



Maine Health Information Exchange: Request for Proposal

Andrew Tice - CEO

Sharon Perelman - CCO

Jarrold Nagowski - CFO

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Executive Summary

The Maine HIE is initiating the process to select a technical vendor to partner with in the development, implementation and maintenance of a statewide health information exchange. This endeavor will help the healthcare providers, organizations and patients in Maine meet the goals of safe, timely, efficient, effective, equitable and patient –centered care outlined by the Institute of Medicine and help participating members and organizations reach the goals of Meaningful Use. The selected vendor will work closely on this endeavor with Maine HIE. This request for proposal (RFP) is the first step in the vendor selection process. The entire process will consist of the following components:

- Letter of Intent - A letter to the Board of Directors introducing your organization and expressing interest in submitting a proposal.
- Question and answer call - Those vendors who submit a letter of intent by the required deadline will be invited to an informal Q & A session with the Board of Directors.
- Written proposal responses- Vendors written response to this RFP including all requested documentation.
- Demonstrations- Top two vendors will be invited to an on-site demonstration of their product.
- Customer references- Vendor to provide information in table Previous Project Summary, Table A.

- Finalist workshops- Preferred Vendor will attend a workshop with leadership of the organization

The HIE process will be divided into three phases

- Phase I
 - Planning phase
 - Stakeholder identification
 - Vendor proposal
 - Preferred vendor identified
 - Contracts
 - Grants and funding
- Phase II
 - Developing infrastructure
 - Software development and testing
 - Implementation
 - Go Live- this phase will begin with the initial 10 test sites and continue as the exchange is populated
- Phase III
 - Evaluation and implementation of additional features
 - Expanded patient portal
 - Radiologic image delivery
 - Public Health measures

- Bio- surveillance
 - Disease tracking
 - Research
- Clinical Decision Support

Introduction to Maine Health Information Exchange

Introduction

Health Information Exchanges (HIE's) "automate the transfer of health-related information that is typically stored in multiple organizations, while maintaining the context and integrity of the information being exchanged" (HIMSS, 2009). With assistance in funding from the Office of the National Coordinator and as a complement to the organization already completing planning for a statewide HIE, there is a need to acquire information system services to support the HIE's mission. The system will be statewide, with the capability of seamlessly exchanging healthcare information between both public and private medical facilities and practitioners, as well as patients. Special considerations beyond planning and implementation include infrastructure development, marketing of HIE to statewide providers, financing, capturing specific individual needs for any entity in the statewide group, stakeholder identification and requirements, gathering and seamless exchange of usable information among providers within the state.

With the rising cost of healthcare and multiple disparate healthcare systems in place, an HIE provides a unique platform in the efforts to contain costs while improving the quality of care. Essential to this process is the capability to employ nationally recognized standards as they are established incrementally, further enabling

interoperability, security and confidentiality of the information as well as authorization of those who access the information (Alliance, 2008). Both independent organizations and governmental agencies are emerging as leaders in the development of HIE's. The 2009 American Reinvestment and Recovery Act legislated that via the HITECH Act, grants be available to support statewide HIE's.

Improving the quality of care, increasing patient safety and improving efficiency of the healthcare system are anticipated result of the Health Information Exchange. Maine Health Information Exchange's key stakeholders in the clinical sector include physician, nurses, pharmacy, laboratories, Indian Health Service, consumers, payers, and buy-in from these stakeholders is essential for the system to be successful. As the project develops, these key opinion leaders will be intimately involved in development of the clinical sectors of the exchange. From the providers perspective there are certain expectations from the exchange including bi-directional real-time exchange of information that is pushed into the health records. Intuitive navigation of the software is essential for the providers, and they have expressed concerns that the system will disrupt work flow patterns requiring additional time transferring information between the patients record and the HIE. Their goal is that the data will ultimately integrate directly into the patients Electronic Medical Record (EMR). Concerns regarding accurate patient matching are evident along with the uncertainty regarding patient privacy and security. The patients are interested in exploring a feature that will allow them to filter information to particular providers at their request.

The data the healthcare providers desire in the system include Continuity of Care Documents (CCD), patient demographics, allergies, medication histories that allow

reconciliation, immunization records, radiology reports, discharge summaries and clinical notes. Patients are looking for a user-friendly portal that will enable them to request prescription refills, and communicate with their provider.

