

Request for Information

Summary: The Community Health Care Association of New York State (CHCANYS) is developing a vendor directory to assist our members with their vendor selection process. The directory will cover solutions and tools across the spectrum of community health center needs.

CHCANYS will use information submitted for this RFI to create a guide of Telehealth vendors for health centers. We are focusing on these types of vendors in light of increased need for telehealth during the COVID-19 pandemic. The intention of the vendor guide is to minimize FQHC effort spent evaluating and selecting vendors, allowing the centers to retain focus on providing quality care to patients.

Dates: Responses will be considered on a rolling basis. For priority consideration in the initial directory, responses must be received by 4/24/2020. Responses received after this date may be included in a future vendor directory.

Addresses: Responses should be submitted to RFIcontact@chcanys.org with “Telehealth RFI” in the subject line.

For further information: Contact RFIcontact@chcanys.org with “Telehealth RFI” questions in the subject line. Please note, answers to inquiries may be shared with all submitters.

Background: CHCANYS was established in 1971 as the “Association of Neighborhood Health Centers” to give voice to community health centers (CHCs) as providers of primary care for medically underserved areas. In 1984, the name was changed to the Community Health Care Association of New York State, with membership growing as health centers expanded in urban and rural geographies. CHCANYS opened an office first in New York City and later in Albany to address the needs of the statewide membership and work closely with state government.

Designated by the federal Bureau of Primary Health Care (BPHC) to be the state Primary Care Association (PCA), CHCANYS provides training and technical assistance (T/TA) to help health centers improve programmatic, clinical, and financial performance and operations. In 2012, BPHC selected CHCANYS to operate the New York State Health Center Controlled Network (HCCN). HCCNs help health centers improve quality of care and patient safety by using health information technology to enable care coordination, data analytics, quality measurement and performance improvement. Over time, CHCANYS has developed capacity and fostered relationships to efficiently and effectively deliver tools and information CHCs need to succeed.

CHCANYS’ mission is to champion community-centered primary care through leadership, advocacy, and support of CHCs so that every New York State community has primary care that encompasses all aspects of each patient’s health and well-being.

CHCANYS provides services and supports to approximately 70 organizations that serve 2.4 million patients – 1 in 9 New Yorkers – at 800 care delivery sites statewide. CHCs provide health care to individuals and families that otherwise would not have access to primary care. Located in medically underserved neighborhoods, CHCs serve anyone who walks through their doors, regardless of immigration status, insurance status or ability to pay.

CHCs serve diverse populations, with programs created specifically to support pregnant women and children, Veterans, people with behavioral health needs and substance use disorder, homeless individuals and families, people with physical and developmental disabilities, and immigrants. In addition to medical care, CHCs operate WIC programs and connect patients with social services in their communities, including housing and food programs.

Additional information: CHCANYS may request a product demonstration or detailed discussion prior to inclusion in the vendor directory. All vendors will have a chance to review details before they are shared with CHCs.

1. General Information

- a. Company Name
- b. Address (Headquarters)
- c. Telephone number (Headquarters)
- d. Website
- e. Parent company (if applicable)
- f. Parent company name
- g. Parent company address
- h. Parent company telephone
- i. Other office locations
- j. Main company contact name
- k. Telephone number
- l. Email address

2. Market Data

- a. Number of years as vendor/organization
- b. Type of vendor/organization (Non-profit, for profit)
- c. Women or minority owned business yes/no
- d. Number of employees at organization
- e. Number of live sites/customers
- f. Number of health industry customers
 - i. Type of healthcare industry customers
 - ii. Number of FQHC customers
 - iii. Any additional information about healthcare provider customers
- g. Size of existing user base (or states/counties served)
- h. Size of NY user base
- i. What is customer retention rate for 1 year, 2 years, 3 years

3. Product Information

- a. What is the product/service/tool
- b. What is the main functionality

- c. What type of technology is used
- d. Does it include video conferencing
- e. Who is the intended user
- f. Describe a use case
- g. Is there a volume capacity (for users, sites, connections, data, etc)
- h. What is the workflow for the user of the product
- i. How does the patient engage with this product
- j. Should this product be used in conjunction with other tools or is it stand alone
- k. Is a demo copy available prior to purchasing
- l. Is there a trial period option with an option to cancel; if so, what is the length of the trial period

4. Customization & Integration

- a. How can this product be customized to meet individual customer or organization needs
- b. What EHR/tools are you currently integrated with (including billing, medical records)
- c. What EHR/tools are you in process of integrating with
- d. Is it cloud-based
- e. What is the browser and operating system compatibility
- f. Is there a bandwidth requirement
- g. Is there a mobile application, and what is the compatibility (iOS, Android)
- h. Does the product have plug and play capabilities
- i. Please describe the options for data collection, analysis, or reporting if applicable

5. Telehealth Functionality

- a. What primary care health services are offered
- b. Is any hardware included (Stethoscopes, otoscopes, dermascopes etc)
- c. Is any equipment included or required to use the product (internet connected scales, blood pressure monitors, etc)
- d. Is there built-in billing (if not, what is workflow for billing)
- e. Is there built-in ePrescribe
- f. How does it capture patient medical history and records
- g. How does it capture patient insurance
- h. Does it allow the provider to record visit notes
- i. Does it allow for transfer of visit notes to EHR
- j. How does your company or this tool adapt to changing Telehealth guidance
- k. What differentiates this tool/service from others in the market
- l. Include any results or outcome information for customers if applicable

6. Product Implementation & Training

- a. Are there other tools/services/equipment that should be in place prior to implementation
- b. What is the process for implementation/installation
- c. Is any part of the implementation process outsourced

- d. How long is the implementation process on average
- e. Are there factors that influence length or scope of implementation
- f. How many centers can you be engaged with at a time
- g. What is the required commitment on the client side in terms of time, resources, and client communication
- h. What is the structure of the training process for this product
 - i. Is there on-site training for this product
 - ii. Is there online or remote training available
 - iii. Is there ongoing training after implementation
- i. Is there ongoing technical support for the customer after completion of the training process
 - i. Is it by email, phone, or chat
 - ii. What are the hours available for support
 - iii. Is it outsourced or in house
- j. Is there ongoing technical support for the patient

7. Security Information

- a. List any relevant functionality certifications, with version and year of certification
- b. List any relevant security certifications, with version and year of certification
- c. Describe how the product meets all HIPAA, HITECH and other security requirements
- d. Is there an API, and if so, is it open or FHIR compatible
- e. When is your next version release if applicable

8. Pricing

- a. What is the cost structure
 - i. Amount of payment
 - ii. Frequency of payment
 - iii. Expected length of time – is there a time commitment requirement
- b. Are there variables that affect cost, such as number of number of users or features of product
- c. Please provide cost estimates based upon a typical implementation
 - i. What are the initial year costs: implementation fee, training costs, service fees, others
 - ii. What are the upkeep, maintenance, and upgrade costs
 - iii. Are there other ongoing or recurring costs
- d. Is it an additional cost to customize the platform
- e. Is technical support at an additional cost
- f. Are there any group pricing options available or special pricing based on volume
- g. What are the conditions or options for cancellation
- h. Are there any special pricing options in response to COVID-19
- i. Please provide any other information regarding cost that would be helpful to consider

9. References



- a. Please provide 2-3 references that are customers or users of this product that we can contact