

**Request for Assistance
Assessing the Impact and
Implementing ICD-10**

August 25, 2011

1.0 INTRODUCTION

This document constitutes a Request for Assistance (RFA), on behalf of Beth Israel Deaconess Medical Center (BIDMC) and its affiliates, for assistance with assessing the impact and implementation Project Management support of the Federal government mandated ICD-10 initiative. Please provide your completed electronic and paper response, by 5pm, September 12, 2011.

To facilitate the evaluation of your information it is mandatory a response is submitted to all questions. The corresponding question number must reference all responses to questions. Questions are contained in Section 8.0 of this RFA.

You may provide additional information as appropriate; however, the additional information will not be regarded as substitute answers to specific questions.

This document describes the “Enterprise”, proposed project phases and deliverables, and Vendor response required. We welcome suggestions for improvement to our approach based on the Vendor’s experience with similar engagements.

We intend to interview a small number of Vendors to gain knowledge of their experience, availability, and rates. Based on this, we will engage one of the Vendors to complete the Initial Assessment phase of the project as described below. Using this information, we reserve the option to continue with the incumbent Vendor or solicit competitive offers for later phases of the project.

2.0 BACKGROUND

BIDMC and its affiliates are jointly sponsoring this RFA. BIDMC will serve as the lead organization and take responsibility for contract administration. “Affiliates” include Beth Israel Deaconess – Needham (BID-N), Harvard Faculty Management Practice (HMFP), Beth Israel Deaconess Physicians Organization (BIDPO) and Affiliated Physicians Group (APG), hereafter referred to as the “Enterprise”.

The Enterprise is a team of healthcare professionals who are dedicated to providing the best quality care and services to patients in a highly personalized manner. With more than 10,000 employees and 2,500 medical staff, the Enterprise offers community-based primary care and a wide range of specialty services at multiple sites throughout the greater Boston area.

The organizational components include a major academic and research medical center (BIDMC), community-based hospital (BID-Needham), multi-specialty physician practice (HMFP), primary care-based practice group (APG), and physician contracting organization (BIDPO).

The following is intended to provide an idea of the size of the “Enterprise”. These are “rough” estimates to be fine-tuned during Phase I of the project.

ITEM	BIDMC	BID-N	HMFP	APG	BIDPO
Net Patient Revenue	\$1.1B	\$50M	\$250M	\$85M	\$450m
Business Associates	25	10	30	10	5
Health Plans (aka Payers)	30	25	35	25	25
Managed Care Contracts	40	30	25	30	25
Employees and Staff	6,300	350	1,200	250	50
External Reporting	25	10	10	10	5
Inpatient Encounters	44,000	2,000	21,000	NA	NA
Ambulatory Encounters	800,000	160,000	1.2M	500,000	NA
Software Vendors	175	10	5	6	5
In-House Applications	50	5	5	5	5
Stakeholders	40	5	25	5	5
Geographical Sites	7	3	15	30	1

Note: There may be duplication among the columns, e.g. a health plan listed for BIDMC may also be counted for BID-N, HMFP, and so forth.

3.0 SCOPE OF WORK

The “Enterprise” needs to perform analysis, planning and implementation work to be compliant with the October 1, 2013 Federal mandate. We anticipate five phases of work:

3.1 Phase I - Initial Assessment

This assessment provides the contractor an opportunity to refine the scope of work for subsequent phases, budget, and rough timeline for completion. We expect this phase to be completed within 30 calendar days from contract signing.

3.2 Phase II - Gap Analysis

The gap analysis will identify the areas of the “Enterprise” that will be impacted by the adoption of ICD-10. This will build on the initial assessment and provide further details upon which a Remediation plan can be developed.

3.3 Phase III – Remediation Plan

The Remediation plan will provide a detailed project plan containing a roadmap for ICD-10 adoption in the “Enterprise” that complies with the Federal mandate, both in form and time. The plan will identify high priority tasks whose failure to complete on-time present significant compliance or revenue risks.

3.4 Phase IV – Implementation

This phase represents the project management, education and training, IT technical and workflow changes, testing, and other tasks required to implement the Remediation Plan.

3.5 Phase V – Post-Implementation

This provides for clean-up work needed to address items deferred or discovered during the implementation period. These items are not critical to complying with the October 1, 2013 Federal mandate, but offer opportunities to improve technical, operational, or financial efficiencies related to ICD-10 management.

