A. GENERAL INFORMATION

1. Purpose

This is a Request for Information (RFI) as defined in Section 287.012(22), Florida Statutes, for planning purposes. This RFI is issued by the State of Florida, Agency for Health Care Administration (Agency), to solicit information regarding available providers for the services described herein.

A RFI is not a method of procurement. Responses to an RFI are not offers and shall not be accepted by the Agency to form a binding Contract. This RFI and Responses to it shall not result in the execution of a contract with the Agency. By submitting a Response to this RFI, a Vendor is not prohibited from responding to any related subsequent solicitation. This RFI may be used for purposes of determining whether or not to competitively procure a commodity or contractual service, determining what solicitation process to use, or researching general, special, and/or technical specifications for a solicitation. The Agency reserves the right to utilize the information gathered through the RFI process to develop a scope of services, which may be incorporated into a contract using a statutorily approved method of procurement.

Entities who submit a Response to this RFI may be invited to present their ideas in person to Agency leadership. An in-person presentation by an entity that submits a Response to this RFI will not serve as the basis for precluding that entity from responding to any related subsequent solicitation if they otherwise qualify as Respondents under the terms of the subsequent solicitation.

2. Background

In 2010, the Agency, through its statutory authority, created and has since administered the Florida statewide health information exchange network that provides a state-level infrastructure and shared service capabilities for Florida’s health care stakeholders. The Florida Health Information Exchange (HIE) has improved coordination of care through point of care access to patient information, fostering efficiencies in provider-to-provider communication, and enhanced public health services. In addition, the HIE supports providers in achieving meaningful use of electronic health records in order to align with Centers for Medicare and Medicaid Services’ (CMS) direction.

The Agency has time-limited funding from CMS to connect long-term and post-acute care facilities (LTPAC) to the HIE Patient Look-Up (PLU) service. To do so, AHCA seeks to assess the Electronic Health Record (EHR) and Health Information Technology (IT) vendor penetration and adoption in Florida’s nursing homes and assisted living facilities, as well as any use cases for providers and the value
proposition for interoperability.

3. **Description of the Issue**

Transitions across acute, post-acute, and long-term care settings are common and can be very costly. In its Issue Brief, Health IT in Long-Term and Post-Acute Care (March 2013), the Office of the National Coordinator (ONC) for Health Information Technology points out that in 2008, “almost 40 percent (38.7%) of all Medicare beneficiaries discharged from acute-care hospitals received post-acute care. Further, of these beneficiaries, fifteen point five percent (15.5%) were readmitted to the acute care hospital within thirty (30) days.” Other research described in the Issue Brief shows that “acute care hospital re-admission rates vary among Medicare beneficiaries receiving post-acute care services, ranging from eleven percent (11%) for beneficiaries discharged to in-patient rehabilitation facilities to twenty-eight (28%) for beneficiaries discharged to home health agencies. In addition, among those Medicare beneficiaries using post-acute care services, use of multiple post-acute care sites is common within sixty (60) days following an acute care hospital discharge.”

The ONC Issue Brief goes on to emphasize that, “in addition to not being eligible for the Medicare and Medicaid EHR Incentive Programs, LTPAC providers may experience other challenges that affect their health IT adoption and use, and result in lower rates of technology use in comparison to inpatient and ambulatory care settings. These challenges may include: differences in clinical processes and information needs; lack of staff, leadership and organizational skills and capacity to acquire, implement and use technology; and lack of awareness of and need for interoperable HIE solutions. Although many LTPAC providers have electronic systems, these systems are generally focused on creating and transmitting federally required assessments for payment and quality reporting.”

For facilities with EHRs, the Issue Brief reports, “standardized electronic information exchange capability with other settings of care is generally not an integral component of the EHR, and vendor adoption of interoperable functionality for LTPAC has been slow and uneven due in part to the fact that LTPAC settings of care are not eligible for the Medicare and Medicaid EHR Incentive Programs. LTPAC providers also have unique processes for collecting and distributing clinical documents and complex, iterative evaluation processes which result in many staff roles requiring access to documents. Further, high staff turnover rates have created continuity challenges with training staff on the use of health IT. Despite existing challenges, it is important for LTPAC providers to use health IT and actively engage in HIE.”

