

**Request for Information
(RFI)**

For

Medicaid Data Warehouse



August 14, 2015

Respond to:
Alabama Medicaid Agency
Attn: Kelly Rooney
Room 4037
Lurleen B. Wallace Building
501 Dexter Avenue
P. O. Box 5624
Montgomery, Alabama 36104

Issued: August 14, 2015
Response Deadline: 5:00 PM, CT, September 15, 2015

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1 Introduction

This is a Request for Information (RFI) issued by the Alabama Medicaid Agency, hereafter referred to as Medicaid. Medicaid is interested in soliciting information from potential Respondents providing innovative solutions for a Data Warehouse.

Through this RFI, Medicaid is hoping to gain insight into solutions that have been or are being implemented. At the same time, Medicaid encourages Respondents who may only have experience in particular segments of the products or services described herein to consolidate responses with other Respondents, thereby providing a full picture of the products and services available. It is the intent of Medicaid to solicit responses to this RFI in accordance with specifications contained in this document.

The issuance of this RFI does not obligate Medicaid in any way to issue a Request for Proposal (RFP) or Invitation to Bid (ITB) for the solution, materials, and services described in this RFI.

1.1 Background

Medicaid currently uses two systems as the source of its healthcare analytics data on mainframe and relational databases. Eligibility information maintained in these systems is provided to Medicaid's fiscal agent for use in the processing of administrative claims.

Prior to 2012 Medicaid's primary source of data for healthcare analytics was the data warehouse developed and maintained by HP. Medicaid utilized Business Objects standard and ad hoc reports to provide healthcare analytics for the Agency. This approach was generally sufficient for financial related analytics, but it was not adequate for healthcare related analytics. In 2012, Medicaid began to maintain copies of the data contained in the Business Objects universes onsite at Medicaid on local servers using Microsoft SQL 2014. The data encompasses both eligibility information and administrative claims data. This new approach greatly enhanced Medicaid's ability to provide analytics that addressed the cost and quality of healthcare. Medicaid primarily uses SQL, SAS, Tableau, Microsoft Excel, and ArcGIS as the software tools to provide the analysis. Medicaid also continues to use the Business Objects warehouse for primarily financial related analysis.

Through this RFI, Medicaid seeks to gain insight into Data Warehouse solutions that have been implemented or are being developed that support Healthcare analysis. Specific areas of interest would be:

- Patient encounter data analysis
- Provider effectiveness
- Dynamic data sharing extracting into multiple formats and compatibility into other systems

1.2 Objective

Medicaid is seeking responses to the requests in this RFI. Medicaid is open to different approaches and solutions regarding how a Respondent's recommended solution would meet Medicaid's needs, should Medicaid decide to procure a Data Warehouse.

The objectives of this RFI are to:

- Collect information that Medicaid can use to develop a conceptual approach to addressing its data analysis needs
- Identify approaches and tools that have been successfully used to address similar data analysis needs
- Understand how Respondents have addressed the requirements stated herein

It is important that potential Respondents understand that Medicaid is seeking information from entities that have direct experience with healthcare data especially as it relates to clinical, financial and regulatory subject areas.

2 Request for Information Procedure

This request requires any Respondent wishing to submit information to respond to this RFI by 5:00 pm CT, September 15, 2015. Medicaid will accept a formal written response and any additional materials the Respondent would like to attach to highlight their service or product offerings, such as:

- Marketing brochures and materials
- Videos
- Website links
- Webinars
- Time limited access privileges to content or systems.

2.1 Relevant Dates

Event	Due Date
Issue RFI	August 14, 2015
Question Period	August 14 – 21, 2015
Deadline of Submission	September 15, 2015

2.2 RFI Coordinator

Data Warehouse RFI Coordinator
Lurleen B. Wallace Building, Room 4037
501 Dexter Avenue
P. O. Box 5624
Montgomery, Alabama 36104
EDWRFI@medicaid.alabama.gov

2.3 Questions

Any technical or procedural questions regarding this RFI must be submitted to the RFI Coordinator via email. Responses to questions will be posted to the Medicaid website.

