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OPEN DATE: December 1, 2020  
CLOSE DATE: January 15, 2021

[HEALTH SYSTEM]

**Remote Patient Monitoring Request for Proposal**

Free Template

# About This Template

This RFP template is provided by CareSimple, the platform that makes remote patient monitoring (RPM) simple enough for any patient.

With RPM adoption growing steadily since Medicare introduced reimbursement codes in 2018 and primary care increasingly transitioning to virtual care, more than 30% of health systems in the United States are looking to select their RPM vendor in 2021.

Throughout the years, RFPs have been an integral part of successful collaborations with health systems in the United States. By being aligned from the onset on requirements and capabilities, we become your RPM technology partners and enable you to implement quickly and scale gracefully.

This template was developed by unifying the most frequently asked questions in RFPs, and by adding questions that will help health systems easily assess the fit, quality, and chances for long-term success of a platform vendor.

We like our chances of becoming your RPM technology partner, but this document is for you to edit and make it your own assessment tool to find the best possible solution for your organization. Even we don’t have perfect answers to every single question listed in the document.

If you have changes to suggest to the template, if you need help to write an RFP or if you have an RFP coming up for remote patient monitoring, please contact [sales@caresimple.com](mailto:sales@caresimple.com)

# No Restrictions

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# [Health System]

## About [Health System]

*Generic description of your health system or physician group with history, values, mission, providers, and bed capacity.*

## Statement of Purpose

*Description of why your organization needs remote patient monitoring. We recommend addressing the following topics clearly state your short- and long-term goals:*

* *Organizational Context – ex: after successfully implementing a telehealth platform for over 70% of our patient population during COVID-19, we’re looking to expand our digital health footprint with remote patient monitoring.*
* *Business case – ex: RPM will be offered as a bundled solution to HMOs or will be reimbursed by Medicare using CPT codes 99453, 99454, 99091, 99457, and 99458.*
* *Initial focus and vision – ex: we intend to initially roll out the RPM program to a subset of our hypertension population and expand to other chronic conditions such as heart failure, diabetes, COPD, and some post-acute events such as cardiac rehab or Whipple surgery.*
* *KPIs – ex: we will determine the initial program success based on enrollment rate, compliance, successful claims, patient satisfaction, etc.*
* *Patient population – ex: the initial program will be to add 400 patients within the first 12 months, and 2,500 within 24 months. Long-term, based on our chronic care management program (established 8 years ago), we expect between 10,000 and 20,000 patients to be on the program.*

## Health IT Infrastructure

*Health System/Physician Group uses the following software which shall interact with the remote patient monitoring platform:*

|  |  |
| --- | --- |
| *Electronic Health Record* | *Ex: Epic* |
| *Patient Portal* | *Ex: MyChart* |
| *Patient App* | *Ex: Proprietary Custom App* |
| *Telehealth Platform* | *Ex: American Well* |
| *Chronic Care Management Platform* | *Ex: CareSimple* |

*Interoperability requirements are described in the bid specifications in the* Integration Capabilities of Your Platform *section.*

## RFP Timeline

|  |  |
| --- | --- |
| *Event* | *Date* |
| *RFP Issued* | *December 1, 2020* |
| *Cutoff Date for Questions* | *December 22, 2020* |
| *Responses Due* | *January 15, 2021, 12:00 AM EST* |
| *Evaluation Process* | *January 15, 2021 – February 20, 2021* |
| *Decision* | *March 1, 2021* |

## Bid Instructions

*Vendors are asked to use this RFP document and submit their responses under each question in the* Bid Specifications – Vendor Response *section.*

## Not an Offer

*This is a Request for Proposal, not an order, nor an offer. This document shall not be construed as a request or authorization to perform work at [Health System] expense. Any work performed by a Vendor in connection with evaluation and responding to the RFP and, if selected, negotiating a definitive agreement, will be at the Vendor’s own discretion and expense. [Health System] is not liable for any cost incurred by firms responding to this RFP and reserves the right to cancel the RFP or reject any response at its sole and absolute discretion.*

## Version History

|  |  |  |
| --- | --- | --- |
| *Version* | *Description* | *Date* |
| *1.0* | *Approved for publication* | *December 1, 2020* |

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# Bid Specifications – Vendor Response

*Please respond to each question in the [Vendor Response] space and list your attachments at the bottom of each answer.*

## Remote Patient Monitoring Experience

### Please describe your company’s proven track record of providing comprehensive RPM solutions to health systems such as [Health System]

[Vendor Response]

### What features, skills, and/or services set your company and your solutions apart, and what unique value can you provide to [Health System]?