Current State

The Maine Health Information Exchange is an independent organization that was established in 2010 with the goal to improve the quality of care for the residents of the state of Maine by developing and implementing a HIE. A board of directors has been appointed including a CEO, CFO, CIO and CCO. Working closely with the Governors office the vision has been defined and the planning phase is underway. The state has been under financial pressure with the rising cost and often times inefficient healthcare delivery system particularly with the state run organizations (Medicaid) as well as the federal programs Medicare and the Indian Health Services. Thus we aim to leverage the HIE as a mechanism to achieve cost reductions. The Penobscot Indians of Maine, although a minority population in the State, are an economic force to be reckoned with in light of their gaming enterprises and significant land holdings in Maine. It is no secret that native American Indians, and the Penobscot in particular, have important health needs with regard to chronic diseases. The tribe supports the Governor in his re-election bid yet are demanding he take an active role in supporting new health initiatives that will lead to an improved quality of life for it's members.

The Governor and his wife have a personal vested interest in the success of the exchange as stewards for the people of Maine. The Governor's wife has a healthcare background in nursing and often advises the Governor on health care issues.

Initial funding came from the current state administration with additional funds provided in round two of the funding from the Office of the National Coordinator (ONC). Federal funds are available as a result of the HITECH ACT.

The HIE has no formal infrastructure and receives its current IT services (Internet, e-mail and Web services) from a local start up company. This company will not be able to meet the infrastructure needs long-term. Maine HIE is looking to partner with a company that can not only provide those basic services reliably, but also provide additional services to support the various functions of the HIE, including future growth in size and functionality. The organization strategic plan is under development to include not only the initial rollout of the exchange but the long-term goals for the exchange.

Vision and Goals

The Maine HIE is a private entity that will collaborate with public health domains including The Indian Health Service, Medicare and Medicaid as well as private health plans. Stakeholders envision a robust HIE that will allow for real-time point of contact exchange of patient information among health care providers.

HIE Board of Directors

Role	Name	Responsibilities	Time to the Project
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Chief Executive Officer (CEO)	Andy Tice	<p>The CEO is responsible for establishing the mission, vision, value and goals for the project. In doing this he/she provides a map and compass thus allowing both the route and the location to the final destination. All along the journey the CEO is supportive of the</p> <p>Individual members of the group and creates an atmosphere that fosters best practice and a strong desire for the team to succeed.</p>	Entire project
Chief Financial Officer (CFO)	Jarrold Nagowski	<p>Responsible for overseeing all financial aspects of the implementation of an HIE. This includes financials relationships associated with all included providers, all stakeholders, along with any and all selected vendors. The CFO has the final approval from a funding standpoint on all things associated with the HIE. The Chief Financial Officer is a main contributor to negotiations and holds a significant voice to the CEO in supporting/opposing his ideas. The CFO must ensure the project meets all monetary goals and standards and is in the best interest of the company financially.</p>	Entire project
Chief Clinical Officer (CCO)	Sharon Perelman	<p>The Chief Clinical Officer provides a clear, timely and accurate assessment of the needs expressed by the end-users of the health information exchange. They will provide a framework for planning and coordinating stakeholder preferences ensuring that these are incorporated in the planning phases and work with the providers to facilitate functionality of flow processes. The CCO will act as a knowledge resource and liaison among various disciplines involved and development and implementation of the HIE while fostering an open approach to the views of the key opinion leaders in the clinical realm.</p>	Entire project
Chief Informatics Officer (CIO)	Chris Beuning	<p>The Chief Information Officer (CIO) has the enterprise responsibility to align technology and computer systems with the organizational goals and objectives by participating in and leading the selection, adoption, maintenance and enhancement of technology solutions. For Regional Healthcare Exchange the CIO will also be charged with:</p> <ul style="list-style-type: none"> · Developing the company's Information Technology infrastructure including internet, e-mail and web services) · Defining the support structure for these services 	Entire project

Scope of Work

This section of the RFP provides Maine HIE's current plan for deploying an operating statewide health information exchange services in Maine. Prospective vendors are expected to fully comprehend Maine HIE's approach and to respond to this RFP with a plan to partner with Maine HIE to provide the services described in the scope of work.

Overview of statewide HIE organizational approach

Maine HIE's organizational approach is to provide a bridge between organizations that have health information technology capabilities and to provide a high value network and shared services to these organizations and their constituents. This means that clinicians and other health information users will access Maine HIE services through their existing organizations and associated health information capabilities. For clinicians that do not have access to an organization with a sophisticated health information capability, Maine HIE intends to provide the services and mechanism for access to services via some variation of Cloud computing services. The goals of this approach are the following:

- Develop strong infrastructure with web services, intranet and e-mail.
- Availability of patient data at the point of care with minimal downtime (either planned or unplanned).
- Maintain the privacy and security of patient data.
- Maintain data integrity and interoperability including backup and storage solutions.
- Ability to respond to future data needs and data types.
- Eventual expansion from a statewide HIE to a regional HIE.
- Transparent accountability to the governor, state citizens, patients, healthcare providers, other users and stakeholders.