2.4 Response Format

Vendors must submit a soft copy of the response on CD or jump drive to Medicaid. The softcopy CD or jump drive must contain the following:

- 2.4.1 One (1) complete copy of the Response in searchable Adobe Acrobat PDF format
- 2.4.2 One (1) complete copy of the Response in Microsoft Word 2007 or later format
- 2.4.3 One (1) redacted copy of the Response in searchable Adobe Acrobat PDF format with confidential information removed

The RFI response must be submitted in a sealed envelope or package with the RFI name and the Respondent's name and address clearly indicated on the envelope or package.

2.5 Submission

Responses to the RFI on CD or jump drive may be hand-delivered or mailed to the RFI Coordinator. Responses will not be accepted over the phone. All responses must be received before the Deadline of Submission as stated in Section 2.1.

Entities responding to this RFI will not be precluded from bidding on any future Medicaid procurements in regards to a Data Warehouse.

2.6 Review of RFI Responses

Issuance of the RFI in no way constitutes a commitment by Medicaid to award any contract. This RFI is designed to provide Respondents with the information necessary for the preparation of informative responses. This RFI process is for Medicaid's informational benefit. The RFI is not intended to be comprehensive, and each Respondent is responsible for determining all factors necessary for submission of a comprehensive response.

The RFI response will not be subject to an RFP type evaluation but only to a review of Respondent's suggested solution, approach to addressing the Data Warehouse, and ability to perform services that may be of use to Medicaid.

2.7 Oral Presentations for Clarifications

The Procurement Coordinator may convene oral presentations for clarification to responses. If oral presentations are deemed necessary, invitations will only be extended to respondents to the RFI.

2.8 No Obligation to Issue RFP or ITB

This RFI is an inquiry only and no contract or agreement will be entered into as a result of this process. By responding to this document or otherwise participating in this process, no contract or agreement will be formed and no legal obligation between Medicaid and Respondent will arise. Individual firms or teams that have not responded to this RFI shall not be precluded from participating in any future solicitation processes in relation to the project. The issuance of this RFI does not obligate Medicaid in any way to issue an RFP or any other procurement for the solution, materials, and services described in this RFI.

2.9 Disclosure of RFI Contents

Respondents should be aware that any information in a response may be subject to disclosure and/or reproduction under Alabama law. Designation as proprietary or confidential may not protect any materials included within the response from disclosure if required by law. Respondents should mark or otherwise designate any material that it feels is proprietary or otherwise confidential by labeling the page as "CONFIDENTIAL" on the bottom of the page. Respondents shall also state any legal authority as to why that material should not be subject to public disclosure under Alabama open records laws and is marked as Proprietary Information. By way of illustration but not limitation, "Proprietary Information" includes trade secrets, inventions, mask works, ideas, processes, formulas, source and object codes, data, programs, other works of authorship, know-how, improvements, discoveries, developments, designs and techniques.

It is the sole responsibility of the Respondents to indicate information that is to remain confidential. Medicaid assumes no liability for the disclosure of information not identified by the Respondents as confidential.

2.10 Copyright Permission

By submitting a response, the Respondent agrees that Medicaid may copy the response for purposes of facilitating the analysis of the response or to respond to requests for public records. By submitting a response, the Respondent consents to such copying and warrants that such copying will not violate the rights of any third party.

2.11 Cost and Expenses

Each Respondent is responsible for its own costs and expenses related to this process, including cost and expenses associated with preparing and submitting a response to this RFI, participating in the process, the provision of any additional information, or attendance at meetings/interviews. No costs related to this RFI will be reimbursable from Medicaid.

3 RFI Requirements

3.1 Executive Summary

Respondents should prepare a summary of their response to the requirements described in 3.3 Solution below. The Executive Summary should condense and highlight the contents of the requirements in such a way as to provide a broad understanding of the entire information response.

