

# Why NEHEN 3.0?

The Massachusetts Health Data Consortium (MHDC) and its New England Healthcare Exchange Network (NEHEN) have a long history of working with payers and providers to reduce burden and drive administrative simplification using interoperability and data exchange services. As healthcare rapidly evolves into more advanced API-based use cases for the exchange of administrative and clinical information, MHDC see this as a natural extension of the Electronic Data Interchange (EDI) services provided today and a means of achieving significant community value through a collaborative approach.

In response to demand from NEHEN's users, anticipation of impending federal regulations, and the clear benefits of automating workflows and processes in a variety of areas, MHDC began looking for vendors interested in partnering with us. Collaboration, adaptability, and innovation were stressed throughout the RFP and evaluation process. An iterative development process for NEHEN 3.0 was emphasized, with ongoing adoption of new methods, standards, and use cases.

#### TIMELINE

RFP Released: October 2023

RFP Deadline: November 2023

Initial Evaluations: November 2023

Semi-Final Evaluations: January 2024

Final Evaluations: February 2024

Pre-Contracting: March 2024 (ongoing)

#### **COMMUNICATIONS**

The RFP was actively communicated via:

- MHDC website
- MHDC newsletters
- Social media
- Numerous email campaigns
- Presentations at various industry, MHDC, and NEHEN meetings

We received:

- **81 initial inquiries** from vendors and industry professionals
- 33 Intent to Apply forms
- 18 submitted proposals

MHDC has been deeply involved in regional and national efforts to define and structure effective prior authorization automation, including participation in the development of the Interoperability & Prior Authorization Final Rule CMS-0057-F.

## **EVALUATION PROCESS**



### **INITIAL EVALUATION**

We started with a deep review of written responses to eliminate proposals that did not meet the needs of the NEHEN 3.0 program. The written responses were evaluated by two MHDC staff members using a 1-5 scale across business, technical, relationships, and collaboration criteria. The RFP included support for EDI X12 transactions as well as core FHIR with an emphasis on prior authorization and quality measures exchange services. Our expectation was that more than one vendor may be needed to meet all the requirements. During this round, we considered all possible combinations of vendors and did not eliminate any that were specific to one functional area.

- Using the scoring, we created a pass/fail methodology and applied it as follows:
  - If both evaluators passed a vendor, they were not eliminated
  - If both evaluators rejected a vendor, they were released
  - If evaluators were inconsistent, a third evaluator functioned as a tiebreaker
- · 12 vendors selected, 6 eliminated



## FUNCTIONAL AREA EVALUATION

The purpose of this round was to dive deeper into the functional areas of the RFP and to more closely examine 6 functional areas across the written proposals:

- X12 Capabilities
- Core FHIR Support
- Electronic Prior Authorization (ePA) automation
- Quality measures exchange
- Graphical User Interface (GUI)/Portal capabilities
- Technical/infrastructure

These functional areas were assigned 2-3 evaluators each: from MHDC, a representative participating payer, a representative participating provider, and from MHDC's Board of Directors (BOD). Concurrently, a separate team reviewed pricing and solution feasibility. Point-of-Care Partners (POCP) was enlisted to assist with this assessment.

- Category-specific grading criteria were scored 1-5 in each area, with comments encouraged and reviewed
- · 6 vendors selected, 6 eliminated



#### **SEMI-FINAL EVALUATION**

Vendors were asked to present their solutions to MHDC, POCP, and interested evaluators from the MHDC board, NEHEN Business User's Group, and Data Governance Collaborative.

- Vendors were provided with a list of tailored and general questions.
- Vendors were asked to supply references and additional pricing information
- Each evaluator used a standard evaluation form to provide feedback
- MHDC received feedback from a wide variety of interested organizations

#### **Collated Results of Scoring**

Teams were created consisting of one person from MHDC and one person from POCP to review all available evaluation materials, including presentation results and references. Each team:

- Organized comments into different evaluation categories
- Assigned each functional category a red/yellow/green rating
- $\bullet$  Compiled these evaluations for collective team review and discussion
- $\cdot$  5 vendors selected, 1 eliminated



## FINAL EVALUATION

The MHDC team individually ranked each of the five remaining vendors from 1-5 across a final set of criteria. We collated the scores and discussed outliers as a group. After extensive deliberation, ZeOmega and a competing vendor were selected as the two FHIR finalists. Cognizant would continue as our vendor for XI2 services.

- ZeOmega and a competing vendor selected as FHIR finalists
- Cognizant for X12 services

Down to

#### PRE-CONTRACTING

Through the pre-contracting round, the team developed a comprehensive understanding of each vendor's culture, capabilities, and areas for improvement. During this round, the MHDC team:

- Conducted deep-dive meetings on three topics including quality measures, architecture/ technical, and business operations.
- Requested draft SOW to assess vendors' understanding of NEHEN 3.0 needs
- Requested best and final pricing proposals proposals, along with two years of audited financial statements for auditing review.
- Conducted executive meetings with vendor leadership to discuss culture, fit, commitment, and alignment



### FHIR VENDOR - ZEOMEGA

ZeOmega was the final FHIR vendor selected by MHDC leadership, POCP, and the Executive Sub Committee of MHDC Board of Directors, based on the following:

- Successfully active within the industry going above and beyond to absorb the goals and point of regulations, standards, and other projects under discussion. They have real project experience with actual and similar scope of complexity.
- Clearly demonstrated their understanding and support of our concept of community governance and that the NEHEN 3.0 process needs to be iterative, evolving over time (rather than just a detailed and rigid plan up front)
- Ranked highest for listening skills and proved that in follow-up communications and presentations.
- Met the expected competency level and supported the way MHDC plans to work and accomplish goals.
- Ranked highest for being supportive and flexible in solutions, rather than a vendor who would just do their own thing and MHDC/NEHEN is expected to take or leave it.