Connect2 Community Network

Unified Network Infrastructure

Request for Proposals

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Objective

[HealthierHere](#) is bringing together community-based, social service, tribal, governmental, physical health, and behavioral health organizations to accelerate the infrastructure necessary for coordinated whole-person care. The [Connect2 Community Network](#) is a community information exchange (CIE) that aims to strengthen care coordination in our region by enabling information sharing among new and existing systems used by these organizations.

The purpose of this Request for Proposals (RFP) is to identify and select a vendor or vendors to build and operate the Connect2 Community Network's Unified Network Infrastructure (UNI) as a managed service. The UNI will serve as a "network of networks" connecting technology platforms used by organizations participating in the Connect2 Community Network. We aim to implement the core infrastructure and integrate the technology platforms of at least two participating organizations by the second quarter, 2022. The UNI must meet stringent client privacy requirements and operate with a sustainable fee structure.

There are no incumbents for the prime contractor or other potential roles. This is the only RFP for the UNI – no additional RFPs per role or per component are planned.

Background

Brief Overview of HealthierHere

HealthierHere is a nonprofit organization dedicated to improving the health and well-being of people in King County, WA through innovative, cross-sector collaborations. As the contracted Accountable Community of Health (ACH) for the most populous county in Washington State, HealthierHere seeks to improve health outcomes for over 400,000 Medicaid lives. We lead the region's Medicaid Transformation Project and serve as a convener of the region's healthcare and social service providers, including hospital systems, federally qualified health centers (FQHCs), behavioral health agencies, tribal health providers, and community-based organizations. Please see the [HealthierHere website](#) for information about our cross-sector Governing Board, the breadth of our work and partnerships, and our impact.

Brief Overview of Connect2 Community Network

Over the past two years, HealthierHere has been leading the co-design of the Connect2 Community Network together with 100+ clinical and community organizations. The aim of the Connect2 Community Network is to improve information sharing and collaboration for a healthier, more equitable community. The Connect2 Community Network is built on relationships and enabled by technology. Social service, community, tribal, government, and physical and behavioral health organizations gather to deepen trust and work towards the common goal of health equity.

Our diverse cross-sector group developed a shared vision to:

> Strengthen the coordination of care for those in need by connecting people, service organizations, and community partners more quickly and effectively – resulting in a healthier, more equitable community for all.

Financial support is currently provided by HealthierHere's Medicaid Transformation Project, Kaiser Permanente of Washington, and the King County Veterans, Seniors, and Human Services Levy, with a goal of long-term sustainability as a public utility.

Please refer to the Connect2 Community Network Plan (the "Plan") for further information on the potential use cases, participants, data requirements, privacy requirements, architecture, and operational vision of the Connect2 Community Network.

Request for Proposals Overview

This Request for Proposals is a milestone in the implementation of the UNI. The UNI is the central hub that performs three primary functions:

1. Collect, store, and appropriately share data (client-specific and network specific data);
2. Normalize and manage the shared data; and
3. Facilitate interoperability among technology platforms used by participating organizations and other CIEs operating in King County.

Our partners have prioritized the ability to share information on community resources and, with client authorization and security protections, appropriate client information to better serve community members. This information currently resides in segmented and siloed technology platforms, such as electronic health records used by physical and behavioral health organizations, case management systems and other tools used by social service and community-based organizations (CBOs), and enrollment systems used for government programs and supports (veterans, housing, food, financial, and other programs).

Bi-directional, closed-loop referrals is one of several priority functions, and the UNI must have the ability to share information across multiple referral platforms in use by CBOs, emergency medical services (EMS), health systems, and managed care organizations. This is not an RFP for a referral system. This RFP is for a system that enables the sharing of information across multiple technology platforms, some of which may be referral systems, and provides among other capabilities the ability to make referrals across multiple technology platforms.

The initial functionality is to share data across technology platforms, such as:

- Resource lists (services, organizations, locations, eligibility criteria, etc.);
- Client service referrals between different technology platforms;
- Specific client information, but only as necessary to support specific services and care;
- Information on a client's care team to support specific services and care; and
- Longitudinal record of services requested for and received by a client.