- Ability to expand services to include quality reporting, directory services, consent repository and vocabulary services.

Key components of Maine's statewide HIE landscape **include:**

- **Maine Health Information Exchange (Maine HIE):** Maine HIE is Maine's public-private partnership consisting of the broad array of health care leadership in Maine. Maine HIE is working toward a robust, state-of-the-art system that will provide maximum functionality to its members. It supports an open and transparent, statewide, collaborative process which creates statewide policy guidance (i.e., "rules of the road") for the statewide HIE network. Maine HIE provides core technology services and selected "value-added" services accessible via the statewide HIE network.
- **State of Maine:** The State of Maine, including its Medicaid, Public Health divisions, as well as the Federal Indian Health Service strongly supports Maine HIE. The Governor of Maine has named Maine HIE as the State Designated Entity to receive ONC funding.

Organization rollout and integration plan

Phase 1 will include planning and data collecting from stakeholders and key opinion leaders. Included in their feedback are individual objectives, concerns, funding, and overall interests associated with the HIE included but not limited to the following

Improving quality of healthcare and patient safety by ensuring the right information for care at the right time and the right place.

- Overcoming inefficiencies experienced by providers who need better information to support patient care
- Public health surveillance needs (Bates)
- Reducing health care cost of duplicate test and diagnostics, ensure continuity of care by facilitating communication between providers
- Increased attention on Health Information Technology (HIT) and HIE and the national level.

Phase 2- Complete initial trial group and “Go live”

- First level of information exchange including the Stage 2 MU criteria defined by:
 - Medication reconciliation, allergies, immunizations, diagnostic test results, and CCD/CCR exchange.
- The goal is to have Phase 2 operational so that providers can meet the timeline for Stage 2 Meaningful Use attestations
- Supporting those still working toward Stage 1.
- The system will be setup with a test group including 10 different unique providers at 10 different locations. This initial launch will increase testing capabilities, and allow for troubleshooting while keeping expenses at a minimum.

Phase 3 -Will include more advanced features such as:

- Data aggregation with a registry function
- Bio-surveillance
- Clinical Decision Support System (CDSS)
- Radiographic image delivery

This phase will only be initiated after the financial viability, stability and value of the HIE have been ensured.

Membership Process

Health care providers who wish to be included in and have access to the HIE will submit an application to the board for approval. The process and requirements for acceptance into the HIE will be available to potential members. Accepted providers will sign the agreement contract containing the policies set forth by the organization.

Functionality

Overview of Maine HIE Key Clinical Functionality

Core Services

Create an infrastructure that will allow organizations the ability to share information across institutions. These core services include:

- Access to a master list of providers within the exchange.
- Access to patient locator system.
- Bidirectional exchange of patient information in an environment that maintains strict authentication measures and encryption of data in order to maintain patient privacy.
- Audits regarding system reliability and performance and privacy.

Value Added Services

An expected outcome of this project is that the HIE will serve as a means to assist health care providers to become eligible for Meaningful Use (MU) financial incentives.

- Data collected in the HIE will be available to the individual providers in an effort to achieve Meaningful Use
- Stage 2 MU criteria:

- Medication reconciliation,
 - Allergies
 - Immunizations records (CVX format)
 - Diagnostic test results
 - CCD/ (Continuity of Care) or CCR (continuity of care records)
- Laboratory Service
 - Laboratory result retrieval
 - Laboratory normalization using standard nomenclatures such as LOINC and SNOMED
- Radiology Services/Procedure reports
 - Delivery of radiology reports
 - Reports to be labeled and signed by reading radiologist
 - Report format per American College of Radiologist recommendations
 - Delivery of radiology images - Phase 3
 - Transmission of radiographic images using DICOM standards
 - EKG, EEG, Echocardiograms and cardiac catheterization reports
 - Transmission of actual films- Phase 3
- Payer Authorization
 - Collaboration with health insurance, Medicaid, Medicare and Indian Health Services
- Clinical Decision Support Systems
 - Implementation in Phase 3
 - Bio-surveillance- Phase 2
- Patient Portal
 - Medication Management

E-prescribing for new and refilled prescriptions including automated refill authorization by providers

- Generation and modification of patient medication list
- Ability to edit patient allergies
- Patient may log on and request rx
- Integrate with insurance to determine coverage
- Access to immunization records