[Vendor Response]

### How many years has your RPM solution been commercially available? [<1, 1–2, 3–5, 6–10, 10+]

[Vendor Response]

### What range below best represents the customer base of unique provider organizations that are currently live with your RPM solution? [<6; 6–15; 16–30; 31–50; 51–100; 101–200; 201–500; 501+]

[Vendor Response]

### How many full-time employees do you currently have?

[Vendor Response]

### What category best represents your annual remote patient monitoring revenue? [<$1M; $1-$2M; $2-$5M; $5-$15M; >$15M]

[Vendor Response]

### Do you intend to subcontract any portion of your proposed solution (including EHR integration, fulfillment, medical devices, support, and patient logistics)? Please list your subcontractors, their location, and their responsibilities.

[Vendor Response]

### Will you or will a subcontractor perform any services outside of the United States?

[Vendor Response]

### Do you currently work with [Health System] or have you worked with [Health System] in the past?

[Vendor Response]

### Do you serve other customers in the areas that [Health System] serves?

[Vendor Response]

### Please list a minimum of four (4) client references (including contact info) with similar scope of services as stated on this RFP.

[Vendor Response]

## Medical Devices & Hardware Requirements

### Does your solution require to provide patients with a dedicated tablet, smartphone, computer, or cellular hub?

[Vendor Response]

### For each medical device that you provide, please list the model, manufacturer, connectivity method and FDA UDI. Please address specifically blood pressure monitors, body scales, glucometers, pulse oximeters, spirometers, thermometers, and activity trackers.

[Vendor Response]

### Do your peripherals support large/obese patients?

[Vendor Response]

### Do you deliver directly to patients or bulk-ship? Please describe your setup and delivery process.

[Vendor Response]

### Do you provide reverse logistics including cleaning and sanitization process for re-use with multiple patients?

[Vendor Response]

### Is your platform compatible with other devices that you do not directly sell or ship? Please provide the model, manufacturer, connectivity method and if applicable FDA URL.

[Vendor Response]

### Does your platform support Apple Health, Google Fit, Samsung Health, or other personal digital health apps?

[Vendor Response]

## Software Capabilities of Your Platform

### How are patients added to your platform?

[Vendor Response]

### Please describe the typical user experience for patients.

[Vendor Response]

### What is the reading level of your patient user interface?

[Vendor Response]

### Does your solution support “bring your own device” (BYOD)?

[Vendor Response]

### Do you have an application for companion care or family caregivers?

[Vendor Response]

### How are care managers and providers added to your platform?

[Vendor Response]

### Please describe the typical user experience for care managers, and for providers.

[Vendor Response]

### How and what data is transmitted from patients to the care team?

[Vendor Response]

### Are there reminders for the patients to take their vitals?

[Vendor Response]

### How do you ensure that patients stay engaged with the platform and the care team?

[Vendor Response]

### What solutions does your platform provide for [initial area of focus, ex: cardiovascular health]?

[Vendor Response]

### What other conditions/health issues does your solution support?

[Vendor Response]

### How can monitoring/care plans be customized? Please address if personalization can be done by segment and/or individually per-patient.

[Vendor Response]

### Does your platform have an escalation alert system for abnormal or critical values? Please address how the parameters are set and how alerts are handled in your software.

[Vendor Response]

### Does your solution offer bi-directional messaging? Please describe the patient/clinical user experience if you use a third-party solution.

[Vendor Response]

### Does your solution offer bi-directional audio/video consultations? Please describe the patient/clinical user experience if you use a third-party solution.

[Vendor Response]

### Does your solution offer educational content such as videos or articles? Please describe how educational content is provided to patients and how it is authored and maintained by your organization.

[Vendor Response]

### Is your solution available in multiple languages, including English and Spanish?

[Vendor Response]

### How does your solution keep track of clinical time spent monitoring and engaging patients?

[Vendor Response]

### What reports are generated by your platform? Please list each report and specify whether it is intended for the patient, care manager, responsible physician, billing department or other.

[Vendor Response]

## EHR Integration Capabilities

### How does your solution integrate electronic health records (EHRs)? Please list the EHRs that your solution is currently integrated with.

