**Military Health System Medical Quality Assurance System Special Notice**

1. **TITLE:** Military Health System (MHS) Medical Quality Assurance System (MQAS) Request for Information (RFI)
2. **INTRODUCTION:** Credentialing and Privileging (C&P) and Healthcare Risk Management (HRM) require a centralized, integrated, application for Medical Quality Assurance Activities and Records. When CCQAS was created over 20 years ago well before the Defense Health Agency (DHA) transition, it was not designed as an integrated enterprise system, nor employed to implement the Joint Concepts for Health Services (JCHS) (August 31, 2015) as is presently needed. The lack of flexibility, scalability, and adaptability of the current system severely limits the ability to perform the functions related to clinical quality management which in turn significantly impairs the capability to provide quality and safety oversight in these areas. Without the capability to access enterprise C&P and HRM data within all MTFs and theater environments, health care providers are not capable of executing Globally Integrated Operations (GIO). The overarching goal is integration and deployment of a modern information technology system that standardizes and centralizes the medical staff management capabilities of credentialing and privileging and incorporates the HRM capabilities for DHA MTFs and the Services’ operational environment.

In accordance with Title 10 U.S. Code Section 1102, the HRM program’s overarching goal is to formulize a systematic approach, and to address DHA HRM procedures in the management of clinical quality review of adverse events and adverse actions, other reportable actions, and release of information as appropriate. Risk mitigation strategies are developed to provide and maintain high-quality MHS healthcare as the above reviews mature and progress with aligned clinical communities.

C&P uniquely addresses the capability to access enterprise C&P data across the spectrum of MTF and operational environments. It is imperative that the DHA C&P Program support strategies that encompass process development and management, including clinical and administrative activities, monitoring of privileged and non-privileged providers, and reduction of risks to healthcare delivery. Under the current system, the C&P program is restricted in its ability to provide comprehensive oversight of adherence to credentialing and privileging requirements. The current process lacks a centralized approach for capture, analysis, and reporting of data and metrics required to better understand the current state and to optimize performance. DHA C&P program lacks a robust peer review system that supports risk mitigation strategies for privileged providers and practice evaluation. The replacement system should allow for efficient processes for provider verification to deliver timely health care to our beneficiaries. The current process lacks a centralized approach for metrics capture, analysis, and reporting.

To officially integrate C&P and HRM into a centralized and standardized system or suite of systems will facilitate strategic collaboration between the two programs, with the unique relationship of capabilities that can be optimized across the MHS. The integrated C&P and HRM system will need to provide the following capabilities: user access control enforced with Public Key Infrastructure (PKI) and multi-factor authentication, information access tracking, automated customizable workflows for decision support, document management, data storage with archive and retrieval functions, collaboration tools, notifications and alerts, data analysis, reporting and dashboard features, user access to system usage metrics, and release of information.

