

West Virginia Health Information Network (WVHIN)

Request for Proposal

November 23, 2009



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RFP Checklist

1. ____ **Read the *entire* document.** Note critical items such as minimum mandatory requirements; submittal dates; number of copies required for submittal; contract requirements.
2. ____ **Note the Purchasing Agent's name, address, phone number and e-mail address.** This is the only person with whom you are allowed to communicate with regarding the RFP and is an excellent source of information for any questions you may have.
3. ____ **Send the return receipt of the RFP release notification.** Within 48 hours of receipt of the RFP notification, you must reply via email to the WVHIN Purchasing agent that you have received notification of the RFP release.
4. ____ **Notify the WVHIN Purchasing Agent of your intent to attend the mandatory pre-bid conference.** Via email, send the WVHIN Purchasing Agent the name(s) and contact information of the representatives of your company that will attend the pre-bid conference.
5. ____ **Attend the mandatory pre-bid conference.** This conference provides an opportunity to ask clarifying questions, obtain a better understanding of the project, or to notify the WVHIN of any ambiguities, inconsistencies, or errors in the RFP. Additionally, the WVHIN encourages innovative partnerships to accomplish as much of the scope of work as possible. Therefore, we encourage all potential bidders to seek out partnerships prior to or during the pre-bid conference.
6. ____ **Take advantage of the "question and answer" period.** Submit your questions to the Purchasing Agent by the due date listed in the Schedule of Events and view the answers as posted on WVHIN's website. All addenda issued for an RFP are posted on the WVHIN's website and will include all questions asked and answered concerning the RFP.
7. ____ **Follow the format required in the RFP** when preparing your response. Provide point-by-point responses to all sections in a clear and concise manner.
8. ____ **Provide complete answers/descriptions.** Read and answer **all** questions and requirements. Do not assume the WVHIN or evaluation committee will know what your company's capabilities are or what items/services you can provide. The proposals are evaluated based solely on the information and materials provided in your response.
9. ____ **Use the forms provided**, e.g., cost proposal sheets, Past Performance Survey, State Purchasing Forms, etc.
10. ____ **Check the WVHIN's website for RFP addenda.** It is the Vendor's responsibility to check the WVHIN's website at www.wvhin.org for any addenda issued for this RFP; no further notification will be provided. Vendors must submit a signed cover sheet for each addendum issued, along with your RFP response.
11. ____ **Review and read the RFP document again** to make sure that you have addressed all requirements. Refer to Section 3 for Response Format Requirements. Your original response and the requested copies must be identical and be complete. The copies are provided to the evaluation committee members and will be used to score your response.
12. ____ **Submit your response on time.** Note all the dates and times listed in the

Schedule of Events and within the document, and be sure to submit all required items on time. Late proposal responses are ***never*** accepted.

13. _____ **Send your letter of intent to bid.** The letter of intent should be submitted via email to the Purchasing Agent and on the date in the Schedule of Events.

This checklist is provided for assistance only and should not be submitted with Vendor's response.

1. General Information

A. *Introduction*

The West Virginia Health Information Network (WVHIN) is soliciting proposals to provide a statewide Health Information Exchange (HIE) infrastructure platform for physicians, hospitals, other health care organizations, and consumers. The purpose of this Request for Proposal (RFP) is to obtain vendor services and expertise in support of the WVHIN. Details on the scope of work, requirements and deliverables are contained in this RFP. WVHIN reserves the right to use the results of this RFP to obtain services for additional and related work should the need arise throughout the course of this project.

B. *eHealth Overview*

According to the *eHealth Initiative's Sixth Annual Survey of Health Information Exchange 2009*, there are almost 200 self-reported HIE initiatives across the country with a substantially increased number of organizations that reported being operational. The impetus for HIEs has increased as a result of the passage of the American Recovery and Reinvestment Act (ARRA) of 2009 and specifically key provisions from the Health Information Technology for Economic and Clinical Health (HITECH) Act. These provisions called for the Office of the National Coordinator (ONC) to create a program to engage in collaborative agreements with states or "qualified" state-designated non-profit, multi-stakeholder partnerships to "conduct activities to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards."

C. *WVHIN Overview*

1. *Background to the State and WVHIN*

There are 1.8 million people in the very rural state of West Virginia with a high level of elderly and low-income people in many of the rural areas. With a geographically dispersed population, access to and coordination of care is a critical issue. To serve this rural population, there is a relatively high number of hospitals with less than 100 beds and a high level of clinics serving the underserved making access and care coordination both difficult and essential. Based on the population profile and the number of small providers, a strong case was made for the need for a statewide HIE, which will help providers overcome communication and geographic barriers to access and coordination of care.