The UNI must be flexible, expandable, and durable to support a multi-year roadmap of expanding functionality and integrations. Future functions that will be added over time may include client and caregiver access to search for services and make self-referrals, configurable notifications, and alerts of key changes in client status, and collaborative shared care planning where the client and users from multiple organizations contribute to one shared and continuously updated plan.

Privacy and security are critical to all stakeholders, including community members (clients), individual users, participating organizations, operators, and funders of the network. To enable appropriate information sharing, the UNI will store and share confidential personal information about clients, some of which may be subject to protections under the Family Educational Rights and Privacy Act (FERPA), and potentially their health information shared by partners that is subject to the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA), federal 42 CFR Part 2 Confidentiality of Substance Use Disorder Patient Records, State of Washington privacy protections in General Privacy Requirements (RCW 70.02 et seq.), Sexually Transmitted Diseases (RCW 70.02.220), Mental Health Services (RCW 70.02.230), Minor Mental Health Services (RCW 70.02.240), and potentially additional information security policies and regulations (depending on the information and contributing organization type). All functions and system operation and support must be performed securely and respecting and protecting client privacy in alignment with the Connect2 Community Network Privacy Policy and in compliance with all applicable federal, tribal, state, and local regulations.

Client information is collected and used within the UNI and shared by the UNI with network partners only as authorized by clients and in accordance with the Connect2 Community Privacy Policy. Aggregated client information must be accessible by the Connect2 Community Network to inform continuous improvement efforts. Data must be easily extracted directly into industry-standard formats (CSV at a minimum) by users authorized and designated by the Connect2 Community Network without the need to go through vendor personnel.

The period of performance for the contract awarded as a result of this RFP is anticipated to be for three (3) years, with each year renewable in one (1) year increments effective upon signature of an Agreement by both parties, unless terminated earlier.

Proposal Approach

This is a two-phase RFP.

In Phase 1, qualified and eligible organizations are invited to respond to an initial set of questions and provide a cost proposal. Phase 1 responses will be evaluated, and the top proposals will be invited to participate in Phase 2.

In Phase 2, invited respondents will be asked to answer a more in-depth set of questions, some specific to the Phase 1 proposal submission, and to participate in a demonstration of your solution capabilities using your proposed products and components.

Proposal Timeline

All RFP respondents must commit to implementation of successful data exchange (see Scope of Work section) between two technology platforms by June 30, 2022, or sooner.

RFP Phase 1 release date	August 2, 2021
Optional, Recommended Bidders Conference (Register here)	August 11, 2021 11:00 am – noon Pacific Time
Questions due	August 13, 2021 (by 5:00 pm Pacific Time)

Email questions to Lisa Watanabe, lwatanabe@healthierhere.org Responses will be posted by August 23	
RFP Phase 1 proposals due Respondents must return both templates and Mutual Non-Disclosure Agreement (NDA) ([link to Technical Proposal Template](#)) ([link to Cost Proposal Template](#)) ([link to Request NDA](#))	September 13, 2021 (by 5:00 pm Pacific Time)
RFP Phase 2 respondents notified	November 1, 2021
RFP Phase 2 evaluation period: • Detailed technical Q&A (2 hours) • Presentation/ demo (2 hours) • Customer reference checks • Due diligence	Through December 10, 2021
Best and Final Finalize options, vendor Q&A in support of recommendation to Advisory Group	Mid December 2021
Notification of Award / Contracting Begins	Late January 2022

Proposal Evaluation Overview

A Recommendation Team, comprised of HealthierHere staff and Connect2 Community Network participants and stakeholders, will review proposals. Respondents that **exceed page count limits** or do not follow RFP instructions (do not follow response format, do not use provided templates, miss deadline, etc.) will not be evaluated. The Recommendation Team, via the Project Manager, may request that applicants answer clarifying questions during the evaluation period. Members of the Recommendation Team will be required to sign the HealthierHere Non-Disclosure Agreement (NDA) and will keep vendor responses confidential.

