STATE OF NORTH CAROLINA **Department of Health and Human Services** **Division of Health Benefits**	**REQUEST FOR INFORMATION NO**. 30-2025-034-DHB
	Issue Date: July 24, 2025
	Due Date: August 25, 2025
Refer <u>ALL</u> Inquiries regarding this RFI to: Michael.c.brown@dhhs.nc.gov Medicaid.Procurement@dhhs.nc.gov	Commodity Number: 811620
	Description: Digital Quality Measurement Solution
	Using Agency: NC Department of Health and Human Services, Division of Health Benefits

This Request for Information ("RFI") is available electronically on the North Carolina electronic Vendor Portal ("NC eVP") at https://evp.nc.gov/.

The purpose of this RFI is to survey the market for information requested herein and <u>not to award a contract</u>. Submission of a response does not create an offer, and no award will result by submitting a response.

The State recognizes that considerable effort may be required in preparing a response to this RFI. However, the Respondent shall bear all costs for preparing and submitting a response. Information obtained through this RFI process may be used to develop a future solicitation.

Responses to this RFI will be received until 2:00 p.m. EST, August 25, 2025.

EXECUTION

RESPONDENT NAME:	E-MAIL:	
STREET ADDRESS:	P.O. BOX:	ZIP:
CITY & STATE:	TELEPHONE NUMBER:	TOLL FREE TEL. NO:
TYPE OR PRINT NAME & TITLE OF PERSON SIGNING:	FAX NUMBER:	
AUTHORIZED SIGNATURE:	DATE:	

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SECTION I. RESPONDENT QUESTIONS, RESPONSE INSTRUCTIONS, AND CONFIDENTIALITY

A. Anticipated Schedule

The Department Contract Specialist will make every effort to adhere to the following schedule.

Action	Responsibility	Date	Time (EST)
RFI Issued	Department	July 24, 2025	
Responses Due	Respondent(s)	August 25, 2025	2:00 pm

Table 1 – Anticipated Schedule

B. Instructions for Developing Responses

When developing Responses to this RFI, the Respondent should consider the following:

1. Read and carefully review all Sections of this RFI.
2. Prepare responses in a straightforward and detailed manner. Responses are to be submitted to the Department according to the instructions found on the cover page of the RFI and this Section II.
3. Complete the Execution section on Page 1 of this RFI and number the pages in the responses.
4. Clearly identify the specific question, section, and subsection number(s) or other identifier that corresponds with each response. This allows the Department to clearly understand the specific questions or items addressed. To the extent possible within each section of the response, the items should be addressed in the order in which they appear in the RFI.
5. Provide detailed information in a format that may include a narrative, exhibits, charts, tables or other artifacts that support the response.
6. Responses to all questions and items within the RFI are encouraged but there is no obligation to do so.
7. The Department reserves the right to contact any Respondent and request additional information. Include the contact information for the individual(s) best suited to engage with the Department.

C. Instructions for Submitting Responses

1. Respondent must submit its response to this RFI via the Ariba Sourcing Tool by the specified time and date provided in the Anticipated Schedule.
2. When submitting a response, include all pages of the RFI, a completed and signed EXECUTION Section on page 1, and responses to the requested information contained in Section IV.
3. The following copies are required to be provided to the Department in response to this RFI:
   a. One (1) electronic copy of the signed, completed response identified as **RFI 30-2025-034-DHB - Respondent's Name**.
   b. One (1) electronic copy of a redacted response in accordance with Chapter 132 of the North Carolina General Statutes, the Public Records Act, identified as **RFI #30-2025-034-DHB-Respondent's Name - Redacted**. For the purposes of this RFI, redaction means to edit a document by obscuring or removing information that is considered confidential and/or proprietary by the Respondent and that meets the definition of Confidential Information set forth in G.S. 132-1.2. Any information removed by the Respondent should be replaced with the word, "Redacted." If Respondent's response does not contain Confidential Information, the Respondent must submit a

signed statement to that effect identified as **RFI #30-2025-034-DHB - Respondent's Name - Statement of Confidential Information.**

4. The electronic copies of the response must not be password protected.
5. The electronic copies of the response must be in PDF format.

