**North Carolina Resource Platform Vendor Request for Proposals**

The impact of the social determinants of health (SDOH)—including food insecurity, housing instability, unmet transportation needs, and interpersonal violence—on a person's health and wellbeing, as well as health care utilization and cost, is well-established.[1,2] Currently, 90 percent of health care spending in the United States is on medical care in a hospital or doctor's office. Access to medical services is crucial to being healthy. But research shows that up to 70% of a person's overall health is driven by these other social and environmental factors and the behavior influenced by them.[3] Investing in these factors can improve health and result in significant return-on-investment and health care cost savings.

To create a healthier North Carolina, the Foundation for Health Leadership & Innovation is bringing together healthcare and community partners in a public-private partnership to build a North Carolina Resource Platform—a tool to make it easier for providers, insurers and community-based organizations to connect people with the resources they need to be healthy. The platform is envisioned to be a person-centered platform that will consist of a robust statewide resource database with a call center, as well as a referral platform for providers, social workers, care coordinators, and others to connect directly to resources in their communities and track connections and outcomes. The platform has the potential to touch the lives and improve the health of all North Carolinians, including the commercially insured, Medicare, Medicaid, uninsured, military and veteran populations.

**The Foundation for Health Leadership & Innovation (FHLI)** develops and supports innovative programs and partnerships that advance affordable and sustainable quality health services to improve the overall health of communities in North Carolina and beyond. FHLI grows programs and partnerships that improve health of the whole-person through a whole-community approach. FHLI will be the home of the North Carolina Resource Platform but is proud that it will be an open resource for all providers, insurers, community-based organizations, agencies and citizens of North Carolina.

The Foundation for Health Leadership & Innovation seeks respondents to this RFP with a proven track record of developing and maintaining a Resource Platform that meets the needs of North Carolina described in this document.

To meet the deadline, all responses to this RFP must be received electronically by **1:00 PM (EST) on May 31, 2018**. Completed responses to the RFP should be sent to RFP@foundationhli.org.

[1] B. C. Booske, J. K. Athens, D. A. Kindig et al., Different Perspectives for Assigning Weights to Determinants of Health (University of Wisconsin Population Health Institute, Feb. 2010).
[2] L. M. Gottlieb, A. Quiñones-Rivera, R. Manchanda et al., "States' Influences on Medicaid Investments to Address Patients' Social Needs," American Journal of Preventive Medicine, Jan. 2017 52(1):31–37.
[3] Schroeder, S. "We can Do Better—Improve the Health of the American People," The New England Journal of Medicine, Sept. 2007 357:1221-1228,


**Resource Database and Social Services Referral Platform (Resource Platform)**

A robust, statewide resource platform is foundational to systematically connecting people with community resources that they need to improve their health and well-being and to decreasing health care costs and utilization. As work in value-based payment and population health is maturing, the value of a resource and referral platform within health systems and plans is gaining recognition and momentum. Having multiple platforms intersecting with communities and providers carries the risk of further splintering our health and community systems. Having one shared statewide platform could be transformative to the health of our population. The North Carolina Resource Platform will create a statewide infrastructure to allow healthcare, social services and community-based organizations to work seamlessly together to meet people's health-related resource needs. This person-centered platform will consist of a robust statewide resource database with a call center, as well as a referral platform for providers, social workers, care coordinators, and others to connect directly to resources in their communities, while tracking outcomes end to end. It will foster these resource connections, link health and social services in communities, and develop high-quality data regarding the non-clinical factors impacting health outcomes and costs. The Platform will be open to all providers, payers, community-based organizations, agencies and residents across North Carolina. We anticipate that this platform will be used widely by, but not limited to, health systems, health plans, health departments, accountable care organizations (ACOs), physician practices, care coordinators, social service agencies, community based organizations (CBOs) and individual people across the state.

To be effective, FHLI and its partners are looking for a vendor to provide a resource platform with the functionalities listed below. While the Resource Platform may not address all the needs of our population and communities in the first two years, FHLI is looking for a vendor with whom to partner to build a platform with modularity and the capacity to grow over time.