1. **AUTHORITY:** The Defense Health Agency (DHA) Component Acquisition Executive J-4 is issuing this notice for the purpose of Market Research as required by the Federal Acquisition Regulation (FAR) 15.201 and FAR 10.002.
2. **GENERAL INDUSTRY PARTNERSHIP NETWORK (IPN) PURPOSE:** The DHA IPN Program, within the Component Acquisition Executive (CAE) (J-4) Directorate at the DHA, intends to use industry responses and communications from this notice as market research for subsequent acquisition strategies. DHA seeks information on availabilities, capabilities, and other pertinent marketplace data to strengthen the DHA’s understanding of the current and future marketplace to enhance its ability to obtain quality services economically and to efficiently and lawfully establish potential vendor source files, listings, and capabilities. **The DHA will not award any contracts under this notice.**
3. **DHA’S SPECIFIC DESCRIPTION OF PROBLEM & MARKET RESEARCH NEED:** 
   1. The DHA intends to replace the current IT system, Centralized Credentials Quality and Assurance System (CCQAS) – a 20-year-old Government-Off-the-Shelf (GOTS) solution that provides four functions – Credentialing, Privileging, Healthcare Risk Management (HRM), and tracking Potentially Compensable Events (PCE). C&P are critical elements of MHS compliance with The Joint Commission (TJC) accreditation standards for hospitals, clinics, and ambulatory surgery centers. HRM activities include malpractice claims, active-duty adverse events associated with health care (Active Duty Deaths and Disabilities), clinical adverse privileging actions, and administrative and criminal adverse actions associated with health care providers.
   2. The goal is a seamless integration and deployment of an IT system or suite of systems that standardize, centralize, and integrate the medical staff management capabilities of credentialing and privileging, and health care risk management for DHA MTFs and for the Service operational commands. This effort requires an innovative, cost-effective approach for migrating and/or archiving legacy data to guarantee accessibility for up to 50 years after cut-off date.
   3. The Defense Health Agency (DHA) has established a market-based structure to manage the hospitals and clinics. National Defense Authorization Act (NDAA) of FY 2017 Section 702 and NDAA for FY 2019 Sections 711 and 712 requires the DHA to undergo the largest transformation in the history of the MHS where DHA assumes Authority, Direction, and Control (ADC) of the Markets and MFTs. These NDAAs are the main drivers for dismantling separate silos of military healthcare management under each Service and have prompted revision of the DHA doctrine for credentialing and privileging to support the Market organizational construct under DHA authority. DHA requires a system that allows for standardized Credentialing and Privileging and Healthcare Risk Management within that structure.
   4. DHA acknowledges that a single IT solution may not be commercially available to meet all the required capabilities. The opportunity exists to provide innovative approaches including COTS, development efforts and/or hybrid solutions to replacing CCQAS. The IT solution(s) would be the authoritative data source(s) for MHS credentialing, privileging, and healthcare risk management. The IT solution(s) shall have the ability to communicate securely with DoD sub-systems. Partnering to identify and leverage existing MHS solutions that collect similar data (e.g., Defense Medical Human Resource System-internet (DMHRSi), Joint Patient Safety Reporting (JPSR), MHS GENESIS) is encouraged to provide optimization, cost savings, and modernization for DHA Clinical Quality Management.
4. **INFORMATION, PRODUCTS AND OUTCOMES SOUGHT BY THE DHA:**

DHA is seeking industry submissions, which include creative solutions to our proposed set of MHS Medical Quality Assurance System (MQAS) future-state capabilities. A successful submission:

* 1. Provide your capabilities for delivering a scalable and flexible cloud-based Credentialing, Privileging, and Healthcare Risk Management Business System Solution with an innovative, cost-efficient solution for document management and access to or data migration of legacy data.
  2. Provide your capabilities for generalized infrastructure, hardware, and software descriptions/diagrams to support the architecture and configuration presented within the response.
  3. Describe your capabilities for obtaining cybersecurity accreditation and certification for the proposed solution.
  4. Provide your estimate/rough order of magnitude of all required resources and a notional schedule with implementation plan to deliver full capability, e.g., software licenses, labor, hosting costs, etc.
  5. One to three examples of projects with similar complexity, magnitude, and size.

1. **CAPABILITY AND FUNCTIONALITY SOUGHT BY THE DHA**

Industry shall consider each of the minimum outcomes listed below when proposing a response. Should outcomes below seem unrealistic, then we kindly ask you to be as candid as possible to better match our desired end-state to achievable objectives. When possible, technical architecture diagrams are preferred. The integrated HRM and C&P system(s) will need to provide the following capabilities:

* 1. Your capabilities to provide privileged and non-privileged provider credentialing data collection and record management, decision support process workflows with reporting/dashboard capability on all data.
  2. Your capabilities to provide Provider Privileging decision support process workflow with reporting/dashboard capability on all data collected in the privileging process.
  3. Your capabilities to provide ability to record, monitor and evaluate the privilege-specific competence of the provider that lacks documented evidence of competently performing the requested privilege(s) at the organization through (Focused Professional Practice Evaluation (FPPE) and Ongoing Professional Practice Evaluation (OPPE)) process compliant with the TJC.
  4. Your capabilities to provide Healthcare Risk Management decision support workflow processes for clinical quality review of adverse events and adverse actions, other reportable actions, and Potential Compensatory Events.
  5. Your capabilities to provide release of information process workflow with reporting/dashboard capability as it pertains to HRM processes.
  6. Your capabilities to provide Impaired Healthcare Provider decision support workflow processes.

1. **CONFIGURATION & TECHNICAL CONSIDERATIONS:**

Industry and Industry Partners shall consider each of the minimum outcomes listed below when proposing a response. Should outcomes below seem unrealistic, let us know that too. When possible, technical architecture diagrams are preferred.