Together, these five phases will identify the key areas in the Enterprise that will be impacted by ICD-10, detail what are the potential impacts, develop an implementation plan to address those impacts, and complete the project in time to comply with the Federal mandate.

4.0 PROJECT DIRECTOR

The following Vendor services may be required throughout each of the project phases. This should be considered an “optional” item in considering Vendor deliverables. The Enterprise, at its election, may hire a person specifically for the purpose of directing the project. In this event, these duties and responsibilities would be assigned to him/her. The Vendor would supplement and support the BIDMC Project Director as required.

- 4.1 Manage/coordinate all aspects of the Enterprise-wide assessment, planning and implementation activities in a timely manner.
- 4.2 Facilitate monthly ICD-10 Enterprise Steering Committee including preparing and distributing meeting agendas and maintaining and distributing meeting minutes.
- 4.3 Provide continuous and timely project information to the Enterprise ICD-10 Steering Committee.
- 4.4 Coordinate the development of a detailed budget for the overall project to include capital and operating, one-time and annual recurring.
- 4.5 Oversee testing efforts and change control processes.
- 4.6 Develop, capture, and monitor key metrics to ensure a successful ICD-10 implementation.
- 4.7 Perform post-implementation project audits and provide a detailed project closure report. The report will include validation of future state workflows and identify opportunities for further efficiencies, as noted.

5.0 PROJECT PHASES

The deliverables expected to be produced in each project phase are described below:

5.1 Phase I - ICD-10 initial Assessment

This deliverable will allow the consultant to fine tune the scope of work required for the gap analysis, remediation plan, and implementation phases. This phase has been “time boxed” to assure it is done quickly. The Enterprise ICD-10 Steering Committee will assist the consultant in gathering information needed to complete this phase. Tasks to be completed include:

- 5.1.1 Internal Inventory.** Develop a high-level inventory of internal organizational functions, work processes, and technologies that may be impacted by ICD-10.
- 5.1.2 Business Associates.** Develop a high-level inventory of business associates whose activities the Enterprise depends upon that may be impacted by ICD-10.
- 5.1.3 Trading Partners.** Identify trading partners to include health plans, clearing houses, governmental activities and other external entities whose interactions with the Enterprise may be impacted by ICD-10.
- 5.1.4 Education and Training.** Develop a preliminary description of the scope of educational and training effort that needs to be undertaken. This will include types of functions, learning objectives, and relevance to ICD-10.
- 5.1.5 Managed Care.** Identify managed care contract arrangements that may need to be renegotiated.
- 5.1.6 Transition Issues.** Describe the challenges and strategies the Enterprise may encounter if both ICD-9 and ICD-10 are required for a period of time.
- 5.1.7 Timeline.** Provide a tentative timeline with major tasks and milestone dates that will accomplish essential work needed to comply with the Federal mandate.
- 5.1.8 Budget.** Estimate a tentative budget for each subsequent phase of the work. The budget should be estimated by project phase and major participant, e.g. BIDMC, BID-N, HMFP, APG, and BIDPO. The latter is required to aid in internal cost allocation.
- 5.1.9 Organization.** Identify the work groups required to complete the project and how they should be organized. This includes the primary objectives of each group, recommended chairpersons, and their relationship to each other and the ICD-10 Enterprise Steering Committee.

5.2 Phase II - ICD-10 Gap Analysis

The purpose of the gap analysis is to identify and document, in detail, the areas of the Enterprise that will be impacted by the adoption of ICD-10. This phase builds upon the work effort in phase I. It provides a detailed comparison of current and future state. Tasks include:

- 5.2.1 Breadth of ICD-9 usage:** A detailed listing of internal and external stakeholders where ICD-9 coding is being used and the capacity in which ICD-9 is being used.
- 5.2.2 Relationships of ICD-9 usage:** A detailed mapping of ICD-9 relationships where ICD-9 information is being exchanged. This includes exchanges between internal and external systems or entities.