- The Resource Platform must first be person-centered and built to be as seamless as possible for the person it is built to serve. It must also enhance service provision and over time be well-integrated into the workflows of users of the Platform. It must have a flexible architecture to facilitate statewide adoption and allow for interfaces and integration to native technology systems. Finally, it must provide North Carolina with data to better understand how to optimize health and well-being for all people by effectively stewarding resources that bridge our communities and our healthcare system.
- The vendor must already have developed an operational technology for the resource platform, so the work to implement, test and launch the platform can begin immediately, rather than require years of building a technology platform.
- The vendor should have a timeline and goals for phased rollout, including reaching a total of 3,000 community based organizations with statewide reach within the first two years of the start of the contract.
- The vendor should already have an established robust statewide resource database and/or directory within North Carolina and knowledge of North Carolina communities and community-based organizations—or have the ability to build one within the first year of the contract.

- The vendor must have and demonstrate a plan for keeping the database up to date through data coordinators, work with community based organizations, and ideally, the ability to integrate with other local and statewide resource databases, such as North Carolina 211, and national databases. Integration includes pulling resources from these databases and sending updates or flags so users can report missing, broken or changed information. The vendor must have the ability to vet quality and accessibility resources within the directory.
- The Resource Platform must be easily accessible to all users, including providers, care managers, CBOs, individuals with resource needs and other stakeholders. This would include a user-friendly website and call center—or the ability to create one by December 31, 2018. The resource directory should also have resources listed at a 5th grade literacy level and translated in the top five languages in North Carolina. A vendor must have a strategy for change management for integration and implementation for users.
- The Resource Platform must be able to generate referrals to community resources for which a person is eligible and provide feedback loop functionality—where a provider or organization can make a direct referral to a community organization, such as a local food bank, and the community organization can respond back to the initial referring provider or organization with the resource provided (e.g. taxonomy code, dosing information, service-related notes, CPT code) and the outcome of the referral (e.g., confirmation of receipt of referral, appointment made, appointment kept, the individual was served (with justification) and next steps). The vendor must be able to report on all referral metrics in real time and report on referral outcomes monthly in the first year of the platform, and quarterly thereafter.
- The Resource Platform must have the ability to connect community service providers to promote efficient and coordinated social service delivery and provide a "no wrong door" for an individual to get the resources they need. This means that providers will not be the only ones able to refer people to community organizations, but community organizations should be able to refer an individual to another organization. For example, if a person came to a food bank to get a food box, but it became clear the person did not have a place to sleep that night, the food bank would be able to find the closest shelter that has availability and refer the person there. This functionality should include the ability to create a shared patient record for a person across all their essential needs. The vendor's technical support should be able to facilitate connections to and from other existing technical platforms that are in the community.
- The Resource Platform should also have the capacity to create Role Based Access that assigns users to roles and rights to view, update or modify information.
- The Resource Platform should have the functionality to tailor resource entries in the database to eligibility. Many resources have specific funding requirements and regulations and therefore very specific eligibility criteria (e.g. a homeless shelter that is only eligible to women or teens). All eligibility criteria should be built into the tool to ensure that the people being referred to a specific resource are able to access it.
- The Resource Platform must support APIs and integration allowing users to access the platform's capabilities from another tool. The Platform should be able integrated into a provider's electronic health record (EHR)—meeting all HIPAA requirements and into the CBOs' technology (e.g. Salesforce), if they have one. The platform should be able to integrate into care management platforms and other resource platforms that may be present in communities. The

vendor does not need to have working integrations upon submission of its proposal, and will not be responsible for providing plugins to other vendors, but must demonstrate the platform's ability to fulfill this requirement, for example, by providing API documentation detailing which capabilities are and are not accessible via APIs.