* 1. Your capabilities to provide high availability (minimum of 98.5% operational availability), Government FedRAMP+ Impact Level 4 approved Cloud hosted software with evidence of cybersecurity compliance or the ability to obtain the DHA Authority to Operate.
  2. Your capabilities to provide self-service user account registration for 200,000+ users with multi-factor authentication compliant with Public Key Infrastructure (PKI) controls (Common Access Card (CAC)/Personal Identify Verification (PIV)/Username and Password).
  3. Your capabilities to provide an accommodate multiple hierarchical relationships within and across complex organizations. (e.g., DHA, Market, MTF; Combatant Command, Service, Operational units; VA, Medical Center, Clinic).
  4. Your capabilities to provide value driven AI/Data Analytics information and proven practices for a) the Primary Capabilities, b) Service Management and c) Systems and Network performance. e.g., Splunk, PowerBI, Tableau, ChatGPT. Consider AI/Analytics on the horizon enabling life-cycle efficiencies to the accessibility, footprint, storage, structure, transfer, display and archiving of provider records.
  5. Your capabilities to provide for seamless connection to the Solution Delivery Division (SDD) Application Programming Interfaces (API) Platform or internal and external data exchanges. Maximizes interoperability with MHS Systems as listed in the attached MHS Medical Quality Assurance System (MQAS) Interoperability/Interface List. (Attachment 1)
  6. Your capabilities to provide content management technology to automate the classification, storage, and efficient retrieval of a very large volume of C&P and HRM documentation.
  7. Your capabilities to provide collaboration tools, notifications/alerts, and information access log files.

1. **DISCLAIMER AND IMPORTANT NOTES:**   
     
   THIS NOTICE IS NOT A REQUEST FOR PROPOSALS. This notice constitutes solely a market research effort as described under FAR 10.002. This notice does not obligate the Government to award a potential contract or otherwise pay for the information provided in response. The Government may invite certain respondents to an in-person meeting as a follow-up to this RFI. The Government will not pay for expenses related to this in-person meeting.  
     
   The Government reserves the right to use results of the communications with industry for any purpose consistent with, and not otherwise prohibited by FAR Part 10. Any organization responding to this notice should ensure that its response is complete and sufficiently detailed to allow the Government to determine the organization’s qualifications to perform the work. Respondents are advised that the Government is under no obligation to acknowledge receipt of the information received or provide feedback to respondents with respect to any information submitted. After a review of the responses received, a pre-solicitation synopsis and solicitation may be published in SAM or GSA. However, in no case shall responses to this notice be considered either a response to a solicitation or a submission of an unsolicited proposal, as defined by FAR 2.101.
2. **CONFIDENTIALITY:**   
     
   No proprietary, classified, confidential, or sensitive information should be included in your response. Industry responses will be shared with DHA staff for the purpose of market research. The Government reserves the right to use any non-proprietary technical information in any resultant solicitation(s).
3. **NEXT STEPS:**   
     
   Submittals should be emailed to the contract specialist on or before 1700 Hours EST on 30 August 2023.  
     
   All responses will be reviewed and assessed by DHA staff. Several vendors may subsequently be invited to present demonstrations regarding their submittals at a virtual meeting with the Government. The POC sending your submission will be notified about this meeting via email. Vendor responses that fail to address the information sought will not be reviewed by the Government. We greatly appreciate your time and look forward to learning from the submission.  
     
   Each of the responses will be maintained by the DHA as a source of market research information and published on an internal SharePoint site.
4. **RFI SUBMISSION STRUCTURE:**
   1. GENERAL RESPONSE GUIDANCE. All vendors are asked to provide responses using the following parameters for submission, file types, and response length:
      1. All responses are to be in Microsoft WORD format and or as a PDF.
      2. Models and diagrams in MS VISIO document and or as a PDF.
      3. The responses shall be no longer than to 20 pages total.
   2. The following information should be included in your response:
      1. Company / team / solution ownership.
      2. Contract and or Teaming strategy.
      3. Business Type; NAICS, Hub Zone and Small/Large.
      4. Facility for any cleared activities.
      5. All forms of POC info; phone address, fax, mail designated POC.
   3. Highlight or detail in a separate section response regarding:
      1. Resource staffing support that accounts for continuous improvement delivery using Agile Sprint methodologies.
      2. Responses to the three cardinal questions posed in Section 10 above.
      3. Physical and Logical models, workflows, and solution diagrams.
      4. Systems Description sections (as needed).
      5. Resource staffing life cycle by role.
      6. Include proactive monitoring, after-hours, and tier support costs models.
      7. Unrealistic technical capabilities or functional capabilities described the notice.
5. PRIMARY POINTS OF CONTACT: Submit RFI response and/or questions to the DHA contracting team at email: [Kevin.d.hodge8.civ@health.mil](mailto:Kevin.d.hodge8.civ@health.mil)