- 5.2.3 Depth of ICD-9 Usage:** The consultant should document the potential impacts for all internal and external stakeholders as a result of migrating to ICD-10.
- 5.2.4 Technical Impact:** An inventory and assessment of the Enterprise's information systems, both in-house and vended, involved in storing, maintaining, processing, and transmitting ICD information. The assessment will describe remediation work needed to support ICD-10.
- 5.2.5 Forms Impact.** An inventory of the charge tickets and other forms that will be impacted by ICD-10 and changes required.
- 5.2.6 Managed Care Contracts:** Identify the specific contract terms and conditions that will be impacted by ICD-10 and items requiring renegotiation.
- 5.2.7 Trading Partners:** A detailed inventory and assessment of the Enterprise's business associates, health plans, and clearinghouses and their readiness to convert to ICD-10. This will include transition plans and timelines.
- 5.2.8 Crosswalks.** Identify the areas where mapping may be required to translate to/from ICD-9 and ICD-10 as a result of transitional issues and the preferred method for doing this.
- 5.2.9 Research.** Identify activities of the research community whose grants, data collection, or trials may be impacted by the conversion to ICD-10.
- 5.2.10 Other Projects.** Identify the potential impact of ICD-10 adoption on other in-process projects.
- 5.2.11 Interviews.** Stakeholders will include relevant staff from each of the four organizations represented in the "Enterprise".
- 5.2.12 Finance.** Identify optimistic, pessimistic and likely impact on financial performance, working capital, and financial reporting.
- 5.2.13 Prioritization.** Provide an initial rating and ranking of tasks with the most significant technical, operational and financial impact.

5.3 Phase III - Remediation Plan

The Remediation Plan will contain a proposed approach for ICD-10 adoption in the Enterprise. The plan will detail work to be done including additions, modifications, upgrades, and replacements for staffing, business processes, policies, technologies, and trading agreements. It should reflect "best practices" based on the consultant's experience at other engagements. The schedule of work will support the timely completion of requirements necessary to achieve Federal compliance. Plan components include:

- 5.3.1** Project tasks and activities.
- 5.3.2** Project timeline and duration.
- 5.3.3** Resource requirements and assignments including estimated staff labor and/or contract labor hours.

- 5.3.4 Project organization.
- 5.3.5 Policies, procedures and techniques for dealing with the transitional period during which both ICD-9 and ICD-10 will be required.
- 5.3.6 Training and education plan.
- 5.3.7 Progress reporting technique.
- 5.3.8 Testing efforts, methods, tools and change controls.
- 5.3.9 Budget and Quality controls.
- 5.3.10 Risk Identification and Management Plan.
- 5.3.11 The project plan should include a “traditional” Microsoft Project Gantt chart detailing project milestones, schedule, and task dependencies.
- 5.3.12 Priority of Implementation based on the level of impact to the Enterprise business model.
- 5.3.13 Consideration of other in-process or planned projects that may share resources or impact ICD-10 efforts.
- 5.3.14 An “Executive Summary” providing an overview and explanation of the project plan highlighting the key topics.

5.4 Phase IV – Implementation

- 5.4.1 This phase will carry out the work described in the Remediation Plan. The consultant’s role will predominately be project management to assure tasks are completed in a timely manner.
- 5.4.2 It may be necessary to augment staff resources should unexpected delays arise due to extraordinary events.
- 5.4.3 Risks identified in earlier phases will be monitored and, as necessary, brought to the attention of the ICD-10 Enterprise Steering Committee for their action.

5.5 Phase V – Post-Implementation

- 5.5.1 Post-conversion assessments at the 3 and 9 month intervals to determine if there are areas where efficiency and/or effectiveness can be improved.
- 5.5.2 Documentation needed to reflect new business processes and logic introduced during the conversion to ICD-10.

6.0 OUT OF SCOPE

The following items are outside the scope of consulting services and will be performed by Enterprise staff or other business partners.

6.1 Designing and executing technical changes to software applications, databases, interfaces and IT infrastructure.

6.2 Implementing changes for 5010 system compliance.

6.3 Providing ICD-10 Enterprise Steering Committee oversight.

7.0 OVERSIGHT

Enterprise monitoring and oversight activities will be provided by an already formed ICD-10 Steering Committee. Membership includes representatives from each of the organizations represented in the Enterprise. Their role will include:

- Viewing reports and other deliverables provided by the Vendor for accuracy and completeness, and determining they meet all project deliverable requirements.
- Assisting with the identification of internal and external stakeholders.
- Ensuring the Vendor has access to those people, applications, and infrastructure needed to perform project activities.
- Viewing and approving the proposed format and content of all task deliverables.
- Managing the Vendor relationship.
- Providing all available relevant business process and system documentation.
- Reviewing project status on a monthly basis via dashboards prepared by the Vendor.
- Monitoring Vendor progress against task milestones.
- Analyzing, authorizing and amending the contract to reflect any changes in the scope of work as agreed upon at the onset of the contract.
- Coordinating briefings for other senior management of the Enterprise.