The WVHIN was established in July 2006 by the West Virginia Legislature at the request of the Governor. The WVHIN is a sub-agency under the West Virginia Health Care Authority. The intent of the legislation was for the WVHIN “to promote the design, implementation, operation and maintenance of a fully interoperable statewide network to facilitate public and private use of health care information in the state”. With this authority, the WVHIN established a multi-stakeholder board and has been working with stakeholders to develop and implement a state-level HIE.

2. *WVHIN Vision and Mission*

With this mandate, the WVHIN established a vision to enable “high quality, patient-centered care facilitated by health information technology”. The WVHIN mission is as follows: “The West Virginia Health Information Network provides the health care community a trusted, integrated and seamless electronic structure enabling medical data exchange necessary for high quality, patient-centered care.” Guiding principles have been established around collaboration, facilitation of patient-centric care, enabled participation by all providers, quality improvement, patient participation, privacy and security, and sustainability.

The WVHIN, along with health systems, physicians, other providers, payers, and consumers, has a unique opportunity to establish a state-level HIE infrastructure that helps communities and regions share data across organizations. The WVHIN is well positioned to provide a cost-effective HIE infrastructure that benefits from economies of scale while enabling communities to develop their own unique solutions. As a convener and collaborator, the WVHIN will build bridges between health care stakeholders to launch and fund HIEs. It will help communities address complex issues such as setting standards for interoperable data exchange, addressing liability, setting policies for privacy and security, and exchanging data across state lines. It will collaborate with other health information technology (HIT) and HIE initiatives such as the Regional Extension Center (REC) to be initiated, public health, Medicaid, and others, to leverage collective resources. WVHIN activities are being pursued within the parameters of the West Virginia Statewide Health Information Technology Strategic Plan. WVHIN is one of several participating entities that jointly developed the strategic plan.

3. *WVHIN’s HIE Pathway and Roll Out*

The WVHIN has established a 4 year HIE Pathway to achieve the WVHIN Mission and assist stakeholders in achieving Meaningful Use. The HIE Pathway includes rolling out the HIE in accordance with medical referral patterns.

The WVHIN has identified ten Medical Referral Regions (MRRs) in the state, which are geographical areas in which referral patterns are largely self-contained. Four of these regions (Charleston, Huntington, Wheeling, and Morgantown) have both relatively high

levels of electronic adoption among providers and have shown an interest in participating in the WVHIN. Additionally, the State Hospitals and Federally Qualified Health Centers have widely adopted electronic medical data and are interested in becoming early adopters of the WVHIN, as are other individual hospitals and other entities. For more information on the HIE Pathway, the functional and regional roll out plan and demographic data, please refer to the following attachments:

- Attachment 1 Regional and Functional Timeline
- Attachment 2 Demographic Data
- Attachment 3 Sample Implementation Schedule.

4. *Obtaining High Levels of Physician Participation*

The success of the WVHIN's HIE is driven by high participation rates by the majority of physicians, not just a few. WVHIN has set a goal of 60% - 75% physician adoption of EMRs or EMR-like products with connectivity to the WVHIN, across the state and within each of the MRRs.

For many, the assumption is that many physicians will be purchasing their own EMRs or will have access to high-end EMRs through other entities such as hospitals, Medicaid-sponsored resources, IPAs, health plans, etc. In addition, many also assume that the EMRs they are using will have the capacity to achieve Meaningful Use as defined by the HITECH Provision of the ARRA Act and regulations promulgated pursuant to that act.

However, there will also be two groups of physicians whose needs will not be met above that need to also connect to the WVHIN. They will also need to achieve Meaningful Use.

- Very small paper-based practices that will not readily adapt to EMR utilization. They will need very low cost, very easy to use entry-level products that can help them migrate to a more fully functioning EMR and help them achieve Meaningful Use along the way.
- Practices, which are currently electronic with a Practice Management System and an EMR that does not currently meet Meaningful Use. They need specific applications that fill gap areas to achieve Meaningful Use.

In response to these two needs not otherwise met, WVHIN is looking for a vendor that can provide **low cost, simple tools that help physician offices become electronic and migrate toward Meaningful Use**. The solution is not intended to be competition with a full EMR offered by other vendors, providers or health plans, but rather is an entry point for participation in WVHIN that helps physicians get started, helps them qualify for Meaningful Use, as they are ready, and enables them to eventually migrate to a more robust EMR.