Given these findings by the ONC and the funding opportunities available to LTPAC entities and providers for adoption of health IT, the Agency is seeking EHR or HIE vendors that serve LTPAC facilities in Florida to provide information about electronic health record adoption and utilization in nursing homes and assisted living facilities, and the potential for facilities to be interoperable with other providers.
B. RFI RESPONSE INSTRUCTIONS AND INFORMATION REQUESTED

1. Respondents to this RFI are asked to be thorough, but concise. The RFI response should include the following:

   a. The Respondent’s name; place of business address(s); contact information, including representative name and alternative, if available; telephone number(s); and e-mail address(s);

   b. A description of the Respondent’s business and its past experiences in which the Respondent has engaged with other health care agencies, health care providers or government agencies regarding health IT services;

   c. A statement of interest in or knowledge of the issues outlined in Section B., RFI Response Instructions and Information Requested of this RFI.

   d. Provide an overview of the Respondent’s health IT services available to LTPAC providers.

   e. Provide an overview of the adoption and use cases in nursing homes and assisted living facilities in Florida in which the vendor has implemented health IT.

   f. Describe any other model(s) utilized by the vendor for the LTPAC community to participate in health information exchange.

   g. Provide information about the potential for future interoperability of LTPAC Health IT.

   h. Describe the current barriers to adoption of health IT by LTPAC entities and providers.

   i. Describe the current value propositions for adoption of health IT by LTPAC entities and providers.

b. PROPRIETARY INFORMATION

Any portion of the submitted response which is asserted to be exempt from disclosure under Chapter 119, Florida Statutes, shall be clearly marked “exempt”, “confidential”, or “trade secret” (as applicable) and shall also contain the statutory basis for such claim on every page containing such exempt information. Pages containing trade secrets shall be marked “trade secret as defined in Section 812.081, Florida Statutes”. Failure to segregate and identify such portions shall constitute a waiver of any claimed exemption and the Agency will provide such records in response to public records requests without notifying the Respondent. Designating material simply as “proprietary” will not necessarily protect it from disclosure under Chapter 119, Florida Statutes. An entire response should not be considered trade secret.
c. **RESPONSE SUBMISSION**

Respondents to this RFI shall submit one (1) electronic copy of its response. The response shall not exceed one hundred (100) single-sided pages in length. The electronic format shall be submitted on CD-ROM. The software used to produce the electronic files must be Microsoft Word 2013 and/or Excel 2013 or newer. The electronic files must be logically named.

The Respondent shall also submit one (1) electronic redacted copy of the response suitable for release to the public. Any confidential or trade secret information covered under Section 812.081, Florida Statutes, should be either redacted or completely removed. The redacted response shall be marked as the “redacted” copy and contain a transmittal letter authorizing release of the redacted version of the response in the event the Agency receives a public records request.

Responses to this RFI shall be provided no later than **5:00 PM, Eastern Standard Time, November 7, 2016**. Responses shall be submitted to:

Agency for Health Care Administration  
Procurement Office  
Attn: Victoria Bell  
solicitation.questions@ahca.myflorida.com

After the Agency has received all responses to this RFI, the Agency, in its sole discretion shall determine if a meeting with Respondents is necessary to clarify the information received. In the event that the Agency decides to hold a meeting, the Respondent(s) will be notified via email.

d. **VENDOR COSTS**

Vendors are responsible for all costs associated with preparing a response to this RFI. The State of Florida, Agency for Health Care Administration, will not be responsible for any Vendor costs associated with preparing a response to this RFI.

e. **QUESTIONS**

Questions concerning this RFI should be submitted in writing via email to Solicitation.questions@ahca.myflorida.com.

All response to questions received will be made, in writing, directly to the sender.

f. **AGENCY FOR HEALTH CARE ADMINISTRATION WEBSITE**

Additional information about the Florida Agency for Health Care Administration can be found on the Agency’s website at: http://ahca.myflorida.com/