For training on how to use the Ariba Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Respondents should go to the following site: https://eprocurement.nc.gov/training/vendor-training.

Questions or issues related to using the Ariba Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM EST to 5:00 PM EST.

D. Notice Regarding Confidentiality

1. Per NCGS 132-1, et seq., information or documents provided to the Department in response to this RFI are Public Record and subject to inspection, copy and release to the public unless properly marked and exempt from disclosure by statute, including, but not limited to, NCGS § 132-1.2.
2. As provided for in the North Carolina Administrative Code (NCAC), including but not limited to 01 NCAC 05B .0103, 09 NCAC 06B .0103 and 09 NCAC 06B .0302, all information and documentation whether electronic, written or verbal relative to the development of a contractual document for a proposed procurement or contract shall be deemed confidential in nature. In accordance with these and other applicable rules and statutes, such material shall remain confidential until the award of a contract or until the need for procurement no longer exists. **Any proprietary or confidential information, which conforms to exclusions from public records as provided by NCGS § 132, must be clearly marked as such within each page containing the trade secret or confidential information, and identified in boldface as "CONFIDENTIAL." If only a portion of each page marked "CONFIDENTIAL" contains trade secret information, the trade secret information shall be designated with a contrasting color or by a box around such information. In addition to marking confidential information as required by NCAC 05B.0103, confidential pages or portions of the response shall be reflected in the redacted copy identified as RFI 30-2023-034 - Respondent's Name – Redacted.** By submitting a redacted copy, the Respondent warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors that the portions marked confidential and redacted meet the requirements of NCGS §132. The Respondent must identify the legal grounds for asserting that the information is confidential, including the citation to state law.

SECTION II. RIGHTS AND OBLIGATIONS

A. Rights to Submitted Material

All responses, inquiries or correspondence relating to or in reference to this RFI, and all documentation submitted by the various Respondents shall become the property of the Department when received. Ideas, approaches, and options presented by Respondents may be used in whole or in part by the State in developing a future solicitation should the Department decide to proceed with a solicitation. Further, combinations of ideas from various Respondents may also become part of a solicitation, based on consideration of various RFI submissions and the needs of the Department, which may differ from any single Respondent's experience in other places.

B. Obligations of the State

The Department may choose to issue a solicitation for the procurement of a solution. However, this RFI is not a guarantee that a solicitation will be issued for any or all of the services or systems referenced herein, about which ideas and approaches are being sought. As provided in Section I.D of this RFI, information submitted by Respondents for this RFI will remain confidential until after the award of any solicitation or until the State decides not to issue a solicitation.

SECTION III. DIGITAL QUALITY MEASUREMENT TOOL SOLUTION

A. Background and Program Information

CMS has a goal to transition to Digital Quality Measures (dQMs) by 2030 for all quality measures used in its reporting programs. These dQMs utilize standardized digital data from one or more sources of health information that are captured and exchanged via interoperable systems; apply quality measure specifications that are standards-based and use code packages; and are computed in an integrated environment without requiring additional effort. dQMs expand upon the Electronic Clinical Quality Measures (eCQMs) commonly used in CMS reporting programs. While eCQMs use data from Electronic Health Records (EHRs), dQMs use data from an array of electronic sources (e.g., EHRs, claims data, HIEs). NC Medicaid currently partners with the North Carolina Health Information Exchange Authority (NC HIEA) to leverage clinical data from NC HealthConnex as supplemental information for its largely administrative-based and electronic clinical quality measures.

Solution: As the industry moves to dQMs, NC Medicaid requires a platform capable of applying quality measure logic in near real-time and produce results for NC Medicaid, the Medicaid Managed Care Plans, and provider organizations/health systems that can be used for reporting (e.g., CMS Core Set, HEDIS), population health, and care gap closure. This solution must leverage Fast Health Interoperability Resources (FHIR) as the common data model and use machine-readable measure logic (e.g., Clinical Quality Language (CQL)).