To further facilitate high utilization among physicians, WVHIN will establish a portal that will enable physicians to access multiple applications from many sources including Medicaid, WVHIN, hospitals, public health, Regional Extension Center, telehealth (when ready), health plans, etc. **The intent is to create the “iPhone” experience for users of the system.**

WVHIN has also committed to partnering with the Regional Extension Center (REC) to reach physicians across the state and enable the implementation of EMRs, and to help providers achieve Meaningful Use. The REC is vital to successful physician adoption of EMR solutions, and the WVHIN will develop a unified strategy with the REC for providing access to electronic data and tools statewide.

5. Core Application Functionality

The functionality requirements fall into three categories:

a. Tier 1 WVHIN Core Exchange User Tools

A set of entry level, very low cost, easy to use integrated applications retrievable through WVHIN that provide the following functionality.

- i. Clinical messaging
- ii. Referrals
- iii. Inquiry
- iv. ePrescribing
- v. Public health reporting and alerts
- vi. Encounter data – Optional if not included in the Vendor’s Core Offering

b. Tier 2 Advanced WVHIN Applications

Additional very low cost, easy to use applications, intended to be integrated into the Core Exchange User Tools, if feasible. They include:

- i. Measurement and Reporting Tools – to assist providers in documenting their Meaningful Use and reporting to CMS.
- ii. Single WVHIN User Portal – to enable users to access multiple applications from multiple sources in one ‘easy to use’ portal.

c. Tier 3 Advanced WVHIN Applications

Advanced functionality intended to be integrated into the Core Exchange User Tools include:

- i. Personal Health Record
- ii. Computerized Provider Order Entry (CPOE)
- iii. Registry
- iv. Clinical Decision Support

- v. Eligibility and Claims Filing - functionality to enable benefit eligibility verification and claims filing with payers, to help providers achieve Meaningful Use.

For those providers with EMRs, the WVHIN will enable them to easily receive information from WVHIN directly into their EMRs. For those practices and providers without EMRs, the WVHIN will provide them with Core Exchange User Tools at no or very low price. Certification Commission for Health Information Technology (CCHIT) or other types of certified applications are preferred for those applications that can be certified.

6. *Long-term Sustainability Requires Low Cost Solutions to WVHIN*

While WVHIN has applied for funding through the ONC Collaborative Agreements as part of HITECH, long-term financial sustainability for the WVHIN is founded on financial participation by health care stakeholders within the state. They include health systems, hospitals, physicians, other providers, payers and other stakeholders. WVHIN must be fully self-sustaining by 2013. Accordingly, WVHIN is looking for creative, low cost, HIE solutions that are sustainable.

D. *Regional Extension Center (REC)*

RECs, funded through ARRA, are being established across the country to provide education and technical assistance on practice redesign, including optimal use of electronic health information technology and achieving Meaningful Use. The West Virginia Health Information Technology Regional Extension Center (WVHITREC) is applying for ARRA funding. The WVHIN and REC will join forces to assist providers with access to and implementation of electronic health information technology. The successful bidder will work collaboratively with the WVHIN and REC to enable physician adoption of EMR technology and health data exchange. For purposes of this RFP, references will be made to REC rather than WVRITECH.

E. *Purchasing Agent*

Helen Wilson
WVHIN Purchasing Agent
100 Dee Drive
Charleston, WV 25311
Phone: (304) 558-4503
E-mail: Helen.k.wilson@wv.gov
Fax: (304) 558-7001

F. *Clarification and/or Revisions to RFP Specifications and Requirements*

1. Additional information inquiries regarding specifications of this RFP must be submitted in writing to the WVHIN Purchasing Agent with the exception of questions regarding the proposal submission, which may be oral. The deadline for written inquiries is identified in the Schedule of Events. All inquiries of specification clarification must be addressed to the WVHIN Purchasing Agent.
2. The vendor, or anyone on the vendor's behalf, is not permitted to make any contact whatsoever with any member of the evaluation committee. Violation may result in rejection of the bid. The person named above is the sole contact for any and all inquiries after this RFP has been released.
3. If it becomes necessary to revise any part of this RFP, addenda to the RFP will be posted to www.wvhin.org. All potential bidders who received email notification of the RFP, as well as those who attend the pre-bid conference will be notified of the posted addenda via email. All bidders shall acknowledge in writing receipt of all amendments, addenda and changes issued in connection with this RFP by submitting an affirmative statement in the Cover Letter.
4. The WVHIN reserves the right to amend the requirements of this RFP at anytime prior to contract signing in response to emerging and changing regulatory or governmental requirements, especially as it relates to Meaningful Use.