RFP Phase 1

The following is a high-level overview of Phase 1 areas of evaluation and preference. More details can be found below in the Scope of Work section and within the Microsoft Word response template.

- Strength of proposed design of UNI that enables initial and future functionality.
- Utilization of commercially available, off-the-shelf, configurable, and supported product(s) in solution to avoid/ minimize ongoing development and maintenance of custom code.
- Strength and feasibility of implementation plan to deliver or exceed minimum functionality by June 30, 2022, and a timeline to deliver functionality as marked in the "By 12/2022" column. See Scope of Work below.
- Record of successful implementations of similar scale and complexity. Demonstrated understanding on how to right-size effort and engagement of Connect2 Community Network partners and stakeholders in implementation. (See Appendices C, E, F in Plan to for snapshot of partners and stakeholders.)

- Demonstrated competency and experience in designing, implementing, securing, managing, and operating similar systems with sensitive information being shared, with client authorization, with system users at a wide diversity of organizations (from small nonprofits that may lack IT staff to large health systems). Demonstrated ability to meet security and privacy requirements with maintainable solution.
- Sustainable total cost of ownership. Clarity and specificity of the cost components, operations, and options.
- Supplier/ supplier team commitment to equity. (See response template.)
- Readiness and capacity to design, implement, and operate a system of this scale and complexity in requested timeframe as evidenced by team capacity, depth, and strength.
- Prime contractors with full team to deliver all requested services will receive bonus points during evaluation.

RFP Phase 2

Respondents that are invited to participate in Phase 2 will receive additional instructions upon notification. Phase 2 evaluation will include Phase 1 criteria plus, and not limited to, the following:

- Performance during demonstration with Connect2 Community Network Recommendation Team
- Ability to address questions and concerns in all areas, including privacy, security, technical, operations
- Strength of reference checks
- Strength of proposed implementation team members
- Results of organizational due diligence
- Final and best offer

RFP Phase 1 Instructions

The following are instructions for RFP Phase 1 participants.

1. Use the templates to respond (see links below). Proposals that do not comply with the indicated page limits will not be evaluated. Concisely highlight what makes your organization, RFP partners, and RFP solution uniquely superior compared to other proposals.
   a. Link to Technical Proposal Template
   b. Link to Cost Proposal Template
2. Sign the HealthierHere Mutual Non-Disclosure Agreement (NDA).
   a. Link to Request NDA
3. Email completed templates in template format (Word and Excel) to Lisa Watanabe, lwatanabe@healthierhere.org, no later than 5:00 pm Pacific Time on September 13, 2021. Acknowledge of receipt will be provided.

References:

- The Connect2 Community Network Plan.
- The sections below:
  - Scope of Work described below for minimum functionality, dates, and sizing.
  - Roles

While unlikely, HealthierHere reserves the right to modify or terminate the RFP process at any time. HealthierHere may amend or modify the project scope of services prior to the award of contract, reject any and all proposals submitted (and rebid, if necessary), accept any or all proposals submitted, negotiate with any qualified source, or cancel, in part or in its entirety, this RFP if it is in the best interest of HealthierHere and/or Connect2 Community Network stakeholders.

Scope of Work

This describes the minimum viable product (MVP) to be live by June 30, 2022, and the functions to be live shortly thereafter. HealthierHere anticipates that there may be adjustments to the planned timeline for award and/or in finalizing the contract. Bidders should assume a contract start date in the first part of 2022, and a goal of implementing the MVP by six months following contract start, with other components listed in "Functions to be implemented over time" by twelve months following contract start. Bidders are encouraged to state any additional assumptions in their response to question 9 of the RFP Phase 1 Template, space permitting.