B. Purpose of the RFI

The purpose of the RFI is to:

1. Solicit feedback from potential vendors with experience developing and deploying solutions that provide visibility into a Digital Quality Measurement solution.
2. Obtain a rough order of magnitude estimate of the total cost of ownership to develop, implement, and maintain the solution defined in the RFI.
3. Obtain information that may be used to develop a Request for Proposal (RFP) to solicit a vendor to provide a Digital Quality Measurement solution to the Department.

C. Definitions and Acronyms

1. **CMS**: Centers for Medicare & Medicaid Services – A federal agency that provides health coverage to more than 160 million people through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace.
2. **Department**: Collectively North Carolina Department of Health and Human Services, Division of Health Benefits
3. **DHB:** Division of Health Benefits. Also known as NC Medicaid, is the state agency responsible for administering the Medicaid program.
4. **dQM:** Digital Quality Measures. Quality measures that utilize standardized digital data from various sources of health information that are captured and exchanged through interoperable

systems. They are designed to be computable in an integrated environment without additional manual effort, leveraging digital formats and code packages.

5. **eCQM:** Electronic Clinical Quality Measures. A standardized way to measure and track the quality of healthcare services using data from Electronic Health Records (EHRs) and health Information Technology (IT) systems.
6. **EHR:** Electronic health record. A digital version of a patient's medical chart, containing comprehensive health information like diagnoses, medications, allergies, and medical history, accessible to authorized healthcare providers.
7. **eVP:** Electronic Vendor Portal – The State of North Carolina's system that connects vendors with state government organizations that purchase goods and services.
8. **FHIR:** Fast Healthcare Interoperability Resources. A standard for exchanging healthcare information electronically. It's developed by Health Level Seven International (HL7) and helps different healthcare systems and applications communicate and share data efficiently. FHIR uses a web-based approach and provides Application Programming Interfaces (APIs) to facilitate data exchange.
9. **HEDIS:** Healthcare Effectiveness Data and Information Set. A tool that measures and compares the performance of health plans on key dimensions of care. It provides standardized measures across various areas, including effectiveness of care, access to care, and patient experience, allowing for reliable comparisons between different health plans.
10. **HIE:** Health Information Exchange. A system that allows healthcare providers to securely share a patient's medical information electronically, facilitating better coordination of care and improved outcomes for Medicaid beneficiaries.
11. **MIPS:** Merit-Based Incentive Payment System. A federal program that incentivizes Medicare Part B eligible clinicians to adopt value-based care practices, which include using certified electronic health record technology and meeting certain quality and improvement activities, promoting Interoperability. NCDHHS oversees the implementation of MIPS and related programs
12. **NC eVP:** North Carolina electronic Vendor Portal located at https://evp.nc.gov/ – The North Carolina system to connect vendors with state government organizations that purchase goods and services.
13. **NCAC**: North Carolina Administrative Code at http://reports.oah.state.nc.us/ncac.asp
14. **NC HealthConnex**: A secure, statewide Health Information Exchange (HIE) in North Carolina that allows health care providers to share patient information. It is a network where doctors, hospitals, and other healthcare providers can access and share a patient's medical record across different systems.
15. **NC HIEA:** North Carolina Health Information Exchange Authority. The North Carolina Department of Information Technology authority that oversees NC HealthConnex.
16. **NCGS:** North Carolina General Statutes at https://www.ncleg.gov/Laws/GeneralStatutesTOC - the official North Carolina legal code, a collection of the statewide laws in force at the time of publication.
17. **NCQA:** National Committee for Quality Assurance.
18. **RFI:** Request for Information
19. **RFP:** Request for Proposal
20. **SaaS:** Software as a Service

D. Desired Outcomes

The solution should have the capability to provide the following outcomes:

1. Near real-time quality measure results for U.S.-based programs such as Healthcare Effectiveness Data and Information Set (HEDIS), CMS MIPS, and other federal or regional quality initiatives, in a digital format that can be used for reporting, population health, and quality improvement activities.
2. Interim care gap reports for providers and health systems to identify where patients have not received guideline-recommended services or interventions and to enable proactive patient care, improve patient outcomes, and facilitate value-based arrangements.
3. Certified HEDIS measure data for Medicaid Managed Care Plans, leveraging validated data streams from NCQA's Data Aggregator Validation program, to minimize administrative burden on health plans and providers associated with chart chasing and manual HEDIS audits.
4. Assessment capabilities for the quality of data ingested (e.g., clinical data, claims), to ensure measure results are accurate and complete.