G. *Mandatory Pre-bid Conference*

A mandatory pre-bid conference shall be conducted on the date and location specified in the Schedule of Events. All interested bidders are required to notify the WVHIN Purchasing Agent via email of their intent to participate in the bidders' conference by the date specified in the Schedule of Events. All bidders are required to be present at this meeting. Failure to attend the mandatory pre-bid conference shall automatically result in disqualification. Each company is restricted to two participants. No one person can represent more than one proposer. The WVHIN encourages innovative partnerships to accomplish as much of the scope of work as possible. Therefore, we encourage all potential bidders to seek out partnerships prior to or during the pre-bid conference.

Applicants are encouraged to submit written questions no later than the date indicated on the Schedule of Events. Questions must be e-mailed to the WVHIN Purchasing Agent at the email address in Section 1.E. All questions should be cross-referenced to the Section number of the RFP to which they relate. Any issues with the RFP specifications must be brought up prior to bid opening.

The WVHIN will post written answers on the WVHIN website to both the pre-submitted questions and questions received during the pre-bid conference, although the answers provided to questions presented during the conference will not be binding until posted in writing as an addendum. Questions asked at the pre-bid conference must be submitted in writing in order to be included in the addendum.

H. *Schedule of Events*

The following Schedule of Events has been identified for this procurement. Dates established are target dates and may be modified as required.

Event	Elapsed Period	Target Date	Comment
Release of the RFP		Nov. 23, 2009	Via Website
Send Return Receipt of RFP Release Notification	2 days	Nov. 25, 2009 by 12:00 P.M.	Via Email
Intent to Attend Bidders' Conference	5 days	Nov. 30, 2009	
Written Questions Submission Deadline and Contact Information for Conference Attendees	5 days	Nov. 30, 2009 by 12:00 P.M.	Via Email
WVHIN to Post Responses to Submitted Questions	11 days	Dec. 11, 2009	Via Website
Mandatory Pre-bid Conference	5 days	Dec. 16, 2009 9:00 A.M. – 11:00 A.M.	Charleston Civic Center, WV Room
Addendum Issued	5 days	Dec. 21, 2009	
Vendor Intent to Bid Notification	2 days	Dec. 23, 2009	Via Email
Proposal Due	23 days	Jan. 15, 2010 by 5:00 P.M.	
Proposal Evaluation Completed	34 days	Feb. 19, 2010	
Notification of Finalists for Demonstrations	7 days	Feb. 26, 2010	
Product Demonstrations and Oral Presentations	17 days	Week of: March 15 & March 22, 2010	
Vendor Finalist Notified	7 days	April 2, 2010	
Contract Negotiation Completed	28 days	April 30, 2010	
Contract Execution		TBD	

I. Vendor Intent to Bid Notification

All prime vendors must notify the WVHIN Purchasing Agent via email of their intent to bid. This notification is due on the date specified in the Schedule of Events. Failure to notify the WVHIN of your intent to bid could result in disqualification.

2. Preparing and Submitting Proposals

A. *General Instructions*

Each proposal should be formatted as per the outline in the Response Format Table below. The bidder may make no other arrangement or distribution of the proposal information. Failure on the part of the bidder to respond to specific requirements detailed in the RFP may be the basis for disqualification of the proposal. The WVHIN reserves the right to waive any informality in the proposal format and minor irregularities.

B. *Electronic Format*

The WVHIN prefers Word™ documents with no less than 12-point fonts and readable spacing. Spreadsheet and graphic documents can be inserted into the proposal document except for the price tables. Prices must be submitted using the Excel spreadsheets provided.

C. *Incurring Costs*

The WVHIN and any of its employees or officers shall not be held liable for any expenses incurred by any bidder responding to this RFP for expenses to prepare, deliver the proposal, or to attend any mandatory pre-bid meeting or oral presentations.

D. *Submitting the Proposal*

All proposals must be submitted to the WVHIN **on or prior to** the date and time stipulated in the Schedule of Events. All bids will be dated and time stamped to verify official time and date of receipt. Vendors mailing proposals should allow sufficient time for mail delivery to ensure timely arrival. The WVHIN cannot waive or excuse late receipt of a proposal, which is delayed, and late for any reason. Any proposal received after the response deadline will be immediately disqualified.