Phase 3 Goals

- Improved patient portal
 - Access to clinical summaries from provider appointments

- Provide reminders when immunizations are due
- Patient reminders
- Research/Quality Assurance
 - Collection and analysis of data for clinical research, quality improvement disease prevention
 - Medical device registry

Overview of Maine HIE Technical Requirements

Requirement for Vendor	Required Solution
Provide basic services to build and support organizational infrastructure	<ul style="list-style-type: none"> ● Provide high speed Internet services ● Provide e-mail services ● Provide additional web services ● Provide remote access solutions such as VPN or secured web portal ● Provide and maintain network structure ● Provide support to all services including break-fix, maintenance and enhancement
Maintain privacy and security of patient information	<ul style="list-style-type: none"> ● Provide data encryption ● Establish strong password protected logon requirements and security policies with defined periodic and ad hoc auditing
Maintain data integrity and interoperability	<ul style="list-style-type: none"> ● Provide off site data storage options ● Provide defined, periodic data back up ● Real-time data collection and transfer
Provide interface solutions and assistance	<ul style="list-style-type: none"> ● Maintain current interfaces including translation tables where appropriate ● Have services available to assist with any future interface needs
Provide reporting tools on current HIE activity and audit tools	<ul style="list-style-type: none"> ● Provide tools to define usage and data transfer as well as HIE participation
Provide additional analytics and reporting capabilities	<ul style="list-style-type: none"> ● Provide solutions for: <ul style="list-style-type: none"> ○ Quality reporting ○ Establishing directory services ○ Developing a consent repository ○ Providing vocabulary services

Provide strong Service Level Agreement to ensure robust System functionality	<ul style="list-style-type: none"> ● Provide assurances of 99.9% uptime ● Not including scheduled update and maintenance downtimes ● Not to exceed 2 hours in length with ● Advance notification at least 1 week in advance
Develop metrics to evaluate effectiveness in compliance with phase 2 Meaningful Use criteria.	<ul style="list-style-type: none"> ● Data collected will include: patient demographics, medication reconciliation, allergies, immunizations, diagnostic tests, and laboratory results, Continuity of Care Document (CCD).
Patient matching systems.	<ul style="list-style-type: none"> • Evaluate three patient matching interfaces to determine best practice.
Clean and Upstanding Financial Background	<ul style="list-style-type: none"> ● Each vendor is subject to a full background check/screen by a third-party vendor if our choice ● Vendors must submit financial statements for the last 3 years to show a consistent, solid foundation ● Vendors must contribute all political contributions made on behalf of the company, or by the executive leadership team over the past 5 years

Overview of Cloud Computing

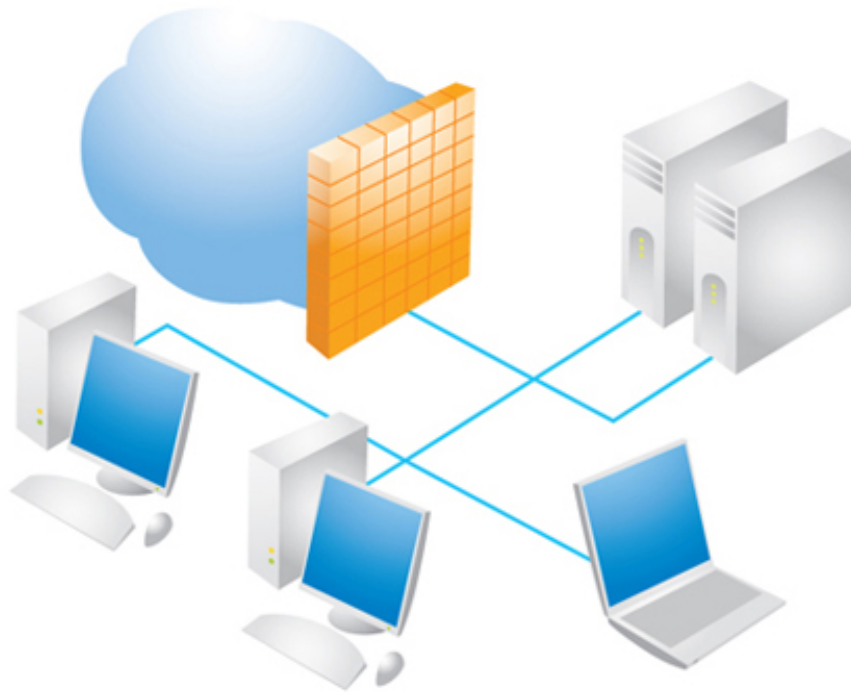
A cloud computing solution is defined to contain attributes including:

