

Request for Information



State of Alaska
Department of Health
Division of Public Health

Date Issued: 24 OCT 24

DATA CLEARINGHOUSE FOR HEALTH FACILITY DATA REPORTING PROGRAM

Introduction:

The Department of Health (DOH), Division of Public Health (DPH) seeks interested parties to respond to this information request that may have the background, experience and ability to provide the **Data Clearinghouse** service for the **Health Facility Data Reporting Program**.

Background Information:

The Alaska Health Facilities Data Reporting Program (HFDR) is governed by regulations 7 AAC 27.660 Article 14, Health Care Facility Discharge Data Reporting. The HFDR collects inpatient and outpatient discharge data from Alaska health care facilities. There are up to fifty facilities reporting. These facilities include private, municipal, state, or federal hospitals; hospitals operated by Alaska Native organizations; psychiatric hospitals; independent diagnostic testing facilities; residential psychiatric treatment centers; intermediate care facilities; and ambulatory surgical facilities. As of November 2023, there are 16 ambulatory surgery centers, 21 community hospitals, and 3 specialty hospitals that report to the HFDR.

Scope of Work

If DOH conducts a solicitation for these services, the contractor will assist the Department to collect data and maintain the Alaska Inpatient Database and the Alaska Outpatient Database. Health facilities discharge data show use of health services and provide evidence of the conditions for which people receive treatment. Population health status assessment, analysis of health care utilization trends, and health system planning are examples of uses of the data from the reporting program. The information can inform planning and decision making at all levels, including facilities, communities, and the state. Data provide valuable information for emerging issues in health status and health service delivery and need for expanded services and facilities.

Data is required to be submitted on a quarterly basis, no later than two calendar months after the end of a calendar quarter, according to the following schedule:

Table 1: Data submittal schedule

Patient's date of discharge:	Data record due:
January 1 - March 31	May 31
April 1 - June 30	August 31
July 1 - September 30	November 30
October 1 - December 31	February 28

The entity will submit a discharge data record for each patient discharged. The record layout for data submittal

follows the Uniform Billing Form (UB-04) data specifications and indicates which elements are required. The layout provides for one “type A” record which contains the facility and patient demographic information and location of service, one or more “type B” records showing the revenue codes and associated information, and one or more “type C” records as needed to show all of the diagnoses and procedures associated with the patient’s stay.

Ambulatory surgical facilities or other facilities which do not use the UB-04 form may submit data in an alternate format as arranged by the data clearinghouse.

Data files are submitted electronically to the data clearinghouse, which processes and validates the records. The data clearinghouse returns a summary and error/validation report to the reporting entity, so that the file can be corrected and resubmitted as needed. Facilities are responsible for submitting the corrected data file promptly; corrected files should be re-submitted within one calendar month 30 days of the reporting deadline for the quarter.

Deliverables

If DOH conducts a solicitation, it may include the following deliverables in the solicitation:

1. Collect inpatient and outpatient discharge data from Alaska healthcare facilities that are required to report under 7 AAC 27.660. There are currently around 40 facilities, but this number may increase to up to 50.
2. Securely maintain Alaska dataset in a HIPAA compliant manner that limits access to only those people who need access. Provide a list of everyone who has access to the Alaska dataset upon request from DOH.
3. Provide technical assistance to facilities to support the reporting process both on a one-on-one basis and via teleconference as needed.
4. Perform edits for missing data or inconsistent values and formats, and obtaining corrected data sets when necessary, and repeating this process until data meets a level of data quality that satisfies DOH and meets Agency for Healthcare Research & Quality (AHRQ) submission standards and requirements.
5. Work to ensure accurate, high-quality data, where person-level data is comparable with prior program years. We need to be able to track unduplicated patients within and across years of data to account for multiple encounters including inpatient and outpatient.
6. Keep program manager apprised of facility reporting progress, including quarterly reports to program manager showing number of records submitted for inpatient data and outpatient data by each hospital for each month.
7. Email notifications of missed deadlines to facilities that have not submitted complete data on the day following the required quarterly submission deadline. Email a second notification to facilities that have still not submitted 15 days following the first notification. Email and a third notification to facilities that have still not submitted 15 days following the second notification and notify program manager of facilities still not reporting . Notify program manager of facilities not reporting for the previous quarter two (2) months after each quarter ends.
8. Return data to DOH staff via a secure protocol (ASCII format with documentation of format and code definitions).
9. Provide technical support, guidance, and submission process training as needed to DOH staff.
10. Return data to DOH in a timely fashion, for example before April 30, 2025 for calendar year 2024 data.
11. As part of the DOH dataset, provide all required elements of the Uniform Building 04 (UB04), including an encrypted and unencrypted Social Security Number for each facility visit to allow tracking of an individual with multiple visits and/or multiple facilities.
12. Provide standard reports to each participating hospital, summarizing the facility’s discharges and the state summary roll-up, with copies to be provided to the Health Facility Data Reporting program manager.
13. Provision of an annual market coverage report to each facility, and the state program manager, detailing the count and percent of each patient zip code that visited the facility in the reporting year.
14. In addition to the quarterly edit checks, perform annual error edit report to monitor progress of eliminating errors by facility.

