 2. Background

2.1 Background Information

The P3N is required in support of Act 76 of 2016, where the Pennsylvania eHealth Partnership Program (“eHealth Partnership”) was created within DHS. Concurrent with the passage of Act 76, Act 121 of 2012 was repealed, and the independent Pennsylvania eHealth Partnership Authority (“Authority”) and its governing board were disbanded. All the programmatic responsibilities of the Authority transitioned into DHS’ Pennsylvania eHealth Partnership Program in the Office of Medical Assistance Programs (“OMAP”).

2.1.1 How HIE is Structured in Pennsylvania

HIE in Pennsylvania occurs locally within physician practices, health systems, and other provider organizations through their own electronic health records (“EHR”) systems. HIE occurs regionally when providers connect to a network known as a health information organization (“HIO”) through which HIO-connected providers can access clinical information about their patients from other providers connected to that same HIO. Statewide HIE is enabled when HIOs connect to the P3N through which HIO-connected providers can securely access clinical information about their patients from other providers connected to any P3N HIO. Additionally, the P3N enables care alerts to be sent to a provider when one of their patients receives care by a provider connected to a another P3N HIO. P3N HIOs can also offer their members access to six public health registries through the PHG.

2.1.2 P3N Interoperability Infrastructure

The P3N interoperability infrastructure is comprised of tools and services that support and enable a federated model for secure exchange of health information. The P3N facilitates the secure passing of information throughout the Commonwealth and can enable the secure exchange of health information

among other states and the federal government. The primary objectives are to improve healthcare quality and efficiency, maintain patient safety, and provide secure, confidential access to information for making the best possible health decisions.

IBM Watson Health provides DHS with the P3N interoperability infrastructure, which includes the following services:

Provider Directory – Health Providers, Individual & Organization.

Master Patient Index – Patient IDs and Demographics.

Record Locator Service – Clinical Document Metadata and Repositories.

Opt-out Registry – Citizens can opt-out of sharing across the P3N.

Encounter Notification Service – Emergency Department Encounters shared across HIOs with standard Admission, Discharge, and Transfer Messages.

Advance Care Planning Documents (ACPD) Registry – Will provide a state-wide centralized ACPD registry available to all healthcare providers in Pennsylvania for Medical Assistance (MA) patients initially.

Care Plan Registry – Will provide a state-wide centralized care plan registry available to healthcare providers and payers in Pennsylvania for MA patients initially. (Expected 1st Qtr. 2020)

2.1.3 PHG Infrastructure

The PHG was established to enable healthcare providers to submit health information to the Commonwealth via a single point of entry in a secure and efficient manner. The objective of the PHG is to collect information that will help providers and hospitals meet the Pennsylvania Medical Assistance Promoting Interoperability Program requirements and to expand the electronic collection of public health data. The PHG infrastructure is hosted and maintained by the commonwealth and is currently separate from the P3N infrastructure. The Department requires the current PHG to be transitioned to and integrated with the new P3N infrastructure. The PHG allows providers that are connected to a P3N HIO to submit information to, and in some cases retrieve information from, six public health registries: Pennsylvania Cancer Registry, Pennsylvania Electronic Lab Reporting; Pennsylvania Statewide Immunization Information System (“PA SIIS”); Pennsylvania Prescription Drug Monitoring Program (“PDMP”); Pennsylvania Syndromic Surveillance; and the DHS Electronic Clinical Quality Measures. PHG connections to PA SIIS are bi-directional and the PDMP is query-only.

2.2 Vision

Electronic HIE enables initiatives striving to improve patient experience, population health, and healthcare cost. DHS is seeking information to assist in the establishment of a statewide interoperable system for participating organizations to electronically move health information in a manner that enables the secure and authorized exchange of health information to provide and improve care to patients.

2.3 Mission

The Department intends to replace the legacy P3N with one that provides a foundation for future HIE in Pennsylvania. The Department has considered requirements included within nationwide initiatives such as the Trusted Exchange Framework and Common Agreement (“TEFCA”) and US Core Data for

Interoperability (“USCDI”). Both TEFCA and USCDI are resulting initiatives from the 2016 21st Century Cures Act and are drivers for the Department’s next P3N system.