- Off-Site, Third Party Provider
- Accessed via the Internet
- Minimal IT skills required for implementation
- Provisioning = Self-Service requesting; near real-time deployment; dynamic and fine-grained scaling
- Pricing Model = fine-grained, usage based
- UI = Browser and successors
- Share resources/common versions (customizations around the shared services)

(IDC, 2008)

The cloud model offers efficiency and controlled costs. Hardware and software licensing fees are lowered, and in most cases eliminated. Some computer/network hardware and software, along with the need for IT resources are minimized. This is a sustainable

solution that is open and standards based, with scalability an integrated part of the cloud. The number of users connected to the cloud has no effect on usability, allowing for significant expansion in accordance with the requirement to expand into a regional HIE.



Cloud Computing Diagram

Based on functional and technological requirements, a cloud-based solution will be given a higher priority in the selection process.

Overview of End User Requirements

- **Technical** - Although each user will have the requirement of certified EMR that can connect and be integrated into the HIE solution; the end user can customize their personal user interface and data display.

- **Clinical** - The end users of the HIE will be the providers who are accessing information and inputting information. Each end user must be qualified to view, update, and enter PHI. The HIE is designed to help providers obtain financial incentives through the Meaningful Use Stage 2 program. The HIE must be capable of providing information required to clinicians to qualify, while obtaining and using the information is the sole responsibility of the providers. Initial rollout to include 10 organizations. Goal is to have 50 % of physicians enrolled within 2 years after implementation.

Overview of Collaboration

The Maine HIE will collaborate with the Beacon Community of the Bangor Region of Maine. The purpose of this Beacon Community objective is to increase the number of providers with access to the HIE, describe the HIE infrastructure and demonstrate how the HIE will assist in the adoption of the Criteria for Meaningful Use.

The objectives of the Maine HIE and the Beacon Community Cooperative Agreement are:

- To improve the management of chronic conditions through information exchange, telemedicine, medical home model, and patient self-management
- Collaborate with public health and medical providers, to improve population health, with a focus on immunization compliance through information exchange and patient self management

- To improve cost effectiveness of the provision of care through technology investment and use, resulting in reduced duplicative procedures and decreased unnecessary emergency room visits and admissions

Improve Management of Chronic Conditions through HIE

Currently, providers at Eastern Maine Medical Center (EMMC) are accessing the HIE to support patient care. The intention of this project is to expand the access to other members of the Bangor Beacon Community. The Bangor Beacon Community

Includes: **Inpatient sites:**

1. Eastern Maine Medical Center (EMMC)
2. Saint Joseph Hospital
3. Acadia Hospital

Outpatient sites:

1. EMMC Primary Care Practices
2. Penobscot Community Health Center Primary Care Practices as affiliated with the Indian Health Service
3. Saint Joseph Hospital Primary Care Practices

Improving Cost Effectiveness

The Bangor Beacon Community in association with the Maine HIE will evaluate the effect of interoperable health information technology, including electronic health records (EHRs), health information exchange (HIE), secured messaging system and tele-homecare capabilities, to support improvements in health care quality, safety, efficiency, outcomes, and the initiatives leading to meaningful use definition.

To improve health care cost effectiveness and efficiency through technology investment and use the HIE will work with the Beacon Community to provide bi-directional health information exchange capability. This bi-directional health information exchange and secure messaging capacity will allow the information from the HIE to be used to improve treatment for all Beacon community providers, while allowing for the secure communication of critical information between providers.

Change Management

As the SOW is written, no single stakeholder has the capability to amend for the benefit of their own priorities. A Change Control Board (CCB) will be established including stakeholders from all realms, specifically the CEO, CFO, CIO, CCO, the project manager, and a representative from the Governor's office. This will allow representation from all areas including the company itself, along with the governor's staff to keep everyone's interest in mind. If these members are not available, an individual appointed by seat-holder for the specific meeting will stand in their place and vote in their absence. The meetings will occur weekly, and any stakeholder may bring issues of contention forth. The proposed change must be presented to the CCB, after which a discussion will take place regarding impact (both political and company-wide), resources, etc. Immediately following the discussion, all members of the CCB will vocally vote to approve the requested change. Unanimous approval must be given in order to implement the change. Once approved, the project manager is responsible for updating the current document control sheet indicating effective date and change description. Once a new

SOW has been approved, the SOW will be officially adopted and emailed to all stakeholders with highlighted changes.