8.0 VENDOR RESPONSE

There are two components to the response. The first is a written submission addressing the questions listed below. The second is an on-site, one to two hour presentation to the Enterprise ICD-10 Steering Committee. The latter offers an opportunity for the Vendor to expand on information in the written response and conduct Q&A with the ICD-10 Steering Committee.

Questions to be addressed in the written response include:

8.1 Company – Name, line of business and geography.

8.2 Qualifications and Experience – Provide a description relevant to the health care industry and specifically ICD-9 to ICD-10 conversions. Include a sample list

of projects the Vendor has completed or is currently engaged that are similar in nature, scope and complexity to that requested in this RFA.

- 8.3 Statement of Key Differentiators** – Provide a statement describing how your services required in this request for proposals differs from your competitors.
- 8.4 Customer List and References** – Provide a list of customers or a total number of customers, if confidentiality prevents a listing. Customers should be those who have engaged the company in ICD-10 projects of similar scope and complexity. Contact information for three references comprising a mixture of hospital and physician work experience should be provided.
- 8.5 Initial Assessment** – Describe how you will conduct the initial assessment within scope and time objectives.
- 8.6 Economies** – Identify efficiencies you anticipate possible by using knowledge you have gained from similar engagements, e.g. readiness of health plans, clearinghouses, business associates, software vendors, and the like.
- 8.7 Major Risks** – Identify the major challenges you anticipate we will encounter in completing the migration.
- 8.8 Project Plan Recommendations** – Identify how you would improve the project phases or approach to accomplish the overall goal of being compliant by October 1, 2013.
- 8.9 Project Assignments** - Profile the type and level of experience of the staff you would assign to this project and their respective roles.
- 8.10 Initial Assessment Price** – Provide a fixed cost estimate for Phase I, “Initial Assessment”. If there are costs not included within the fixed cost such as travel and transportation, provide an estimate of these.
- 8.11 Cost Estimates for Phases II to V** – Provide optimistic, pessimistic, and most likely estimates of the cost of each project phase we have identified based on your experience at other customer engagements of similar size and complexity. These are for our information only. They will assist BIDMC in determining the viability of using the Vendor’s service in these phases of the project. The actual amounts to be paid for Phases II to V will be negotiated prior to the initiation of these Phases of the project and based on information gathered in Phase I.
- 8.12 Payment Terms** – Identify payment terms anticipated during the course of the engagement.
- 8.13 Contact Person.** Vendors must identify in their response the primary contact person for all communications regarding this response. Please provide both a contact phone number, position in the company and email address

9.0 INSTRUCTIONS TO THE VENDORS

9.1 Cost of Preparing Proposal

Vendors shall be responsible for all expenses they may incur in developing and submitting a proposal to this RFA. BIDMC is not responsible in any way for any expenses incurred by any Vendor in the preparation or submission or presentation of a proposal in response to this RFA or for the costs incurred during the evaluation period following receipt of the proposals, or negotiation of a potential final Agreement (as discussed above). BIDMC reserves the right, in its sole discretion, to cancel this solicitation and RFA at any time during the procurement process, including during contract negotiations. This RFA is not and shall not be considered an "agreement to negotiate".

9.2 Preparation of Proposal; Disqualification

Vendors shall ensure that their proposal contains all the information requested in this RFA. Proposals determined by BIDMC to be inadequate, irregular, incomplete or otherwise nonresponsive may be disqualified from further evaluation. Failure to meet the minimum requirements set forth herein shall be grounds for disqualification. Submission of qualifications shall constitute Vendor's permission for BIDMC or its agents to verify all information provided.

The Vendor shall provide all services requested. Vendors shall be responsible for providing all services exactly as requested unless they provide alternative proposals for specific services that are acceptable to BIDMC. Failure to provide positive acknowledgment that the Vendor will provide all services, or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the proposal.