[Vendor Response]

### Do you currently have [enter your EHR] customers integrated with your solution?

[Vendor Response]

### Please describe the inbound and outbound integration capabilities of your solution, listing what is available with [enter your EHR]?

[Vendor Response]

### Is data synchronized with [enter your EHR] in near-real time or in batch (ex: daily)?

[Vendor Response]

### Does your solution offer single-sign-on (SSO) capabilities with [enter your EHR]?

[Vendor Response]

### Please describe your typical EHR integration implementation plan, including resources required from [Health System].

[Vendor Response]

## Architecture & Maintenance

### Is your platform a standalone remote patient monitoring solution or are the capabilities built into another product offering?

[Vendor Response]

### Is your platform deployed on premise or cloud-hosted (public, private, hybrid)?

[Vendor Response]

### Where is patient data stored, and processed?

[Vendor Response]

### Does your software use third-party software components? Please list third-party components and describe for each component your problem resolution process and the impact on user experience.

[Vendor Response]

### Do you offshore or subcontract software development of your platform? Please list software development vendors and their location.

[Vendor Response]

### How and when is your platform (including cloud, interfaces, and medical devices) updated? Please describe the impact on [Health System], patients and providers.

[Vendor Response]

## Security, Privacy & Medical Safety

### Please describe the security features and processes of your RPM solution.

[Vendor Response]

### Is your solution/company HIPAA-compliant?

[Vendor Response]

### Is your solution/company HITRUST-certified?

[Vendor Response]

### Is your solution/company NIST-compliant?

[Vendor Response]

### Is your solution/company ISO-27001-certified?

[Vendor Response]

### Is your solution/company ISO-13485-certified?

[Vendor Response]

### Is your solution/company FDA-registered?

[Vendor Response]

## Support & Other Services

### Please provide a staffing chart for our project listing proposed personnel, assigned duties and resumes.

[Vendor Response]

### Please describe your solution’s implementation plan. Make sure to propose a timeline, include milestones and distinguish your responsibilities from [Health System] responsibilities.

[Vendor Response]

### Do you provide full patient recruitment, enrollment, and onboarding to your platform?

[Vendor Response]

### Do you provide patient monitoring, triage, and engagement services?

[Vendor Response]

### Do you provide patient training/orientation for equipment and software use?

[Vendor Response]

### Do you provide clinical training/orientation for equipment and software use?

[Vendor Response]

### Please describe your support services, including support hours, escalation processes and communication methods available to patients and providers.

[Vendor Response]

## Roadmap, SDK & Customization

### Please provide your roadmap for the next six, twelve and twenty-four months.

[Vendor Response]

### What improvements and new functionalities have been added to your platform in the last twelve months?

[Vendor Response]

### How do you handle customer requests for new features and improvements?

[Vendor Response]

### Do you have an SDK for your platform?

[Vendor Response]

### Do you have an API that can be accessed by [Health System] and/or other partners?

[Vendor Response]

### Can your solution be customized for specific [Health System] requirements?

[Vendor Response]

### Can your software, medical devices and collaterals be white-labelled to [Health System] branding?

[Vendor Response]

# Pricing – Vendor Response

## Standard Pricing

### Please use the information provided in the Statement of Purpose to provide your best available total price.

|  |  |  |  |
| --- | --- | --- | --- |
| **Description** | **Unit Fee** | **Total** | **Comments** |
| **Platform** | | | |
| Setup/One-Time Fee |  |  |  |
| Ongoing/Recurring Costs |  |  |  |
| Medical Devices |  |  |  |
| Blood Pressure Monitor (per device) |  |  |  |
| Weight Scale (per device) |  |  |  |
| Pulse Oximeter (per device) |  |  |  |
| Blood Glucose Monitor (per device) |  |  |  |
| Activity Tracker (per device) |  |  |  |
| Spirometer (per device) |  |  |  |
| Shipping (per device) |  |  |  |
| **Professional Services** | | | |
| Patient Onboarding Service |  |  |  |
| RPM Service |  |  |  |
| CCM Service |  |  |  |
| Additional CCM Service |  |  |  |
| **Technical Support** | | | |
| Technical Support for Patients |  |  |  |
| Technical Support for Clinicians |  |  |  |
| **Additional Options** | | | |
| EHR Integration |  |  |  |
| On-Premise |  |  |  |
| White-Label |  |  |  |

## Volume Discount

### Please describe any volume discount program you may have, or other discount available to [Health System]

[Vendor Response]

**END OF DOCUMENT**