15. Allow requests for additional optional reports or datasets from reporting facilities via, and with the approval, of the State contract contact. These reports/datasets are to be provided at the requesting facility's expense.
16. Submit a data set to the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality Hospital Cost and Utilization Project (HCUP) in HCUP's specified format, provided the required agreement between HCUP and State of Alaska DOH is in place.
17. Provision of an annual list of facilities that no longer report. (Either they have closed or changed names). An annual list of new reporting facilities. (Either newly opened or changed names).
18. Provision of an annual combined submission error edit report for DOH that lists the specific error edit counts and rates with a year-to-year comparison by error.
19. Provision of an immediate notification and report in the event of a data/security breach. For example, a facility does not send information securely, or someone hacks into their system.
20. Providing, or accepting from the Department, a method to encrypt personal identifiers in the collected data into a repeatable case level identifier. This allows for other databases, such as registries, to provide personal identifiers to contractor for encryption that will allow HFDR and other databases to be linked by the encrypted identifiers. The method of encryption will be owned by the Department.

In addition to the programmatic deliverables listed above, the contractor will be required to receive Authority to Operate and to complete a DOH HIPAA/Security Assessment for each contracted system. This will include, but not be limited to:

1. Clearly articulating the components of the system which DOH staff are expected to configure and administer and, likewise, which components of the system the Business Associate is expected to configure and administer.
2. Information System/Data Flow Diagram outlining all major components of the system (system type and technologies employed) and their interconnections (protocols and payloads).
3. Interconnection Risk Assessment Worksheet (IRAW) for each outbound or inbound interconnection outlined in the Information System/Data Flow Diagram and any ancillary Application Programming Interface (API) or data transfers.
4. A HIPAA Business Associate Agreement, an example is included with this posting.

Budget

The Alaska Department of Health, Division of Public Health, estimates a budget of between \$650,000.00 to \$750,000.00 to be sufficient for completion of this project over ten-years beginning with State of Alaska fiscal year 2026 (July 1, 2025).

Preferred Minimum Experience

- 1) A minimum of five (5) years of experience in providing data warehouse services for health facilities data Reporting.
- 2) A minimum of five (5) years of experience providing service to federal, state, or local public health agencies.

Response Information:

Information:

How to Participate

Interested applicants/firms who believe they can provide the services described above should indicate their interest by submitting an electronic response (.pdf format is preferable) with the following information:

- Company name
- Contact information (email) for the individual(s) who should be notified if DOH releases a solicitation
- A summary that clearly describes your company's capabilities and experience related to providing the services described in this RFI.
- A summary that clearly describes how the applicant/firm meets or exceeds the preferred minimum

experience shown in 1 and 2 above.

- A statement confirming that the company anticipates the project deliverables, as shown in the budget above, are reasonably within the estimated budget provided. Or, if not, why not?
- A summary of any concerns regarding the project as described. What potential obstacles should be anticipated?

Submission Instructions:

Applicants/firms must submit their response as a PDF file, sent via email, by **November 8, 2024, at 2:30PM**. Responses should be attached and sent via email to the following:

R. Todd Webster
Procurement Specialist
Alaska Department of Health
russell.webster@alaska.gov
907-268-4847

It is the responsibility of the interested party to follow up with the person(s) listed above to ensure your response was received prior to the time and date specified at the top of this RFI.
Important

Notice:

This Request for Information does not constitute a formal solicitation. The purpose of the RFI is to determine if there are qualified offerors out there who would be interested in bidding on these services. The State will use this information to potentially develop a future solicitation.

The State of Alaska is not responsible for any costs associated with the preparation of responses. The issuance of the Request for Information does not obligate the state to purchase any goods or services, extend any rights to prospective vendors nor guarantee that the State of Alaska will proceed with a formal solicitation

Notice to Vendors:

Pursuant to [Administrative Order 352](#), (a) any person or business determined to support or participate in a boycott of the State of Israel will be disqualified from any procurement related to this Request for Information; and (b) the support of or participation in a boycott of the State of Israel by a person or business contracting with the State of Alaska under AS 36.30 constitutes grounds for termination of the contract.

[Administrative Order 352](#) does not apply to a contract if the person or business has fewer than 10 employees; or the amount to be paid under the contract, excluding renewals and options available under the contract, is less than \$100,000.