10.0 VENDOR EVALUATION AND SELECTION SCHEDULE

10.1 Schedule. The proposed schedule for this Vendor evaluation and selection process is as follows:

* RFA Issued	August 25, 2011
* Proposal Responses Due Back to BIDMC	September 12, 2011
* BIDMC/Vendor On-Site Presentation	September 14-30, 2011

10.2 Remittance of Responses. The original response must be submitted in both paper and electronic form to Dr. John Halamka, SVP/CIO of Beth Israel Deaconess Medical Center. Responses must be received no later than 5 p.m. (EST), September 12, 2011. Email documents will be in PDF or Microsoft Word format.

Dr. John Halamka, MD
SVP/CIO BIDMC
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6th Floor
Boston, MA 02120

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Email: Jhalamka@BIDMC.Harvard.edu

Clarifications in relation to the RFP should be emailed to Dr. John Halamka, MD

11.3 Evaluation Process. The evaluation process will consist:

- A review of the electronic and paper response to the RFP.
- Vendor meetings with the Enterprise ICD-10 Steering Committee to be scheduled between September 14-30, 2011

The above process will allow us to gain a more detailed knowledge of the proposed systems and their applicability to the BIDMC environment.

Clarifications and additional information may be requested from Vendors at any point in the evaluation process. Respondents must respond to BIDMC's request for further information within 48 hours.

11.4 General Response Requirements

The following requirements also apply.

11.4.1 Confidentiality. This RFA is strictly confidential and proprietary to BIDMC. Vendors shall not, duplicate, distribute, or otherwise disseminate or make available this document or the information contained therein without the prior express written consent of BIDMC. The Vendor may make this document available to employees who have a need to know its contents in order to participate in the preparation of the RFA. The Vendor shall accept full responsibility for providing adequate supervision and training to its employees to ensure compliance with the confidentiality requirements herein. Vendor shall not include or reference this RFA in any forum without prior written consent of BIDMC.

Unless specifically agreed otherwise by the parties in writing, no information contained in any proposal or other information submitted by a Vendor in response to this RFA will be treated as confidential information and BIDMC is under no obligation of confidentiality. Vendor agrees that the submittal of a proposal or other materials in response to this RFA does not limit or restrict BIDMC's ability to engage in and develop products and services that BIDMC deems necessary to meet its business needs and does not limit BIDMC's use or application of any technical information or knowledge acquired independently in the course of developing such products and services.

11.4.2 Contract Negotiation. BIDMC reserves the right, in its sole discretion, to enter into discussions and/or negotiations with more than one qualified Vendor at the same time. BIDMC may contract with one or more Vendors, with no Vendors, or with any party or parties who did or did not bid, should it determine that such actions are in its best interest.

11.4.3 Interpretations and Addenda. Any interpretation of, or change in, the RFA will be made by official addendum sent to each Vendor to whom the RFA was issued. Official addenda become a part of the RFA and of any Agreement awarded. BIDMC will not be responsible for any other explanation or interpretation.

11.4.4 Publicity and Announcements. Vendors shall not furnish any information, make any statement or issue any document or other written or printed material concerning the response to this RFA for publication in any media without the prior written approval of BIDMC.

11.4.5 Response Clarification/Discussions. BIDMC may request additional information other than that contained in a proposal. Because of this, each Vendor shall designate a person who will be responsible for answering questions that may arise during examination of the Vendor's proposal. The name, address, e-mail address and telephone number of that person shall be included in the proposal.

The Vendor shall outline any assumptions made in the proposal.

11.4.6 Limiting Terms/Conditions. Vendors shall identify and explain any limiting terms or conditions that they may have in regards to their proposal. BIDMC is in no way obligated to consider or act upon any such limiting terms or conditions.

11.4.7 Certification of Compliance. The following paragraph must appear at the end of the proposal cover letter:

"I hereby certify on behalf of _____ that the contents of this proposal are, to the best of my ability, completely in compliance with all the requirements of the Request for Assistance by BIDMC, without any exceptions other than those expressly listed and explained in this proposal. This proposal is an irrevocable offer which shall remain in full force and effect for 180 days after the proposal due date."

Signature

Name:

Title:

Date: