Request for Proposal (RFP) – Remote Patient Monitoring & Management of Chronic Conditions

Introduction:

1. Purpose

This RFP is issued by Guidehouse on behalf of Hometown Health Clinic regarding the purchase, implementation, and operation of digitally enabled care models. As part of this initiative, Hometown Health Clinic is seeking a product vendor (or vendors) to provide a solution(s) to support Hometown Health Clinic's requirements for remote patient monitoring (RPM) and patient engagement to optimize chronic disease management in a rural patient population. ***As these conditions are a mixture of medical, behavioral, and orthopedic in nature, vendors may provide offerings for one or more conditions.***

The chronic conditions this program intends to address are:

1. Diabetes
2. Hypertension
3. Chronic Obstructive Pulmonary Disease (COPD)
4. Anxiety
5. Back Pain

This request includes the opportunity for vendors to describe how their products and services directly support the management of said chronic conditions. Solutions and service offerings of interest include though vendors need not have services offered in all categories:

- Remote patient monitoring technology and capabilities
- Patient enrollment
- Technical support
- Clinical monitoring
- Chronic care management
- Billing

Hometown Health will review vendor proposals to determine a possible partnership or initiate a formal system selection process based on a combination of vendor attributes and capabilities that provides the best-fit solution for Hometown Health.

Guidehouse is responsible for coordinating the RFP process, including the distribution of RFP documents, communication with vendors, and the collection of proposals. Hometown Clinic is the ultimate decision-maker and buyer of the products and services being evaluated.

2. **Hometown Health Clinic Corporate Overview**
   Hometown Health Clinic, located at 205 Hospital Drive Suite A, McKenzie, Tennessee, is a rural healthcare provider committed to delivering quality care with the same compassion they would expect for their own families. Hometown Health has eight clinic locations; the majority of which are designated rural health clinics (RHC). Their services include primary care, convenient care, family practice, pediatrics, behavioral and mental health, counseling, pulmonary function testing, allergy injections and testing, sleep disorder evaluations, women's health, men's health, immunizations, telemedicine visits, and an opiate addiction (Suboxone) program.

3. **RFP Timeline**

There will be an extended question period until March 20th at 5pm CST. The submission deadline remains April 4th at 5pm CST. For any questions or further clarifications, you may contact Soma Ghoshal-Diaz, Associate Director – Health IT Solutions via email at **sghoshal@guidehouse.com.**

RFP Process	Due Date
RFP responders' questions due	March 20, 2025
Guidehouse response to submitted questions	March 21, 2025
Proposals due	April 10, 2025
Vetting Process – Final candidates selected	April 16, 2025
Vendor demos	April 16-25, 2025
Final vendor selection	May 2, 2025

** Confidentiality Clause **

All vendors must sign a Non-Disclosure Agreement (NDA) to protect the confidentiality of the information shared during the RFP process. If you have suggested redlines to the attached NDA, please reach out to Soma Ghoshal-Diaz, Associate Director – Health IT Solutions, via email at sghoshal@guidehouse.com.

Instructions Regarding RFP Submission

To ensure consistency and facilitate the evaluation of all responses, proposals should be organized as defined below.

- **1 – Executive Summary** (provide a concise summary of the products and services proposed)
- **2 – Company Profile** (provide answers using the template and instructions below)
- **3 – Solutions** (provide a thorough explanation of what solutions being offered to support patients with the specified chronic conditions and their treatment team. Clearly specify which chronic conditions you solution supports.)
- **4 – Service Offerings** (if applicable, explain what remote patient monitoring and patient engagement services your company is able to perform; i.e. program enrollment, troubleshooting, billing, etc.)
- **5 – Implementation Plan** (provide an implementation plan with estimated timeline and anticipated resource requirements)
- **6 – Technical Configuration & Integration Specifications** (provide a list of hardware requirements and configuration options, as well as integration requirements and configuration options)
- **7 – Total Cost of Ownership**
- **8 – APPENDIX A – Clinical, Operational, and Financial Outcomes**

Vendors will be evaluated based on both the written proposals and demonstration sessions (as requested). However, Hometown Health Clinic may use information other than that provided by the vendor in our evaluation.

Vendors will be evaluated against the following criteria:

- Product functionality
- Technical considerations
- Perceptions of capability to deliver to our business and operational objectives and outcomes
- Total cost of ownership
- Ability to meet compliance and security requirements
- Demonstrated success with Rural Health Providers
- Financial viability
- Proven methodologies and tools to ensure both implementation and long-term customer success
- Quality and timeliness of submitted proposal and presentation
- Relevant reference calls and citations
- Degree of financial risk shared by vendor (as applicable)

Submission Process and Requirements

Submit all questions and responses to Soma Ghoshal-Diaz, Associate Director – Health IT Solutions, via email at sghoshal@guidehouse.com. All questions must be submitted by Thursday, March 20th by 5:00 PM (CST), and proposals must be submitted by Friday, April 4th by 5:00 PM (CST). Receipt will be acknowledged via email with answers to be expected within 24 hours. Please include the words: RFP: Vendor Response in the subject line.

Additional details below provide further insight into the questions being asked and information sought.

Instructions Regarding RFP Submission

Executive Summary

The executive summary must be a brief profile of the vendor and an explanation of how the vendors' strategic direction will benefit hometown health clinic. Make special note of the key assumptions that were made while preparing your response.

Company Profile

Using the template below, please provide the requested information on your organization.

General	
Name	
Address (Headquarters)	
Telephone (Main)	
Website	
Publicly Traded or Privately Held?	

Parent Company (if applicable)	
Name	
Address (Headquarters)	
Telephone (Main)	
Website	

Main Contact	
Name	
Title	
Telephone	
Email	

Market Data	
Number of years as health tech vendor	
Number of live clients	
Number of live Rural Health Clinics	
Number of live clients in Tennessee	
Number of new client installations over the last 2 years?	
Average number of patients served per month per client	
Number and percentage of clients who did not go live 4 months after signing contract?	
What is your customer retention rate for the years 2022, 2023, and 2024?	
Total FTEs Jan 1, 2024	
Total FTEs Jan 1, 2025	
Explain how your company is planning to meet the increase in demand for your product(s)	

- Additionally, please provide the following:
  - Company mission statement and core values
  - Organization structure, detailing areas relevant to this proposal
  - Service commitment to customers and measurements used
  - Relevant experience and client references (particularly in rural health and/or the key chronic conditions indicated)
  - Unique Qualifications for performing the requested work

Corporate Integrity Disclosure
Provide a thorough response to the following:

- Describe your corporate integrity program and associated internal guidelines, policies, and procedures describe all business practices that changed since the U.S. Public Company Accounting Reform and Investor Protection Act of 2002, as amended (Sarbanes-Oxley), went into effect
- Describe current disclosures to the SEC and other business practice public filings

Partnerships and Certifications

Indicate any relevant partnerships or affiliations with other third party organizations. Describe any certifications awarded to your company by any third party organizations and/or software companies. Describe relevant support and development relationships. Where KLAS, Gartner Group, or other Industry rankings or citations are used, include a copy of the original source document.

Please indicate what clinical variables/vitals your technology is approved to collect via the U.S. Food and Drug Administration (FDA). Include supporting materials and validated research studies that support the clinical efficacy of your product(s) relevant to this proposal.

If your company is approved to integrate with Epic, please provide confirmation of such. Also, if you have any in flight integration efforts underway with the EHR and/or integration partner, please explain in detail.

Financial Viability

Provide copies of the following:

- Most recently audited financial report with footnotes
- Most recently completed 10K or 10Q (if public company)
- Dunn and Bradstreet report
- Report(s) regarding internal audit controls (most recently issued management letter, SAS 70, etc.)

Technical Configuration and Integration Specifications

Provide a single frame schematic representing your portfolio of proposed solutions, layered technologies, and integration points that comprise the fully implemented solution for remote patient monitoring and/or patient engagement requirements. Respond to the elements described throughout this subsection regarding:

1. Technology standards
   - Technology Supported
     - Describe the operating system support for your solution and how it is configured on various operating systems. Include information about operating systems support for both desktop and mobile environments, and the types of browsers that your solution supports (specifically indicate any browsers NOT supported by your solution).
   - Solution support capabilities
     - Provide description of support services that your company will provide for technology solutions. Include details on the following:
       - Availability: What are your support hours (e.g., 24/7/365 business hours)? Include the holidays observed by your customer support team.
       - First Call Resolution: What is your first call resolution rate (FCR)?
       - Channels: What support channels are available (e.g., phone, email, live chat, ticketing system)?
       - Response Times: What are your standard response and resolution times for different levels of issues (e.g., critical, high, medium, low)?
       - Escalation Procedures: What is your process for escalating unresolved or high-priority issues? How do you define the criticality of an issue?
     - Provide description for technical support. Please outline:

- Troubleshooting: how do you handle troubleshooting and resolution of technical problems? (Differentiate between what services are available for providers vs. patients using the technology in home)
- Expert Assistance: Do you provide access to specialized technical experts if needed? (Differentiate between what services are available for providers vs. patients using the technology in home)
- Provide description on how software updates, patches, and maintenance is handled. Please describe:
  - Update Frequency: How often are updates and patches released?
  - Notification: How are customers notified for updates and maintenance?
  - What steps are customers expected to take to keep functionality working as expected?
- Security Components
  - Describe your organization's alignment to industry standard security frameworks, such as COBIT, ISO 27000 series, and NIST 800 series.
  - Define how your organization establishes and maintains information security policies and controls for the facilities, network, and systems that support delivery. Such information security policies will describe information security requirements, responsibilities, roles, controls, and risk management practices pertaining to information protection, privacy, and site and internal security.
  - Describe your organization's level of support for security components that are commonly implemented or supported for remote patient monitoring, including:

    - Support for X.509 digital certificates used to establish trust among multiple parties. Implementation of SAML assertions as part of federating a user identity
    - Implementation of two-factor authentication
    - Implementation of audit logging capabilities
    - Implementation of data encryption
    - Indicate if your solution can support OAuth2 for access to your solution through a mobile device or tablet
    - Indicate if your solution supports the use of OpenID

  - Disclose any security incident that any of your customers may have encountered through your/ your partner's solution in the last 24 months. A 'computer security incident', or simply 'incident', is a violation or imminent threat of violation of explicit or implied computer security policies, acceptable use policies, or standard security practices.

- The Company uses 'computer security 'Incident' and 'incident' as defined in NIST Special Publication 800-61. Incidents include, but are not limited to:
    - Attempts (either failed or successful) to gain unauthorized access to a system or its data
    - Unwanted disruption or denial of service
    - The unauthorized use of a system for the processing or storage of data
    - Changes to system hardware, firmware, or software characteristics without the owner's knowledge, instruction, or consent
  - Describe your support for patching of operating system and application vulnerabilities.
  - Describe how your organization establishes and maintains access controls that prevent the unauthorized access, disclosure or use of Protected Information including, without limitation, the following access controls:
    - Limiting access to IoT devices to authorized personnel who have a need for such access
    - Limiting access to any Protected Information stored or processed on IoT devices only for such access as necessary
    - Identifying and associating each action taken with respect to any Protected Information with the individual who performed such action and maintaining logs documenting such actions
    - Revoking all access privileges
    - Logging and providing the ability for tracing any action performed with a surrogate user account such as Root, Administrator or Service Account
  - Support for Application Programming Interfaces (APIs)
    - Describe your current support for open APIs within your solution (or through your partner activities with other vendors) that allow for data access to your solution. Provide information on where API documentation for your solution is available and whether access to this documentation is open to vendors and developers.

2. Detailed Requirements
  - Clearly indicate what chronic conditions and capabilities you propose will be addressed by core functionality and services, which will be addressed via an enhancement or extension, and which is not within the scope of your proposed solution. Enhancements or extensions imply that vendor can build the functionality by which requirements availability is to be determined is that in general product release at the time of your written response. Where requirements are partially available or under development, such explanation must be fully disclosed in the document.
  - Provide your inventory of remote patient monitoring devices, indicating the following information for each device:
    - Explain the process for providing, setting up, and returning all hardware

- Data / vitals captured
- Transmission method(s) – If cellular, indicate what service provider(s) are used
  - Data Visualization, Trending, and Alerts
    - Are normal ranges configurable by patient?
    - What is the notification mechanism(s) and anticipated workflow when an abnormal reading is registered?
  - Clarify services offered beyond technology solution:

Services	Yes / No
Patient Enrollment	
Initial Device(s) Setup	
Troubleshooting for Clinicians	
Troubleshooting for Patients	
Clinical Remote Patient Monitoring	
Billing	
Program Discharge and Device Reprocessing	
Other (List additional capabilities)	

  - Validations in Workflow
    - Describe how your workflow incorporates validation processes to ensure accuracy and reliability, including any automated or manual checks and the frequency of these validations

3. Implementation and Customer Success Approach
   - Provide details of the proposed implementation approach based on milestones to provide further detail on technology support. Describe use of pilots, concept demos, support of phased rollouts, testing methodologies, etcetera. Detail your project management and knowledge transfer approach.
   - Provide a thorough description of training and documentation offered to help users, both providers and patients, understand how to effectively use technology. Specifically:
     - Training Programs: Describe training sessions, workshops, and online resources available.
     - Resources: What types of documentation are provided (e.g., user manuals, videos, quick start guides, FAQs)?
   - Please describe how customer feedback is gathered and what continuous improvement looks like.

4. Staffing and work location

- o Staff Location: Indicate whether your team members assigned to the account will be offshore, onshore, or a mix. Please provide details on the locations of your staff and the rationale behind staffing decisions.
- o Percentage of Offshore Work: Specify the percentage of work that will be performed outside of the United States. Clarify how this aligns with the project scope and requirements.
- o Offshore Functions: Detail which specific functions or tasks will be handled by offshore teams. Provide an explanation of roles and responsibilities assigned to offshore staff and how you ensure these functions meet the same quality and performance standards as those handled onshore.

5. Constraints
- List all known business constraints that may impact this implementation or its related support. Examples might include resource backlogs, off our travel restrictions, and requirements for client travel to education locations.

References and Relevant Experience

Please provide detailed information about your company's relevant experience in delivering similar solutions to what we are seeking. Include at least three references from current or past clients who have implemented similar technology solutions. For each reference, please include the following:

- Client name
- Contact information
- Brief description of project
- Outcomes achieved
- Relevant case studies

Total Cost of Ownership

Please provide a comprehensive breakdown of the total cost of ownership for your technology solution including initial purchase or licensing fees, implementation costs, ongoing maintenance, support, service offerings, and any other associated expenses. Additionally, outline any performance guarantees you offer, specifying the metrics and standards your solution is committed to meeting. Include details about the financial penalties or remedies available should your solution fail to meet the agreed-upon performance criteria.

Clarifications

Upon review of this RFP, you are responsible for seeking clarification regarding any matters that you do not understand or that you reasonably believe to be susceptible to more than one interpretation. Please submit all questions no later than Thursday, March 20th by 5:00 PM CST to Soma Ghoshal-Diaz, Associate Director – Health IT Solutions, via email at sghoshal@guidehouse.com.

Information Requested

In addition to the information requested in this RFP, please include any additional information you feel would be beneficial for Hometown Health Clinic.

APPENDIX A

Hometown Health Clinic (HHC) is committed to selecting an **RPM and care management solution** that delivers measurable **clinical, operational, and financial improvements**. Vendors must provide quantifiable performance data demonstrating their solution's impact on **Diabetes, Hypertension, COPD, Anxiety, and Back Pain** management, as well as **care management enrollment and billing success**.

Instructions for Completion:

- Fill in the **Vendor Response** column with **actual data from past implementations** or **projected benchmarks** for similar healthcare settings.

- If a metric **does not apply**, enter **N/A**.

- Where applicable, include **HEDIS, MIPS, CPT codes, or industry standards** to validate responses.

- Supporting documentation (case studies, sample reports, references) may be included.

Key Performance Metrics – Vendor Response Sheet

Performance Measure	Details & Benchmarking	Vendor Response
Diabetes		
HbA1c Control (<8%) & Poor Control (>9%)	% of patients achieving glycemic control (HEDIS, MIPS)	
Continuous Glucose Monitoring (CGM) Adherence	% of enrolled patients actively transmitting data	
Time to First RPM Intervention for Elevated HbA1c	Avg. time from out-of-range glucose reading to provider follow-up	

Hypertension

Blood Pressure Control (<140/90 mmHg)	% of patients achieving BP control (HEDIS, MIPS)	
RPM Alert Effectiveness	% of patients flagged for early intervention avoiding ER visits	
Self-Monitoring Participation Rate	% of patients trained and engaged in home BP monitoring (CPT 99473/99474)	

COPD

Reduction in COPD Exacerbations	% decrease in hospital admissions for exacerbations	
Pharmacotherapy Management	% of COPD patients adherent to inhaler therapy post-RPM intervention (HEDIS)	
RPM Adherence for Pulse Oximeter Monitoring	% of patients consistently using at-home pulse oximetry	

Back Pain

Reduction in Opioid Use for Chronic Pain	% decrease in opioid prescriptions among RPM-monitored patients	
Use of Imaging Studies for Low Back Pain	% of patients avoiding unnecessary imaging (HEDIS)	
RPM-Enabled Functional Improvement	% of patients reporting increased mobility and pain relief via wearable tracking	

Anxiety

Depression Screening and Follow-up	% of eligible patients screened & referred (HEDIS, MIPS)	
GAD-7 Score Improvement	% of RPM-monitored patients with documented symptom reduction	
Virtual Behavioral Health Check-Ins via RPM	% of patients completing scheduled telehealth mental health sessions	
Operational Efficiency Metrics		
RPM & CCM Enrollment Rate	Average monthly CM RPM usage	
High-Risk Patients Identified for Care Management	% of high-risk patients flagged via RPM alerts	
Care Management Enrollment & Billing Metrics (skip if vendor does not have a CM service)		
RPM Billing Success Rate	% of billed RPM encounters reimbursed (CPT 99453, 99454, 99457, 99458)	
CCM Enrollment Rate	% of eligible Medicare patients enrolled in CCM (CPT 99490, 99491)	
Financial Impact of CCM Billing	Projected revenue per enrolled patient per month (include assumptions) PMPM	
Claim Submission Accuracy	% of submitted claims processed without denials	

Percentage of Revenue at Risk for Vendor	% of payments tied to meeting outcome targets	

Performance Tracking & Reporting

Real-Time Reporting & Dashboards	Vendor must provide real-time RPM engagement insights (Yes/No)	
Monthly & Quarterly Performance Summaries	Standardized reporting structure for tracking progress (Yes/No)	
Benchmarking Against National & Rural Health Standards	Performance compared to industry benchmarks (Yes/No)	

Accountability & Financial Commitments

Financial Risk-Sharing Models	Are you in any risk-sharing models where failure to meet performance thresholds impacts company performance? (Yes/No)	
ROI Projections	If selected as a preliminary vendor, would you be able to outline projected cost savings & revenue impact (Yes/No)	