- The vendor must have proven ability to build the strong community network necessary to utilize this Resource Platform. This means a strong user base, streamlined business processes in operation and referrals occurring with active feedback. The community network must include users such as healthcare providers (e.g. physicians, nurses, care managers, community health workers, etc.), CBO staff, public health department providers, DSS providers, health plans and others as identified. The vendor must have the capacity and strategy to build a strong community network in the next two years. For example, the goal is to on-board 1,500 community-based organizations per year in the first two years, as well as a strong network of providers and other users. The vendor must report on their user base in real time.
- The vendor must also provide substantial technical and business capability assistance and training to providers and community organizations to implement the platform, and ensure understanding of all features, how the platform integrates with their workflow, and how it adds value for their organization and constituencies. This training must be thorough at initial on-boarding, but the vendor must also have a plan to provide ongoing technical assistance to providers, community organizations and other users throughout the life of the contract.
- The vendor must be able to create a portal or dashboard that reports data in real time. This data will include:
    - The number of resources in the database by type, county and zip code.
    - The number of users of the platform by type (i.e. provider or CBO), county and zip code.
    - The number of referrals made by user type, county and zip code.
    - Outcomes of referrals made (as can be provided in real time).
- In addition to creating a dashboard that reports data in real time or near real time, the vendor must report on referral outcomes and their progress in meeting implementation goals. These reports will be monthly in the first two years and quarterly thereafter. This data will be used to understand the needed resources in the community, the outcomes of the people using it, the barriers to care, and other information necessary to improving the health, safety and well-being of the people we serve.
- In addition to the reporting outlined elsewhere in this RFP, the vendor shall create a secure FTP site to transfer a batch of identifiable data in pre-specified formats to NC HealthConnex, the State's HIE containing an agreed-upon patient identifier (e.g., Medicaid identification number) and other specifications that will be developed in concert with the vendor post-award. While we do not anticipate requiring daily batch updates at the outset of this project, the aim by year 2 of this contract is to move toward transferring identified data to the State's HIE for care coordination purposes.

Privacy and Security Functionality Requirements

- The vendor must meet all Federal and State Privacy and security and data protection requirements and have solutions for role-based privacy, vulnerability management and system maintenance.

- The vendor shall comply with all laws, ordinances, codes, rules, regulations, and licensing requirements that are applicable to the conduct of its business, including those of federal and state local agencies having jurisdiction and/or authority.
- If any of the vendor's activities within the scope of this Resource Platform are subject to the Health Insurance Portability and Accountability Act of 1996, P.L. 104-91, as amended ("HIPAA"), or its implementing regulations, it must comply with the HIPAA requirements. The goal shall be for no protected health information under HIPAA to be shared with FHLI and the Resource Platform.
- The vendor must keep all information, data, instruments, documents, studies or reports given to or prepared by the vendor for the North Carolina Resource Platform as confidential and not divulged or made available to any individual or organization without the prior written approval of FHLI. The vendor must acknowledge that in receiving, storing, processing or otherwise dealing with any confidential information it will safeguard and not further disclose the information except as otherwise provided.
- The vendor must adopt and apply data security standards and procedures that comply with all applicable federal and state regulations, and rules.
- All privacy and security incidents must be reported based on federal and state requirements.
- If any applicable federal and state law, regulation, or rule requires the vendor to give affected persons written notice of a privacy and security breach arising out of the vendor performance under this contract, the vendor shall bear the cost of the notice.
- The vendor will be responsible for providing disaster recovery services that minimizes production system downtime in the event of a disaster at the development / testing / Help Desk facility. A draft Disaster Recovery and Contingency Plan is due no later than ninety (90) Calendar Days after Contract execution. The Vendor will update the Plan throughout the life of the Contract as necessary.
- The vendor shall secure and maintain for the period of this arrangement coverage by worker's compensation, professional liability, general and directors' and officers' insurance relating to the vendor covering all aspects of this activity. The vendor shall name FHLI, its officers, employees, subcontractors and agents as additional insureds on all such insurance policies except the workers' compensation policy.

**Terms and Instructions:**

| Process | Deadline |
|---|---|
| Release RFP | Friday, May 4, 2018 |
| RFP Questions Due | Monday, May 14, 2018, 1:00 pm |
| RFP Questions and Answers Posted | Monday, May 21, 2018, 5:00 pm |
| RFP Response Due | Thursday, May 31, 2018, 1:00 pm |
| Vendor of Choice Selected | Thursday, June 28, 2018 |

**RFP Questions and Answers**

Questions related to the RFP can be submitted electronically to RFP@foundationhli.org. All questions must be received by 1:00 PM (EST) on Monday, May 14, 2018. Submissions will be confirmed by reply email. The FHLI will post all questions and answers to the FHLI website by 5:00 PM (EST) on Monday, May 21, 2018.

The written questions and answers posted on the FHLI website shall constitute an addendum to this RFP.

**Deadline for Response**

Interested vendors must submit an electronic copy of their proposed solution in PDF format to RFP@foundationhli.org by 1:00 PM on Thursday, May 31, 2018. Submissions will be confirmed by reply email. Late proposals will not be evaluated.

**Submission Process and Requirements**

1. Executive Summary (Maximum 1 page)
2. Vendor Profile (provide answers using the template below)—3 pages per vendor maximum
3. Product Information (provide answers using the template below) – 15 pages maximum
4. Timeline (provide answers using the template below) – 3 pages maximum
5. Budget
6. Conflicts of Interest (describe any potential conflicts of interest)
7. Optional: Letters of recommendation from prior or current clients

**General Conditions**

This RFP is issued under the authority of the Foundation for Health Leadership & Innovation. FHLI is not obligated to any course of action as the result of this RFP. Issuance of this RFP does not constitute a commitment by FHLI to award any contract.

The Foundation for Health Leadership & Innovation is not responsible for any costs incurred by any vendors or their partners in the RFP response preparation or presentation.

Information submitted in response to this RFP will become the property of the Foundation for Health Leadership & Innovation. All responses will be confidential and will not be shared with other vendors.

FHLI reserves the right to modify this RFP at any time.

The timeline of contracts and start date are subject to change at FHLI discretion. FHLI will notify the vendors by email of any changes.

The Foundation for Health Leadership & Innovation will receive funding from private and philanthropic institutions for the purpose of building this Resource Platform. Following the selection of the vendor, FHLI will negotiate a contract with the chosen vendor. FHLI will hold the contract with the selected vendor and will maintain oversight over the vendor. If the vendor has standard terms and conditions for contracting for FHLI to consider, please include them in your RFP submission.

The vendor must grant permanent, royalty-free license to all North Carolina data from this resource platform to FHLI and selected partners.

If the vendor does not fulfil its obligations as outlined in this RFP and the contract, FHLI may terminate the contract by giving the other Party (30) days written notice. In the case of contract termination, FHLI will own all North Carolina data.

All proposals submitted shall be subject to the terms and conditions set out in this RFP. FHLI objects to and will not consider any additional terms and conditions submitted with any proposal. Do not attach any additional terms and conditions. By execution and delivery of a proposal, the vendor agrees that any additional terms and conditions, whether submitted purposefully or inadvertently, shall have no force or effect unless FHLI has expressly restated the additional terms and conditions and has accepted them in writing.

The contract to be awarded as a result of this RFP shall consist of: (1) this RFP; (2) the Addenda to this RFP, if any; and (3) the successful vendor's proposal. In the event of a conflict between or among any of these documents, the terms of the Addenda to the RFP, if any, shall have the highest precedence; the RFP shall have the second highest precedence; and the vendor's proposal shall have the third highest precedence. These documents shall constitute the entire agreement between the parties and supersede all other prior oral or written statements or agreements. Notwithstanding any other provisions of this RFP to the contrary, FHLI may, in its discretion, use the best and final offer (BAFO) process to issue supplemental requests for BAFO seeking specific, additional information from one or more potential vendors, with responses due by a certain time and date as indicated in the request.

**Confidentiality and Prohibited Communication During Evaluation**

During the evaluation period—from the date proposals are opened through the date the contract is awarded—each Vendor submitting a proposal (including its representatives, sub-contractors and/or suppliers) is prohibited from having any communications with any person inside or outside the using agency, issuing agency, other office, or body (including the purchaser named above), or private entity, if

the communication refers to the content of Vendor's proposal or qualifications, the contents of another Vendor's proposal, another Vendor's qualifications or ability to perform the contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals and/or the award of the contract. A Vendor not in compliance with this provision shall be disqualified from contract award, unless it is determined in the FHLI's discretion that the communication was harmless, that it was made without intent to influence and that the best interest of the FHLI would not be served by the disqualification. A Vendor's proposal may be disqualified if its sub-contractor and supplier engage in any of the foregoing communications during the time that the procurement is active (i.e., the issuance date of the procurement to the date of contract award). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this RFP or general inquiries directed to the purchaser regarding requirements of the RFP (prior to proposal submission) or the status of the contract award (after submission) are excepted from this provision.


| **Vendor Profile** |
|---|

Using the template below, please provide the requested information on your organization. In the case of vendors partnering on this proposal, please submit one vendor profile form per vendor.

| **General Information** | |
|---|---|
| Name | |
| Address (Headquarters) | |
| Main Telephone Number | |
| Website | |
| Publicly traded or privately held? | |

| **Parent Company Information (if applicable)** | |
|---|---|
| Name | |
| Address | |
| Main Telephone Number | |
| Website | |

| **Main Contact** | |
|---|---|
| Name | |
| Title | |
| Address | |
| Telephone Number | |
| Email Address | |

Please respond to the following questions.

1. What is your understanding of the vision outlined in the RFP and why are you uniquely best positioned to help FHLI and North Carolina realize it?
2. How many years have you been a vendor? How many years' experience do you have providing services similar to those outlined in this RFP? Provide information about each client contract to the extent that this is not confidential. Please provide information about resource platform performance in other contracts/ settings, including number of connections, service availability, study of impact of usage, etc.).
3. Does your product have a North Carolina presence? If so, please describe (e.g. number of years working in North Carolina, current North Carolina contracts, number of users in North Carolina, etc., location of user base by county).
4. How many live users does your product currently have? Please break down and describe by user type (e.g. providers, health plans, community-based organizations, etc.) and location.
5. How many new users did you have in 2017? What is your user base over the last 5 years?

6. Where does this product currently have a presence doing similar work? Please describe contracts with other states, health systems, health plans, community-based organizations, etc.

**Product Information**

1. Product Name: What is your product name and version #? When is your next scheduled version release (if applicable)?
2. Partnership (if applicable): Are you partnering with another vendor to create this product? Please describe this partnership and the roles each will play. Please be specific throughout these questions which vendor is providing each functionality.
3. Beneficiary Registration: The Platform must be able to record patient demographics including, at a minimum, name, date of birth, address/addresses, phone number and insurance status. Does the product have the capability to record these patient demographics? What other demographics, not included on this list, would you suggest in the beneficiary registration based on your prior work? Describe the product's ability to identify and merge duplicate patient records. How does your product identify a person's eligibility for different community resources? Can and how does your product identify a person's eligibility for different benefit programs (e.g. SNAP or WIC)?
4. Screening Tool: The Resource Platform must be able to be customized to include North Carolina's standard set of SDOH screening questions. Can your product do this? How does your product tailor resources based on screening tools and/or other information?
5. Resource Database: The expectation will be to have a statewide, updated resource data base that, at a minimum has food, housing, transportation, and interpersonal safety resources. Other resources may also be included and will be expanded over time. Does your product already have an established resource database in North Carolina? Describe how you would establish a statewide scope of that database and your timeline for doing so. Does the database have an associated call center for individuals to use in lieu of getting a referral from a provider? Are the resources accessible to all users (e.g. resources written at a 5$^{th}$ grade literacy level, resources available to be translated, etc.)? Does your product have the ability to interface and receive data from other, local, state, or national resource directories? Does your product have the ability to push back updated data to other resource directories? How would the data elements and definitions of a resource be defined to ensure consistency across services? Please explain how the proposed system will account for organizations offering multiple programs with different service areas and populations resulting from various funding streams. How will the proposed system account for organizations or resources that are offered virtually?
6. Resource Database Upkeep: The expectation will be to maintain an updated resource database, with updated resources relating to the following domains at a minimum: food, housing, transportation, and interpersonal safety. Having an updated, reliable database is essential to building trust for users and the community. Information about public benefits must be updated at least 1x per year and community-based resources must be updated at least every 6 months to ensure accurate information. Describe your product's plan and

strategy to keep your statewide resource database robust and updated. How will you ensure the data base is updated and what reports will you provide to demonstrate the resources are updated? How will you vet and audit the quality, accessibility, and reliability of the resources in the database? How will you increase the reliability of the database? Will there be a mechanism for users to point out incorrect or outdated information for a resource? Will there be a mechanism for CBOs to update their own information directly, including information about eligibility requirements for their services? If you have experience building a database in another state, ACO, etc., please explain how you were able to determine the quality of your resource database and improve it over time.

7. Initiating Referrals: Describe the process and experience of a person searching for and requesting a resource in a self-directed way. Describe the process for a healthcare provider-directed, care management-directed, or CBO-directed referral. When someone searches on the resource database, how are resources ordered? Is the order of listings data-informed based on closed-loop referrals or other metrics? Are there recommended resources? It will be important avoid making referrals to resources for which an individual is not eligible. How would you incorporate eligibility criteria as part of the referrals process? How would you maximize that people are referred to resources for which they are eligible? How can tailored information relevant to the person or the referral be communicated as part of the referral?
8. Receiving Referrals: Describe how a CBO would receive a referral. Does a CBO need to be using the product (i.e. have the technology installed and be a licensed user) to be able to receive referrals, close the loop on the referral and report outcomes? What if a CBO is already using a different resource platform?
9. Closing the Loop: Describe how the product provides closed-loop referrals (i.e. the person who receives information on the outcome of the referral from the entity that received the referral) from the point of view of the person in need of a resource, the provider, the CBO and any other potential user, as necessary. How does and with what information does the product provide feedback on the outcome of a referral? Please describe the level of detail you provide on elements that include confirmation of receipt of a referral, if an appointment was made, if an appointment was kept, if the individual was served, if the resource or service was provided, to what level of granularity you can report on the type of resource (e.g. taxonomy code, dosing information, service-related notes, CPT code), and what resource, if any, that was requested and not provided (with justification). Explain the requirements needed to capture disposition of each social service encounter. Please explain how or if the system will synchronize experience across members of a single household or family unit.
10. Referral Communication: Describe how secure communication about a person can be shared, in a HIPAA compliant way, between the referral source and the CBO as part of the referral process and feedback loop. as. Describe how CBOs and the referral source can have a secure way of communicating about a person in an ongoing fashion to foster care coordination.
11. Patient Communication: Describe means of communicating with the individual (e.g. telephone calls, patient portal, text messaging, email, appointment reminders, etc.). Describe the

engagement necessary for an individual to be successful (i.e. does the patient need to check the patient portal)? What is the process flow of a patient through the referral experience?

12. Community Connection: Describe how your product allows community connection to coordinate and promote efficient service delivery (e.g. can community-based organizations refer to other community-based organizations?). Describe if and how a shared care plan is generated and populated. What information is included in a shared care plan? How does that information get into the care plan? Who can update it and how? Describe the approach for role based access. Please explain how the proposed system will track individual use of all unique services through to disposition.
13. Multiple and different users: Describe the interface and process for a self-directed person accessing the resource database online or through a call-center. Do you have a call-center? Will you be able to track self-directed referrals? If the user experience varies for other users (e.g. healthcare providers, CBOs, etc.) please describe the interface and process for each. Please provide a proposed workflow that accounts for access by multiple and simultaneous users.
14. Building a Community Network and On-Boarding Community-Based Organizations: Describe your process and steps for building a community network. Describe keys elements for success in building and maintaining a community network. What is the value-add of your product to community-based organization (e.g. free or low-cost workflow tool, increased efficiency of work flow, reporting capability of services provided, access to clinical quality measures and ROI for social service delivery, streamlined eligibility lookups, etc.)? What software is integrated with your resource platform that assists in their daily operations? How does your product integrate with any software they may already be using? The expectation is a statewide reach of CBOs in the network within 2 years of initiation. The goal is to on-board 1,500 community-based organizations per year for the first two years; with a total of 3000 CBOs in a statewide network after the first two years with at least one CBO in network in all 100 North Carolina counties. How will you meet this goal? Will you on-board through phased-in regions or through another method? How will you prioritize CBOs to onboard? How many other CBOs will you plan to onboard per year in subsequent years.
15. Meeting the needs of communities: How will North Carolina residents be involved in the development of the statewide platform? Describe your experience with engaging consumers in previous work and how you plan to incorporate their voice in this work.
16. Implementation, training and vendor support (for both providers and community-based organizations): Describe your implementation plan. Will your team provide on-site or remote training? Who will be training and how? What processes will you provide to guide design and implementation? Describe available training options and the process for bringing a new customer online. After the organization is brought online, who will be available to answer additional questions, issues and training requests and how? Describe the process for end-user support (i.e. preferred method of contact, location of support staff, hours of support, how

after-hours support is handed). How will you continue to onboard new organizations over time?

17. Provider and Community-Based Organization Network Upkeep: What are the minimum technical requirements that a CBO must have to be in the network? What is your strategy to keep providers and community-based organizations in the network? In past engagements with other states or communities, what percentage of providers and community-based organizations that use the system stay on after one year, two years, three years? Do you plan to have regular meetings or engagements with the key stakeholders (e.g. Foundation for Health Leadership and Innovation, Department of Health and Human Services, health plans, health systems, providers and community-based organizations (e.g. quarterly, by region) or do you propose other engagement activities?
18. Essential Personnel: Please describe how you will develop a help desk or other strategies to guarantee technical assistance to PHPs, providers and community based organizations? What is your staffing strategy for this project? Will you have staff located in North Carolina?
19. Demonstrated implementation: As of May 1, 2018, what is the status of your network? Please fill out the table below and provide a description of the numbers in the table.