Vendors responding to this RFP shall submit:

- a) One (1) original technical and price proposal
- b) Two (2) convenience (hard) copies
- c) Six (6) electronic copies of submitted material on CD

Note that qualifying vendors (vendors who meet minimum mandatory requirements – See Section 3.A.) will be asked to provide additional convenience (hard) copies (quantity to be determined).

Submit to:

Helen Wilson
WVHIN Purchasing Agent
c/o Health Care Authority
100 Dee Drive
Charleston, WV 25311
Helen.K.Wilson@WV.gov

The outside of the envelope or package(s) should be clearly marked:

WVHIN RFP#: HCC09

Company Name: _____

The names of the vendors responding will be posted on the WVHIN web site (www.wvhin.org) within forty-eight (48) hours of bid opening.

E. *Proposal Organization and Format*

1. *Mandatory Requirements*

Any requirements or statements containing the word “must”, “shall”, or “will” are mandatory. By signing and submitting a response to this RFP, the vendor agrees to all mandatory deliverables described herein. The vendor is required to meet all mandatory requirements in order to be eligible for consideration and to continue in the evaluation process. Failure to meet or agree to mandatory items shall result in disqualification of the Vendor’s proposal and the evaluation process will be terminated for that vendor. Decisions regarding compliance with any mandatory requirement shall be at the sole discretion of the WVHIN.

2. *Informational Sections*

All non-mandatory information specifications do not require a response from the Vendor. They are intended to aid the vendor in structuring an effective proposal capable of meeting the needs of the WVHIN.

3. *Proposal Format and Content*

Proposals shall be provided in two distinct parts: Technical and Cost. The cost portion shall be sealed in a separate envelope.

The proposal should be formatted in the order provided in the format table below.

Proposal Response Format Table

RFP SECTION	RESPONSE SECTION	TITLE	FORMAT OR MAXIMUM NUMBER OF PAGES
	A	Cover Letter	Letter with company letterhead of no more than 2 pages. Signed by representative that has the legal capacity to contract with the WVHIN. Should state the RFP Subject and number, the name of the Vendor, Vendor's business address, email address, telephone number, name of authorized contact person to speak on behalf of the Vendor, dated and signed.
	B	Table of Contents (list all documents comprising this response)	Word document with table of contents.
Section 4 - A	C1	Response to Introduction / Understanding of Scope of Work	No more than 10 pages. Overview of the Understanding of the Scope of Work.
Section 4 – B Attachment 5	C2	Response to Minimum Mandatory Requirements	No more than 15 pages.
Section 4 - C	C3	Response to Business Profile and Organization	No more than 10 pages, not including completed tables.
Section 4 - D	C4	Response to Financial Requirements	No more than 5 pages, not including financial statements.
Section 4 - E	C5	Response to Implementation Capabilities	No more than 10 pages, not including the workplan in Microsoft Project and completed tables.
Section 4 - E	C6	Response to Training and Documentation	No more than 5 pages, not including the workplan in Microsoft Project and Documentation Samples.
Section 4 -F	C7	Response to On-going Support	No more than 10 pages, not including the completed table.
Section 4 - G	C8	Response to Data Center/Hosting Services	No more than 10 pages, not including the SAS-70 reports and completed tables.
Section 4 – I	C9	Response to Outreach Services	No more than 10 pages.
Attachment 4	N/A	Response to Past Performance	Completed Past Performance Surveys sent under separate cover by clients.
Section 5 - A	C10	Response to Data Standards Requirements	No more than 15 pages.
Section 5 -B	C11	Response to Privacy and Security Requirements	No more than 15 pages.

RFP SECTION	RESPONSE SECTION	TITLE	FORMAT OR MAXIMUM NUMBER OF PAGES
Section 5 - C	C12	Response to Architecture and Interoperability Requirements	No more than 25 pages.
Section 5 - D	C13	Response to Certifications	No more than 5 pages.
Section 5 - E	C14	Response to Core Functionality Requirements Tier 1	No more than 30 pages.
Section 5 - F	C15	Response to Advanced Functionality Requirements Additional Tier 1 Optional	No more than 30 pages.
Section 5 - G	C16	Response to Functionality Requirements Tier 2 Advanced Functionality	No more than 30 pages.
Section 5 - H	C17	Response to Functionality Requirements Tier 3 Advanced Functionality	No more than 30 pages.
Section 5 - I	C18	Response to Quantifiable Benefits	No more than 5 pages.
Section 5 - J	C19	Response to Value Added Services Optional	No more than 3 pages.
Section 6 - T	D	Written certification or disclosure	No more than 5 pages.
Attachment 1	N/A	Attachment 1 WVHIN Regional and Functional Timeline	
Attachment 2	N/A	Attachment 2 WVHIN RFP Demographic Data	
Attachment 3	N/A	Attachment 3 WVHIN Sample Implementation Schedule	
Attachment 4	N/A	Attachment 4 Past Performance Survey	
Attachment 5	N/A	Attachment 5 Privacy and Security Minimum Mandatory Requirements – Specifications Detail	
	E	Standard Contract	Vendor's Standard Contract Template
	F	Appendices	As required
		Under Separate Cover	