3.2 Company Background

Respondents should respond to this section with a brief description of their company or organization, relevant products and services, history, names of governmental entities the Respondent has assisted in the design and/or implementation of similar Data Warehouse solutions, and any other information deemed relevant.

3.3 Solution

In this Section, the Respondent should provide a high level description of how their Data Warehouse solution addresses Medicaid's requirements listed in this RFI.

The description should include but is not limited to how Respondent proposes to:

- 3.3.1 Implement a data model that includes clinical, financial and regulatory subject areas.
- 3.3.2 Implement a mechanism to safeguard Protected Healthcare Information or Individually Identifiable Information (PHI/II).
- 3.3.3 Permit data sharing between Medicaid and cohort entities.
- 3.3.4 Create an architecture that is compliant with Medicaid Information Technology Architecture (MITA) standards.
- 3.3.5 Create an architecture that aligns with the Centers for Medicare and Medicaid Services' (CMS) Seven Conditions and Standards.
- 3.3.6 Deliver an architecture that allows for ad hoc query and report development, as well as permitting the addition of downstream analytical tools.
- 3.3.7 Implement an architecture that allows for data cleansing and conformation to a centrally maintained master.
- 3.3.8 Provide a mechanism to translate unstructured, non-normalized, and uncleaned data to a destination consistent with modern patient-centric models.
- 3.3.9 Implement a data security architecture that permits data access at the individual user level and embodies confidentiality mechanisms consistent with relevant regulatory requirements.
- 3.3.10 Manage issues relating to data stewardship, slowly changing dimensions, multiple user perspectives, confidence intervals, match rates, etc.

Additionally, with respect to Respondent's capabilities to assist in designing and developing a comprehensive health care and analysis approach, Medicaid requests feedback on how Respondent would:

- 3.3.11 Provide technical consulting and assistance for technical issues, including:
 - Hardware infrastructure, design, purchase, installation, and management
 - Cloud solution options and support
 - System implementation and/or database design and development
 - Extract, Transform, Load (ETL) process design and development
 - Staff support and training of staff
- 3.3.12 Provide technical consulting and assistance for clinical issues, including:
 - Identification, development, or creation of reference files for grouping diagnoses, procedures, drugs, providers, and quality measure components
- 3.3.13 Provide clinical consulting and assistance for technical issues, including:
 - Design and development of (or use of existing proprietary) reports for analysis to support agency program areas
- 3.3.14 Provide clinical consulting and assistance for clinical issues, including:
 - Training and support for how to use data to support policy decisions
 - Assistance prioritizing data projects

Respondents would need to anticipate that Medicaid currently uses data from several sources and multiple data types, understanding that more sources or types may be added. Among the current data sources and types are:

Types:

- Relational database files
- Mainframe-based files

Sources

- Various sources, comprising an array of categories of data, including but not limited to:
 - Claims, Encounter, Financial, Provider, Enrollment, Eligibility, and Reference data
 - Vital Statistics, such as Birth Certificates and Death Certificates
 - Immunization Registry
 - Mental Health data, such as Inpatient and Outpatient data
 - Maternity Case files and Home Health Case Management data
 - Survey results regarding healthcare providers and systems
 - Risk Score information
 - Geographic Information System data, including Shapefiles and Demographic reference information

3.4 Cost Structure

Respondents may submit information about cost components, cost models, or costing methods that have been applied to similar products and services delivered in the past. For instance, for applicable software licensing, Respondent may provide information such as “per seat” or “concurrent user” licensing. If applicable, methods of delivery such as “software as a service” or “on-site licensing” may be included in the response, as well as costing factors applicable to maintenance and support activities. Also, to the extent that professional services would be applicable, typical cost ranges for various categories of implementation services may be provided. Finally, Respondent may submit a brief description of available flat fee cost approaches.