HIE Connectivity Request For Applications:
Questions and Responses

1. The work calls for connecting practices with EHRs to the DC HIE. But there is no DC HIE. Is the goal to connect practices to CRISP?

   As indicated in Section I, page 9 of the RFA, the grantee selected for the Core HIE Capabilities for Providers grant (CRISP DC) shall work with the HIE connectivity grantee to connect EP's and Non-EP's to HIE Capabilities throughout the duration of the grant period. The Core HIE Capabilities for Providers grant was executed and awarded to CRISP DC on April 5, 2019.

   Additional Information on HIE's in the District of Columbia is provided in the District's State Medicaid Health Plan (SMHP). We encourage applicants to review the SMHP and propose innovative solutions to meeting the programs objectives outlined in the RFA.

2. CRISP typically has a yearly fee to connect organizations. Will CRISP be asking for a fee to connect individual practices? If so, will this be a recurrent yearly fee?

   CRISP DC does not charge a fee to non-hospital ambulatory or specialty providers to connect or send data to the HIE. All costs associated with connecting an EHR to the HIE are allowable costs under this grant.

   As indicated in the RFA, onboarding assistance shall be free-of-charge to all Medicaid providers participating with the grantee.

3. We currently have 410 DC, Maryland and VA providers in the CIQN connected to a cloud based EDW (Healthe Intent). Would it be acceptable to connect these providers to CRISP via Healthe Intent, or must they be connected one by one?

   DHCF is interested in receiving innovative proposals from applicants who plan to connect as many District providers as possible by the end of the grant period to the Core HIE Capabilities listed in the RFA. Applicants are invited to propose the most innovative, efficient approach to achieve the objectives set forth in the RFA as written. Proposals will be scored based on the criteria listed in Section VI, page 27 of the RFA.

4. Analytics requirement – is it focused on connectivity rates, data exchange, etc. or more essential health data such as vital signs, problem lists, medications, etc.

   DHCF is not clear what analytics requirement is referenced by this question. If this question is in regard to the fourth Core HIE capability, which is focused on creating advanced analytics to support care coordination and panel management - please note that the grantee for the Core HIE Capabilities grant, CRISP DC, is charged with developing and implementing that technology.

The scope of the HIE Connectivity grant is to connect providers to the Core HIE Capabilities and ensure that Medicaid providers are able to share their encounter and clinical information via HIE.

5. Have the clinical data content and formats that are to be transferred from the practices to the HIE been specified?

   The data content that would be most supportive to the use of the Core HIE Capabilities as listed in the RFA on page 6 includes, but is not limited to: demographic data, encounter data, quality metric data, medication data, provider notes, discharge information, radiology reports, and lab results. This is not an exhaustive list and applicants are encouraged to consider what data would be needed to populate the Core HIE Capabilities and submit proposals to that effect. DHCF suggests that the applicant's proposal focus more on the data and less on the format.

   DHCF also recommends that the selected grantee work in coordination with CRISP DC, to identify the comprehensive list of data elements and formats in use as part of the Core HIE Capabilities grant.

6. Where will the clinical data be stored and is there a data schema available for the database?

   The scope of this grant does not necessarily require the storage of data. The purpose of the HIE Connectivity grant is to assist providers with sharing and receiving information to and from HIE entities in the District. Those HIEs operating in the District with whom providers already have agreements in place are charged with moving, storing or facilitating the exchange of data via the connections established in this grant.

   No data schema is specifically required by the RFA, however DHCF recommends use of the FHIR specifications for diagnostic reports, observations and specimens. The FHIR specifications can be referenced at the following:
   - ***http://hl7.org/fhir/***
   - ***http://hl7.org/fhir/diagnostics-module.html***

7. What type of clinical data extraction is included in the scope for this project?
   Please see response to question #5 and #6.

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8. How often will the data loads to and from the practices occur, daily, weekly or monthly?

   DHCF expects the exchange of information among providers via HIE to be as real-time as possible. CRISP DC has the ability to accommodate data loads in real-time, daily, weekly, or monthly.

Additional Information on Number and Type of Providers, as Requested at the Pre-Application Meeting:

DHCF is sharing the number and type of Medicaid-enrolled providers who submit more than 100 claims to DHCF each year in response to questions raised at the HIE Connectivity grant pre-application meeting. For the greatest impact, DHCF has focused this analysis on providers who submitted more than 100 claims to DHCF in the last year. This table reflects 663 unique NPIs with more than 100 claims in FY18 as of April 9, 2019.

This table does not reflect the number of EHRs or instances of EHRs that must be connected to the HIE under this grant. These data are shared for planning purposes only.

Upon execution of a Notice of Grant Agreement (NOGA) between the selected grantee and DHCF, the grantee will submit a performance plan as part of the work plan for approval by DHCF. The performance plan shall include an analysis of the number of organizations eligible to receive services under this grant who are not already participating at Tier 3 (i.e. the denominators of the performance measures).

Medicaid Provider Type	Number of Providers (by Distinct NPI) with 100+ Medicaid Claims in FY18
Ambulatory Clinics	158
Inpatient and Outpatient Behavioral Health • Public/Private Hospitals, Mental Health Clinics, Substance Use Disorder Sites, Mental Health Rehabilitation Services,	49
Dental Providers	136
Emergency Medical Services	2
Long-term and Post-Acute Care Facilities • Inpatient, Nursing, Intermediate Care Facilities	49
Pharmacies	139
Physicians • Individual Physician, Non-Ambulatory	100
School-Based Health Clinics	13
Nurse Practitioners- Non-prenatal	14
Hospice	3

Last updated 04/09/2019

The table below includes all District Medicaid providers who are OB/GYNs, nurse practitioners with an OB specialty, nurse midwives, OB clinics, and birthing centers (no matter the number of claims submitted to DHCF). This table reflects the total number of prenatal health care providers with unique NPIs (n=218).

Prenatal Health Care Providers Eligible for HIE Onboarding Services	**Number of Prenatal Health Care Providers (by Distinct NPI)**
Physicians	163
Nurse Practitioners	19
Nurse Midwives	23
Birthing Centers	1
Clinics	12

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