SECTION IV. REQUESTED INFORMATION FROM RESPONDENT

A. Content and Format

The Department requests concise, detailed responses to the inquiries in Sections IV.B and IV.C below. The response, in its entirety, shall be limited to no more than ten (10) pages.

B. Information about Respondent

1. Responses should provide an overview of the Respondent's company history, scope of products and services offered, and locations of operation. Responses should describe the Respondent's experience providing solutions similar in size and scope to the project's desired outcomes.

2. Responses should provide the following:
   a. Description of the Respondent's primary customer base or market, including other state Medicaid programs.
   b. Description of relevant additional services offered by the Respondent.
   c. Listing of states or agencies that utilize Respondent's solution in a manner that is the same as or similar to those required by this RFI. Responses should include the state/agency name, most recent implementation, contract start and end dates, description of the scope of work, the duration of any contracts, and the termination dates.
   d. Lessons learned from working with other states or agencies to implement a solution of similar size, scope and with requirements the same or similar to those required by the Department.
   e. Relevant accreditations achieved and when they were achieved.
   f. The Respondent's work with other HIEs, if any. In its work with HIEs, did the Respondent rely on any partnerships, subcontracts, or other relationships? If so, please explain. How many customers are in production today with the Respondent organization's application(s)? What types of customers does the Respondent serve?
   g. Is the Respondent's clinical quality measurement tool certified or patented? The Respondent should provide any relevant credentials or certifications.

h. Does the Respondent support signing a BAA to support troubleshooting in the hosting vendor environment? If not, the Respondent should explain how it helps troubleshoot or support product issues in a production environment.

i. Description of the Respondent's customer support model.

j. Description of training provided to the Respondent's customers.

k. Description of how issues are logged and tracked within the Respondent's system.

l. What is the deployment model of the Respondent's solution (Software as a Service, hosted, other)? Describe the expected or typical integration process and whether you recommend new or advanced integrations (e.g., new APIs).

C. Solution Functionality and Performance

Respondents should provide detailed information regarding their Solution and associated capabilities demonstrating how the desired outcomes are achieved, to include sufficient information in the following areas:

1. Solution Architecture

   a. What clinical quality measures are currently documented and available in your tool?
   b. What clinical quality measures are planned for future release, and what is the estimated timeline for their availability (by quarter)?
   c. What methods or processes are used to ingest and integrate data into your tool?
   d. Do you provide a User Interface (UI) for a clinician end users?
   e. Are the clinical quality measures customizable (e.g., adjusting an age range from 72 to 60)?
   f. Can acceptable input to the tool be customized? For example, can the tool be modified to accept variations on a Unit of Measure, local codes, etc.?
   g. Please provide the volume of patients/data that your tool can support. Is your solution scalable?
   h. Does your tool allow parameterized use that can be configured differently for Medicare or Medicaid use cases? For example, adjusting for different age ranges, coverages, etc.?
   i. Can your tool accept and produce quality measures for both NCQA Data Aggregator Validation certified data and for all data in the HIE?

2. Data

   a. What types of data formats does your tool accept as inputs currently?
   b. Does your tool support batch processing? Does your tool have an API to calculate measures on a patient-by-patient basis?
   c. Does your tool store the data? For example, data used in a dashboard for month-to-month reporting.
   d. Can acceptable input to the tool be customized? For example, can the tool be modified to accept variations on a Unit of Measure, local codes, etc.?
   e. Does your tool support customizable gaps in care reporting? If so, what types of data inputs are required? What outputs are provided?
   f. Does your tool provide any data normalization, including the use of coding sets such as LOINC, ICD, etc.?

3. Analytics and Reporting

   a. How does your tool handle patient identification and matching? Is it expected that this would be provided by the source system?

b. What intermediate outputs does your product support to help determine what it's finding or not finding from the data output?
c. What outputs does your tool provide? Please include the format, patient-level versus aggregate.
d. How does your tool handle requirements around continuous enrollment/eligibility? Does the tool calculate enrollment eligibility or is this done prior to submitting data to the tool?
e. Can the output be customized to include cohorts of patients? For example, can a report be generated for one practice containing only their patients?
f. How does your solution report metadata? For example, number of patients processed, errors, processing time, etc.?

4. Operations

a. Does your dashboard/User Interface (UI) surface data from a specific run? Does your dashboard/UI tie together data from previous runs? Is the dashboard data/UI aggregated level data or does it allow you to drill down to the patient level?
b. Does your tool provide an assessment of data quality? If so, please provide detailed information about what is assessed (e.g., format, content). How are assessments/results provided?
c. Is your tool stateful or stateless? (Does it maintain a patient's clinical information until an update comes in or does it just process a result?)
d. What is a typical implementation process and timeline once a contract is in place?
e. Describe the resources available to support clients during implementation.

5. Security

a. Describe whether the solution provides a portal and, if so, how the Department would access the portal while maintaining security measures.
b. Describe how your proposed solution complies with the applicable security standards identified by the State.
   - NCDHHS Privacy Manual and Security Manual, both located here:
     https://policies.ncdhhs.gov/departmental/policies-manuals/section-viii-privacy-and-security
   - NC Statewide Information Security policies, located here:
     https://it.nc.gov/resources/cybersecurity-risk-management/esrmo-initiatives/statewide-information-security-policies
   - HIPAA Requirements
     https://www.hhs.gov/hipaa/for-professionals/privacy/index.html
     https://www.hhs.gov/hipaa/for-professionals/security/index.html
     https://www.hhs.gov/hipaa/for-professionals/breach-notification/index.html

D. Financial / Total Cost of Ownership

1. Respondents are requested to provide information regarding estimated costs to procure and operate a Solution as described in this RFI. This cost information will help the Department understand acquisition and ongoing costs and will be used to support budget development and funding requests.
2. Respondents are encouraged to provide cost information in the format of the Respondent's choosing, and to the extent possible, include the following:

a. Describe the pricing model/information for your tool. Understanding that customary pricing may not be applicable, please provide a range describing your likely pricing structure approach (per measure, per hospital, per practice, fixed monthly, etc.).

b. Provide an estimated cost model or a likely cost range to purchase, implement, and operate the described solution including the cost items in Table 2. Include the basis for any estimates and the assumptions used to develop the costs.

Cost Items	Guidance
Implementation Services	Describe the scope of services provided during the Implementation phase
Implementation Fees	Describe other fees required during the implementation phase
Annual Software Licensing Fees	Provide any annual software licensing fees
Annual Software Maintenance Fees	Provide any annual software maintenance fees
Annual Cloud Hosting Fees	Provide any annual cloud hosting fees
Annual Other Fees	Describe any other annual fees
Other Unit Costs - Describe	Describe any unit costs associated with event driven activities or cost per unit of data storage or similar.

Table 2 – Cost Items

c. If detailed pricing information is limited or unavailable, describe the Respondent's preferred pricing model or structure, including unit costs based on key variables. Include the basis for any estimates and assumptions used to develop the projected costs

3. Respondents will not be held to pricing estimates provided in response to this RFI should the Department decide to proceed with a competitive solicitation.

E. Implementation Timeline

Respondents are asked to provide information regarding estimated Implementation schedules and timelines, including the project phases listed in Table 3. This information will help the Department understand the time required to plan, design, develop, and implement the solution.

Phase	Guidance	Range of Time
Planning	Provide scope of activities during the planning phase	
Design	Provide scope of activities during the design phase	
Development	Provide scope of activities during the development phase	
Implementation	Provide scope of activities during the implementation phase	

Table 3 – Project Phases