Reporting

There will be multiple reporting mechanisms in place to ensure all stakeholders are aware of the current path and progress of the establishment of the HIE. Because there is a large political component to the implementation, it is necessary to keep the Governor's office updated on a weekly basis. The Project Manager (PM) will construct progress reports including agreed upon information determined by the Governor and report by email on a weekly basis. A steering committee will be established including key stakeholders, which will allow the PM to update the company internally on a bi-weekly basis. If any issues are impeding progress, this committee is the appropriate place to escalate. To keep all providers involved, a monthly stakeholders update will be distributed by email. This email will be drafted by the PM, but reviewed by the Governor's office to ensure any message being sent out is not hampering political advancement, and if the data contained within the report could be seen in a negative light, the PR office of the Governor is ahead of the issue. A quarterly all-hands meeting will be started with all stakeholders invited. At this meeting, key stakeholders will provide updates, and feedback will be requested. The open forum will be an opportunity for any stakeholder to voice their concerns or comments on the progress of the HIE. Alternatively, if the provider wishes to remain anonymous, or an all-hands meeting is too long to wait, a comment portal will be set up and all stakeholders will have access. This portal will include documentation (SOW, Weekly Reports, etc.) and an area for

submitting comments to be reviewed initially by the PM, and also by the Governor's staff. These questions/comments will be responded to in a timely manner from one of the key stakeholders. Issues here can be raised to the Steering Committee and possibly the CCB as necessary.

Detailed Requirements

Projected cost of project

Break out cost as vendor deems appropriate

Infrastructure	
Software including interfaces	
Hardware	
Labor	
Implementation	
Maintenance and Support	
Enhancements	
License type	
License Fees initial	
License fees - monthly	

License fees- yearly	
License fees cost per user	

***All cost associate with project need to be approved in writing**

Functional Expertise

Require educational background and work experience of all personnel demonstrating the ability to meet or exceed expectations related to the Project. All personnel are expected to have a degree related to their associated tasks plus at least 5 years of related experience in their area of expertise.

Overview of Procurement Process and Key Date

Timeline

Milestones	Responsible Party	Due Date
RFP request distributed to vendors	HIE	5/1/12
Letter of Intent submission due	Vendor	6/1/12
Confidentiality agreement signed by potential vendors	CEO/legal	7/1/12
Respond to RFP with any questions, additional information needed or concerns	CEO, CFO, CCO, CIO	7/1/12
Final Proposal due	Vendor	8/1/12
Top two vendors to provide on site demos	Vendor	10/1/12
Due Diligence Report to include: <ul style="list-style-type: none"> • Name of organization, • Company ownership, • Background information (years in business, number of employees, and experience in HIT). • Regulatory compliance issues, previous or pending litigation or arbitration. • Three references from each vendor for projects similar in scope and size. Information to include: Name, title, contact number, address, name of project, contract type, contract amount, duration of contract * Use form Previous Project Summary Table A	Vendor	11/1/12
Preferred vendor notification	CEO	12/1/12
Provide proposal for Maine HIE review including Service Level Agreement with assurances of uptime and support and background requirements	Vendor	12/1/12
Contract acceptance after all above questions resolved	Vendor/ CEO, CFO, CCO, CIO	1/1/13
Overall planning, build and implementation list and timeline provided to Maine HIE	Vendor	1/1/12

Establish basic IT Infrastructure (e-mail, Internet and web services, VPN)	Vendor	2/1/13
<p>Interface needs:</p> <ul style="list-style-type: none"> ● Gap analysis, including patient matching systems ● Implementation date for any interface updates <p>Post implementation monitoring and any updates</p>	<p>Vendor/ CEO, CFO, CCO, CIO/Project Managers</p> <p>Vendor, Project Managers</p> <p>Vendor</p>	3/1/13
<p>Off site data storage options and back up plans including real time data collection and transfer:</p> <ul style="list-style-type: none"> ● Provision of sample data ● Testing ● Implementation <p>Post implementation and monitoring and any updates</p>	<p>Project Managers</p> <p>Project Managers, Vendor</p> <p>Vendor, Project Managers</p> <p>Vendor</p>	4/1/13
<p>Reporting Tools and Meaningful Use Metrics</p> <ul style="list-style-type: none"> ● Provision of sample data ● Run sample reports ● Review of sample reports ● Any modifications needed <p>Acceptance of final report formats</p>	<p>Project Managers</p> <p>Vendor</p> <p>CEO, CFO, CCO, CIO, Project Managers</p> <p>Vendor</p> <p>CEO, CFO, CCO, CIO</p>	5/1/13

Procurement Process

The RFP will be active for 60 days. After this 60-day period, no further submissions will be accepted or evaluated. Within 30 days a letter of intent must be

submitted. Each proposal will be evaluated independently by our established evaluation board. After evaluation, a single vendor will be selected and notified shortly thereafter. All other proposals will also be notified of the result and a brief reasoning will be relayed.