Functions to be implemented over time

	MVP ~~3~~6/2022	By ~12/2022	Future
Resource Directory: Capability to receive a directory of services submission (service, organization, location, hours, etc.) from third party technology platforms via one or more APIs/ETL, normalize input to a standardized data model, and store an aggregated, shared resource directory	✓		
Resource Directory: Capability to share an aggregated resource directory (service, organization, location, hours, etc.) with third party technology platforms via one or more APIs/ETL	✓		
Resource Directory: Successful exchange of resource directory data with at least one third party technology platform submitter and one third party platform consumer	✓	Additional tech^{Error! Bookmark not defined.} platforms	
Resource Directory: User interface to enable download of the resource directory by approved organizations		✓	
Client Demographics: Capability to receive client demographics (name, contact information, etc.) from third party technology platforms via one or more APIs/ETL, normalize input to a standardized data model, and store an aggregated, shared client index		✓	
Client Demographics: Capability to query for and retrieve client demographics via third party technology platforms via one or more APIs/ETL		✓	
Client Demographics: Successful exchange of client demographics with at least two third party technology platforms		✓	
Care Team: Capability to receive care team information (provider name, organization, specialty/service, contact information, etc.) associated with a client from third party technology platforms via one or more APIs/ETL, normalize input to a standardized data model, and store an aggregated, shared care team for that client		✓	
Care Team: Capability to query for and retrieve a client's care team via third party technology platforms via one or more APIs/ETL		✓	

	MVP ~36/2022	By ~12/2022	Future
Care Team: Successful exchange of client care teams with at least two third party technology platforms		✓	
Referrals: Capability to receive, translate, and route bidirectional closed-loop referrals from one third party technology platform to another via one or more APIs		✓	
Referrals: Exchange of bidirectional closed-loop referrals with two third party technology platforms via API, with translating format as necessary		✓	
Consent management (client authorizations, organization and user agreements): Ability to: record what client/patient has authorized to share with whom, including additional levels of permission (e.g., HIV status, mental health diagnosis and treatment, alcohol and drug abuse diagnosis and treatment, other data deemed sensitive per governance); tie authorization to specific data fields and manage access accordingly; track expiration of authorization; capture and store authorization in multiple HIPAA-compliant formats (e.g., scanned document, web-based form); generate viewable and printable versions; enable revocation and renewal of authorization; support verification of identity; provide options to support people with disabilities and those requiring parent or guardian consent.	✓	Fully implemented[1]	
Main[2] data management: normalize input to a standardized data model, and store as appropriate to support initial and future functions (client, user, organization, etc.), business rules, regulations	✓	Fully implemented	
Access management: system-level access management to support initial and future functions (client, user, organization, etc.), business rules, regulations. Note in response if individual-level or other model of access management is recommended and why.	✓	Fully implemented	
Access management: user-level access management (user IDs and log-in credentials) for user interfaces to shared data, such as the resource directory		✓	
System administration: tools, processes, training to enable operation and support. Monitoring tools and processes to maintain uptime and to support organizations/users. Reports to manage network and data access including, but not limited to: access logs, access log per client, activity logs. Please see desired service levels in the RFP Phase 1 template.	✓	Fully implemented	
Security management: well-established and maintained processes and technologies, for example, monitoring security of the network, an incident response plan.	✓	Fully implemented	
Aggregated data for analysis and use for network operations, evaluation, and governance to assess community impact, network performance and to review gaps for continuous improvement. Comprehensive data sets must be easily and directly downloadable in industry-standard formats (CSV at a minimum) by HealthierHere (or specified contractor) on a periodic basis, as frequently as weekly, for offline analysis.	✓	Fully implemented	

[1] The June 30, 2022, deliverable may require some level of operation of the listed function. If additional work is required for this function to support all 2022 and future use cases, that work should be completed by the end of 2022 to be "fully implemented."

[2] Vetted source

	MVP ~36/2022	By ~12/2022	Future
De-identified disaggregated data is required for assessment of equitable delivery of services. Comprehensive data sets must be easily and directly downloadable in industry-standard formats (CSV at a minimum) by HealthierHere (or specified contractor) on a periodic basis, as frequently as weekly, for offline analysis.		Fully implemented	
Quality Assurance and **Quality Improvement** processes and capacity to ensure and maintain client privacy, data integrity, and system and operational efficiency.		Fully implemented	
Client Longitudinal Record: A client-centric consolidated record of the services which were requested for and delivered to a client as a historical record that can be leveraged in providing future services.		✓	
Client Access and authorized caregiver access to search services and make self-referrals, and potentially access their own information, care team, and longitudinal record.			✓
Configurable Notifications and alerts of key changes in client status			✓
Collaborative Shared Care Planning: Allowing client and users from multiple organizations to contribute to single, continuously updated plan.			✓