| | In NC | In your best market | Nationally |
|---|---|---|---|
| How many total users does your product have? | | | |
| How many provider users does your product have? | | | |
| How many CBO users does your product have? | | | |
| How frequently do users access the platform on average? | | | |
| How many providers have working integration of your product within their EHR? | | | |
| How many referrals were made using your platform in 2017? | | | |
| What is the average number of referrals per user? | | | |
| What percentage of your referrals go to in-network CBOs? | | | |
| What percentage of your referrals close the loop (i.e. the receiving entity provides feedback or an outcome on the referral)? | | | |

20. Integration and Interoperability: Having flexibility, building a statewide flexible architecture and integrating the platform into native technology with be important in the acceptance, uptake, use, and statewide reach.
    a. Data format: Does your system support single sign-on capability? How will data be formatted (e.g. HL7 format)?

b. Exchanging Data: Describe if and how the system imports/exports patient information (i.e. demographics, social needs identified, referrals, outcome of referrals, etc.) from/ to other IT platforms used in the community (e.g. electronic health record systems, case management systems, etc.). Will personal health information (PHI) data be exchanged with CBOs and do CBOs need to sign data sharing agreements to meet HIPAA requirements during on-boarding? Describe if and how open APIs are used to facilitate sharing of data between disparate systems.
c. Integration with resident existing systems. A key feature of statewide adoption of the Resource Platform will be the ability, flexibility, and affordability to integrate with other systems. Key systems for integration include: i) existing resource data bases; ii) EHRs, iii) CBOs Client Resource Management and other technology (e.g. Salesforce); iv) Managed care and Health System care management systems and tools; and v) other resource platforms. For each system, please describe if
    i. Your product can be integrated into the system
    ii. With which product(s) or system(s) you have already integrated
    iii. Your technical and management approach for accomplishing integration
    iv. The cost of the integration and who bore the cost

21. Privacy and Security Requirements: Describe how the product meets all privacy and security requirements listed on page 4-5.
22. Privacy: How often do you perform HIPAA privacy assessments and 3rd party assessments/ audits on your system, and when was the last assessment audit performed? Describe the product's capability in regard to role based privacy, consent and permissioning (e.g. single-source permissioning). Describe the reports the product will provide when it goes live to meet all federal, state and NCDHHS requirements.
23. Security and Data Protection: Describe your product's security features (e.g. anti-virus/anti-malware, firewalls, DLP, etc.). Describe your vulnerability, patch management policies and procedures. List all security enhancements (if applicable) that must be accommodated on client workstreams. Describe how the individual's data is saved, stored, and secured at all times. Describe the various ways that patient data may be accessed and how that data is secured. What is your policy on selling your customers' data?
24. System Maintenance and Recovery: How often is maintenance performed? Do you have normal maintenance windows for system back-up and maintenance? In the past two years, how many outages have you experienced outside of normal maintenance? Do you have a business continuity and disaster recovery plan? If you have a disaster recovery plan, how often do you test your plan?
25. Reporting/Data: The vendor must be able to create a portal or dashboard that reports at a minimum the following data in real time or near real time.
    a. The number of resources in the database by type, county and zip code.
    b. The number of users of the platform by type (i.e. provider or CBO), county and zip code.
    c. The number of referrals made by user type, county and zip code.
    d. Outcomes of referrals made (as can be provided in real time).

In addition, the vendor must report on their progress in meeting implementation goals. These reports will be monthly in the first two years and quarterly thereafter.
Please describe metrics and reports that can be generated from your system (e.g number of referrals, what referrals were made, referral outcomes, feedback on referrals, timeliness of outcomes and user-activity statistics. Describe how, to whom and with what frequency you will make this data available? How are these actionable and how can this data be used to advance efforts in addressing SDOH? How can this information be used by the vendor to improve the resource platform? How can this information be used by FHLI and partners to improve health? Describe how and what technical support you can provide to providers and CBO and other organizations to improve upon these data and referral outcomes. Describe how this data can be used by the State to improve health. Describe and provide de-identified examples of the data reports your product can run and provide to the FHLI and partners. What is the drill down capability? Does your reporting allow for customization? What is your capability around data analysis and visualization?

26. Pricing and Licensing: What is the proposed pricing model (e.g. based on produce license, per site, per user, other)? If licensing is involved, what does each license provide? Is training and support included?

| Scoring | | |
|---|---|---|
| **Area** | **Functionality** | **Value** |
| Resource Database | • Demonstrated success in building a robust and updated resource directory/database.<br>• Ability and plan to meet all resource database functionalities listed in RFP including but not limited to a plan to roll out statewide database with resources from all 100 counties by December 31, 2018 and a plan for keeping the directory/database updated and accurate. | 10 |
| Referrals and Feedback Loop | • Demonstrated success in providing a technology that will generate referrals to community resources and provide a closed feedback loop.<br>• Ability for the person who generated the referral, the receiver of the referral and the individual being referred to be able to view appropriate data to allow for seamless coordination of services.<br>• Ability and plan to meet all referral and feedback loop functionalities listed in RFP. | 15 |
| Community Network | • Demonstrated success in creating a strong community network among CBOs. Ability and plan to on-board and provide technical assistance to do so successfully in North Carolina statewide.<br>• Technology that provides a demonstrated value-add to CBOs, can be integrated into resident systems and easy workflow integration.<br>• Ability and plan to meet all community network needs listed in RFP. | 15 |
| Provider Network | • Demonstrated success in creating a strong provider user base in past projects. Ability to create strong provider user base in North Carolina including physicians, care managers, community health workers, nurses and other members of the care team.<br>• Flexible technology that can be integrated into EHRs and care management platforms with easy workflow integration.<br>• Ability and plan to meet all provider network needs listed in RFP. | 10 |
| Data Exchange and Reporting | • Proven ability to report on resource database networks and outcomes for process improvement of the resource platform but also to understand effects of resource connections on health outcomes and other measures.<br>• Ability and plan to meet all data exchange and reporting requirements listed in RFP. | 10 |
| Data Privacy and Security | • Demonstrated success in meeting all federal and state security and data protection requirements in past projects and ability and plan to meet all security and data protection requirements in North Carolina.<br>• Ability and plan to meet all data privacy and security requirements listed in RFP. | 10 |
| Flexibility | • Proven ability and plan to provide a flexible architecture for the Resource Platform as described in the RFP. | 10 |
| Innovation | • Innovative ideas around eligibility for community resources or eligibility and enrollment in benefits (e.g. SNAP or WIC) or other innovative ideas to improve the health of North Carolina. | 5 |
| Cost and Affordability | • Ability to meet the needs of North Carolina and functionalities of this platform listed in this RFP in an affordable and sustainable budget. | 10 |
| North Carolina Presence | • Presence in North Carolina with strong community ties that will excel the creation of and spread of the North Carolina Resource Platform. | 5 |
| | | Total: 100 points |

## Timeline

North Carolina is in the process of transitioning its Medicaid program from fee-for-service to managed care. While this platform will not be exclusively used for Medicaid beneficiaries, some of the anticipated users of this platform are the selected Medicaid prepaid health plans (PHPs). The Medicaid managed care Go Live is anticipated to be July 2019, dependent on the timing of CMS approval for North Carolina's submitted 1115 waiver.

- If you are the selected vendor and chosen on June 28, 2018, please describe your strategy for implementing your product and on-boarding providers and community-based organizations statewide before and after July 2019.
- What is your expected user rate by July 2019? Please break down this estimate by expected user type (clinicians, care managers, community health workers, community based organizations, etc.), number of organizations brought on, and organization type (health system, health plan, practice, community-based organization, health departments, social service agencies etc.).
- What percentage of referrals will be able to be completed with full feedback loop functionality by July 2019? Explain.

What is the goal number of providers and community based organizations using the system to make it fully functional statewide? What is your strategy to get there? What is the timeline to meet this goal?

## Budget

Based on the functionalities listed in this RFP and the desire to make this resource platform statewide with a critical mass of providers, CBOs and other users on the system over the next two years, please provide a 3-year budget for the resource platform. Please also provide a budget estimate for ongoing costs in year 4+. If needed, you may provide multiple budget options. If you do this, please describe the trade-offs or benefits of each option.

Make sure your budget includes the following areas: initial build and customizing costs of database and platform, staffing needs, organization engagement/on-boarding, on-going technical assistance, software licensing fees, any additional costs.