Schedule of Procurement Activities-

Once the RFP has been released, proposals will be accepted for 90 days. After closure of RFP, evaluations will be completed independently with a selection within 60 days of closure. Notifications will be sent out 60 days after closure to all associated POC's. A kickoff meeting with the selected vendor must occur within 2 weeks of acceptance notification, with work starting no more than 30 days after notification.

Evaluation Criteria

RFPs will be evaluated based on multiple criteria including cost, past experience/company history, and personnel qualifications. Maine HIE's evaluation of each factor and subfactor will include the vendor's ability to meet or exceed the minimum requirements of this solicitation and the risk of nonperformance, defective performance, or late performance under the resulting task order.

Information Disclosure

Each employee of the successful offer or will be required to sign a Non-Disclosure Agreement (NDA) prior to commencing work under this Order. The supervisor/manager of the proposed personnel will also be required to sign the NDA on behalf of the Contractor. Costs associated with proposal preparation are the responsibility of the individual vendors.

Revision and Withdrawal of RFP

It is the vendor's responsibility to regularly check on the company website for any postings of solicitations, amendments, and questions and answers for this HIE RFP.

The Point of Contact

Contract Specialist.

- Jane Doe,
- Telephone 888-555-2345
- Fax: 888-555-2346.
- Email: jane.doe@mainehie.com

Disclaimers

Confidentiality

All proprietary information from vendors will be deemed confidential and will not be made public.

Disqualification of Vendors

Maine HIE has the right to disqualify any vendor without cause.

Equal Opportunity

All submitted proposals will be reviewed, no preferential treatment for any specific vendor

ARRA Terms and Conditions

Refer to HHS website for current regulations. (<http://www.hhs.gov>)

Written Proposal

PROPOSAL REQUIREMENTS.

PROPOSAL FORMAT. Vendors shall submit their proposals in accordance with the format and content specified below. The electronic proposal shall be prepared so that if an evaluator prints the proposal, the proposal meets the following format requirements:

- 8.5 x 11 inch paper
- Single spaced typed lines
- Graphics or pictures may be used
- 1 inch margins
- 12-point Times New Roman Font in text
- No hyperlinks
- Microsoft Word or Adobe Acrobat software.
- All files named with the file extension ".doc" or ".PDF"
- Price Support may contain spreadsheets in Microsoft Excel software, with all files named with the file extension, ".xls"

SPECIFIC FILE FORMAT. The vendor shall submit a complete set of files, which includes Volumes 1, 2 and 3 in accordance with the requirements below.

PROPOSAL SUBMISSIONS LIMITATIONS AND CONTENT: The vendor's proposal must be divided into three Volumes: (1) Offer, (2) Technical Proposal, and (3) Price and Business Volume. Each Volume shall conform to the following requirements:

VOLUME 1- OFFER

- Submission Limitations: The Offer shall include the following submissions subject to page limitations specified below:
 - Cover letter, page limit: 2
 - Table of Contents, page limit: 1
 - Section b
- Proposal Content. The completion and submission to Maine HIE of an offer shall indicate the vendor's unconditional agreement to the terms and conditions in this solicitation. The offer consists of, and must include the following:
 - Cover Letter. The proposal shall include a cover letter that identifies all enclosures being transmitted as part of the proposal and states proposal validity for 120 days. The letter shall include:
 - Name, address, email, and telephone and facsimile numbers of the vendor;
 - Name, title, and signature of person authorized to sign the proposal.
 - A very brief summary of elements of the proposal believed to contribute to the best value to Maine HIE for the service contemplated.
 - List of Proposed Key Personnel, by labor category and name
 - Agreement to provide additional cost or pricing information and certify to this data prior to award, in the event that only one offer is received, as described in paragraph b of Volume 3 below.
 - Table of Contents
 - Section B, fill-ins to be completed by vendor

VOLUME 2 – TECHNICAL VOLUME (TECHNICAL/RISK):

- Submission Limitations: The Technical Volume shall not exceed 15 pages total, and shall include the following submissions:
 - Personnel Qualifications
 - Personnel Relevant Experience