Respondents are asked to design and describe a solution that meets HealthierHere goals and delivers the functions above. HealthierHere has not determined a required architecture for the solution, and detailed requirements have not been developed. The scope of work will include:

- Requirements discovery
- Solution design
- Implementation of the solution
- Testing of the implementation, including support of user-acceptance testing
- Integration with HealthierHere partner systems
- Hosting and ongoing operation of the solution
- Maintenance of the solution

Not in Scope

At this point in time, the following are not in scope for the purposes of this RFP:

- User/Provider-facing functions and User Interface, except as required for:
    - Download of resource directory (see Scope of Work)
    - Status of client authorization and ability to print a copy of signed authorization
    - System operation and administration.
- Client-facing functions and client User Interface: view/edit own record and profile, self-assessment, self-serve account management, view/edit shared care plan.

Note that some of these functions may be present within the technology platforms that the UNI integrates.

Solution sizing

In order to support different types of pricing models, we are providing the following high-level estimates to use for cost estimation. It is difficult to accurately estimate use of the Unified Network Infrastructure. Following are notional estimates by the end of the year shown:

	2022	**2023**	**Year 5**
Number of technology platforms, some of which may only contribute to or consume shared data	3	6	10
Number of users that may download resource directory data and/or manage client authorizations through the portal portion of the solution.	400	800	1,600
Number of clients / patients in the Client Index	3,000	10,000	50,000

In the cost proposal template, vendors must make HealthierHere aware of any thresholds or other key considerations that impact pricing and costs.

Roles

- There are no incumbents. A number of roles are required to build and support the UNI. HealthierHere prefers to sign a contract with a single prime contractor that can deliver the entire solution. The prime contractor will assemble subcontractors to fill gaps as it is unlikely that a single vendor can deliver all of the technology and services required to design, build, integrate, operate, and maintain the UNI in alignment with best practices in privacy, security, and enterprise support. Potential roles and high-level descriptions might be:

- **Prime contractor**: Manages all aspects of UNI, including design, technology component purchase agreements, system implementation and integration, security oversight and management, and ongoing operations and support, and holds subcontracts and/or purchase agreements with other members of the team and technology vendors. Organizations that have proposed to be a prime contractor with a complete team which they have assembled as part of the bid will receive bonus points during evaluation. Prime and/or System Integrator will develop documentation, tools, processes, training to enable ongoing operation and support.

- **Technology vendor(s)**: these organizations provide products and services, for example, main data management, consent management, integration framework. The desire is to meet requirements and keep maintenance costs low, which may require simple configuration only (avoid customization).

- **System integrator**: this organization integrates the technology components and services to create a working whole. If there is no prime, this role will be responsible for design, implementation, integration, test, go live, handoff to and support for Managed Services/ Operator. In addition to product and service configuration, some software development may be required. The desire is to meet requirements while minimizing custom software development. The System Integrator will manage any/all required software development. The Prime and/or

System Integrator will develop documentation, tools, processes, training to enable ongoing operation, support, and future enhancement.

- **Managed Services/ Operator**: this organization manages the system's implementation, deployment, operation, and maintenance, including, but not limited to, user administration and support, application of technology component upgrades and fixes, management of client and partner authorization. HealthierHere does not have in-house Information Technology staff and is looking to outsource ongoing operations of the UNI. Expected Service Levels and capabilities include:

  o Business hours defined as M-F, 9:00 am – 5:00 pm Pacific
  o Organization/user support: 2-hour response time during business hours
  o Availability 24 hours a day, 7 days a week; respondent may propose a specific availability Service Level Agreement
  o Maintenance: Monitor and apply key updates. Perform maintenance of system components and infrastructure outside of business hours.

Primary Contact

Lisa Watanabe, Project Manager, HealthierHere
lwatanabe@healthierhere.org