TEFCA includes policies and standards that build from existing health information network capabilities to enable a single “on-ramp” for providers, hospitals, and other healthcare stakeholders to participate in HIE independent of where clinical data resides. It also allows for connection and participation in nationwide HIE. USCDI was introduced in February 2019 when Office of National Coordinator for Health Information Technology (ONC) released a Notice of Proposed Rulemaking to Improve Interoperability of Health Information. USCDI specifies a common set of data classes to provide a minimum baseline of data classes that must be commonly available for interoperable exchange.

The Department intends to utilize the P3N and its certification program to satisfy requirements introduced by TEFCA. It is the Department’s intention to apply as a Qualified Health Information Network (“QHIN”). Incorporated in the Department’s requirements included in the attached Technical Submittal are QHIN requirements for Targeted Query, Broadcast Query, and Clinical Data Push.

Nationwide initiatives are influencing what is expected from HIE today and in the future. Examples include introducing additional requirements on clinical data and patient demographics to include items such as pediatric vital signs, clinical notes, data provenance, and patient addresses and phone numbers. Security labeling of clinical data is required to be more granular than what is available in the P3N legacy system to enable sharing of Super Protected Data (HIV/AIDs, Drug/Alcohol treatment, Mental Health treatment) when authorized by the patient. Fast Healthcare Interoperability Resources (FHIR) application programming interfaces are required to share discrete clinical data and standardize patient’s mobile access to their medical records. The purpose of use to exchange and share clinical data will extend beyond treatment, payment, and operations to include patient access, benefits determination, quality reporting, and public health reporting.

2.4 Objectives

The Department’s objectives for the P3N and PHG are to:

- Engage all providers in robust health information exchange;
- Increase the speed and accuracy of diagnosis for individuals and populations;
- Alert providers and care teams to an admission of patient;
- Reduce readmissions and redundant tests by sharing patient information and care plans with other providers and payers who care for the same patients; and
- Increase patient satisfaction by reducing the time spent in the healthcare system and eliminating frustrating duplication.

2.5 Strategies

To operationalize its objectives, the Department is interested in supporting the following strategies:

- Improve upon existing services by leveraging other state services and resources;

- Expand the coverage area of providers exchanging data;
- Increase bi-directional access to public health reporting registries;
- Provide improved analytics to better support performance measurement and quality reporting;
- Enhance the types of patient data exchanged;
- Update the certification program to better serve all current and new participants;
- Offer expanded system access to patients and providers; and
- Expand exchange capabilities to include external state and federal partners.

PART 3. Request for Information Submission Format

Through this RFI, the Department is soliciting information and comments regarding the potential Technical Submittal that is being considered including for a potential future RFP. The draft Technical Submittal, which is attached as Appendix A, provides certain specifications that the Department is contemplating for the P3N. All interested respondents are asked to respond in writing to this RFI, in accordance with the response format outlined below.

3.1 Response Submission

Please prepare responses simply, providing straightforward and concise language and descriptions. All responses should be produced in Arial 12-point font. Please limit your response to no more than 20 pages, not including the cover letter or attachments. Please refrain from sending marketing materials to the Department.

3.2 Cover Letter

Please include a cover letter with the following information:

1. An introduction to the respondent or respondent's organization, background, and interest in the HIE.
2. General information about the respondent and respondent's organization, including: Name, Address, Point of Contact for this RFI with a telephone number and an e-mail address.

3.3 Conceptual Solutions and Strategies Response

The following provides a suggested structure for a response to this RFI. The Department welcomes comments on any section of the draft Technical Submittal. To minimize the effort required to develop and analyze submitted responses, the Department is particularly interested in comments on the following:

1. The Transition from the legacy system as outlined in Section I-7.A.1. of Appendix A. Explain the reasoning underlying your comments.

2. The Department's Program Management requirements provided in Section I-7.A.2 through 14 of Appendix A. Include any comments regarding how well the Program Management requirements fit the scope of effort. Explain the reasoning underlying your comments.
3. The Department's system Requirements as outlined in Sections I-8.A through I-8.P of Appendix A. Explain the reasoning underlying your comments.
4. The Department's HIPAA and Security Breach requirements as outlined in Section I-8.T of Appendix A. Explain the reasoning underlying your comments.
5. The Department's Reports and Program Control requirements as outlined in Section I-9 of Appendix A. Explain the reasoning underlying your comments.
6. The Department's proposed Performance Standards as shown in Section I-10 of Appendix A. Explain the reasoning underlying your comments.