- Technical Approach
- Proposal Content. No price information should be included in the Technical Volume. The volume shall address the following:
 - Personnel Qualifications. The technical proposal should include the following:
 - Provide a description of the ability of proposed personnel's ability to meet or exceed solicitation requirements, amount of proposed hours for personnel, and resumes of proposed personnel. Discussion should address security related requirements identified in the solicitation. Resumes are considered a material part of the proposal, but are not included in page limitations above.
 - For personnel who are not currently employees of the vendor (or Subcontractor), specify compensation and provide a statement signed by the individual that confirms the accuracy of the information in the resume and his/her commitment to be hired if the Task Order is awarded to the vendor.
 - Personnel Relevant Experience. Provide a description of relevant experience of proposed personnel, including a discussion of how such experience supports the ability of the Contractor to perform tasks described in the solicitation. Include specific examples where appropriate.
 - Technical Approach. Provide the vendor's understanding of and approach to satisfying the requirements of the statement of work. Describe specifically how the work activities required to complete the tasks in the statement of work will be done. Identify risks associated with the effort and the vendor's approach to mitigating those risks. Explain how technical objectives, tasks and deadlines will be determined; how staff responsibilities will be assigned; whether and to what degree consultants and/or subcontractors will be utilized; how the quality and timeliness of work performance will be supervised and controlled; how the vendor will coordinate with the program office, how support will be provided in the event proposed personnel are on leave or absent.

VOLUME 3- PRICE AND BUSINESS VOLUME

- Submission Limitations: The Price and Business Volume does not have a page limitation. This Volume shall include the following submissions:
 - Price Proposal
 - Past Performance
- Proposal Content. The proposal shall provide the information listed below. In the event the Maine HIE receives only one proposal under this solicitation, Maine HIE intends to request additional cost or pricing data as necessary (from both the prime contractor and any subcontractors) and conduct negotiations with the vendor in order to ensure a reasonable and realistic price.
 - *Price*. The vendor shall fill in the proposed price. In addition, the proposal shall provide a pricing breakdown specifying labor categories and monthly fixed price associated with each labor category, to include FTE personnel and any administrative and program management support required for performance.

- *Past Performance.* The offer shall identify a sufficient number of current or recently completed (past 3 years) contracts most relevant to the effort under this solicitation to permit evaluation of past performance. For each reference, the vendor shall provide the contract value, contract scope, period of performance and contracting agency or company name, and points of contact (name, phone, email). vendors shall complete a past performance questionnaire for each reference and provide the questionnaires to its customer references, which should be emailed directly to the Maine HIE POC.

Maine HIE may contact each of the vendor's customers to ask whether or not they believe: (1) that the vendor is capable, efficient, and effective; (2) that the vendor's performance conformed to the terms and conditions of its contract; (3) that the vendor was reasonable and cooperative during performance; (4) that the vendor was committed to customer satisfaction; (5) that the vendor was able to hire and retain qualified personnel to the satisfaction of the customer; and (6) if given a chance, whether they would select the same Contractor or a different Contractor. Maine HIE may also use other information including, but not limited to, information available from Federal, State and local Government agencies, published media, and electronic databases to evaluate a vendor's past performance. Maine HIE reserves the right to limit or expand the number of references it decides to contact and to contact references other than those provided by the vendor. Maine HIE will consider the currency and relevance of the information, the source of the information, the context of the data, and general trends in the contractor's performance. Maine HIE will also consider the vendor's record of compliance with Federal, State, and local laws, and regulations. Maine HIE will consider past performance information regarding predecessor companies, key personnel who have relevant experience and subcontractors that will perform major or critical aspects of the Statement of Work. In the case of an offer or without a record of relevant past performance or for

whom no information on past performance is available, the vendor will not be evaluated either favorably or unfavorably on past performance. (Kennedy 2012)

Service Level Agreement

Maine HIE will enter a strong Service Level Agreement (SLA) with a vendor partner to manage and control the planning, implementation and maintenance of this HIE project.

The selected vendor will also assist with risk mitigation and management. Provide your company's approach and describe service levels for this project and address the following topics at a minimum:

Performance

Availability (service availability and downtimes)

Scalability

Business Continuity

Recovery Time Objective

Recovery Point Objective

Table A: Previous Project Summary

Client /organization name	
Contact person	
Current status	
Project type	
Project start date (once contract signed)	
Project Initial launch date (go live)	
Project completion date	
Number of institutions connected	
Approximate number of users per organization	
Number of individual physician users	
Number of daily transactions	

Table B: Request for Vendor Information

Vendor name	
Address	
Phone	
CEO name	
Contact person	

Contact person phone	
Contact person e-mail	
Contact person fax	
Website	
What database platforms are supported	
Time for implementation from previous experience	
Support hours	

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