RFP SECTION	RESPONSE SECTION	TITLE	FORMAT OR MAXIMUM NUMBER OF PAGES
Attachment 6	G	Cost Proposal	Response to be provided in the cost response spreadsheets.
	H	Payment Schedule	Vendor should provide a proposed payment schedule.

F. *Multiple Proposals*

The WVHIN will not accept multiple proposals as part of a prime vendor's proposal. The WVHIN intends to enter into a contractual agreement with a single prime vendor. It is understood that the prime may propose products and services from sub-contractors; however, the prime vendor is responsible for including all components of products and services, including all costs, into a single proposal.

G. *Withdrawal of Proposals*

If at any time the bidder elects to withdraw a proposal, the bidder must notify the WVHIN Purchasing Agent in writing and via email.

H. *Public Record*

1. *Submissions are Public Record*

All documents submitted to the WVHIN related to purchase orders or contracts are considered public records. All bids, proposals or offers submitted by bidders shall become public information and are available for inspection, by appointment, during normal official business hours after the bid opening.

2. *Written Release of Information*

All public information may be released with or without a Freedom of Information request, however, only a written request will be acted upon with duplication fees paid in advance. Duplication fees shall apply to all requests for copies of any document.

3. *Risk of Disclosure*

The submission of any information to the WVHIN by a vendor puts the risk of disclosure on the vendor. The WVHIN does not guarantee non-disclosure of any information to the public.

3. Proposal Selection and Award Process

A. *Preliminary Evaluation*

The purpose of the preliminary evaluation is to determine:

- That each proposal is sufficiently responsive to the RFP to permit a complete evaluation. Proposals must comply with the instructions to vendors contained in

this RFP. Failure to comply with the instructions may cause the proposal to be rejected without further consideration. The WVHIN reserves the right to waive any minor irregularities in the proposal, provided such action is in the best interest of the WVHIN. Where such waivers are granted, they will in no way modify the requirements of the RFP.

- That the proposed solution meets the minimum mandatory requirements as defined in Section 4.

The result of this review is either pass or fail. Proposals that fail this review will not be given further consideration and will be notified accordingly.

B. *Method of Evaluation*

A committee of three (3) or more individuals, in accordance with the criteria stated, will first evaluate the technical proposal, and subsequently, the cost proposal.

- The technical proposal -70 available points (criteria defined in Section 3.C)
- The cost proposal - 30 available points

The top 2 to 4 scoring proposals will then become the finalists for evaluation. Finalists will be scored for the following:

- Oral presentations and vendor demonstrations - 60 available points (criteria defined in Section 3.C)
- Customer references - 20 available points
- Best and Final Offers - 20 available points

The finalist who attains the highest total point score of those invited for oral presentations and demonstrations and provides the best overall value shall be considered the apparent successful bidder and contract negotiations will be initiated. The selection of the successful vendor will be made by a consensus of the evaluation committee.

C. *Proposal Scoring / Evaluation Criteria*

The WVHIN evaluation committee will review all qualifying vendor responses to identify the vendor most qualified to address the WVHIN's health information exchange requirements. The selection and qualification of a vendor shall be based on the following criteria (not necessarily listed in order of importance):

Criteria	Definition
Corporate (Organizational) Capabilities	Determined by HIE market position, strength of the overall corporation, commitment to research and development, positioning with regards to sales and

Criteria	Definition
	support, track record in delivering on commitments, sales history, staying apprised of national trends in HIE and track record in delivering and installing HIE products and solutions.
Functionality	The system has all the required applications as identified in this RFP, including Meaningful Use (MU) requirements as defined by the Functionality Section. For Meaningful Use requirements identified in later years, if application not in general release and installed in an operational environment, vendor commits to development and operationalization of functionality prior to MU required timeline according to ONC. The applications support workflow and process improvements. CCHIT or other types of certified applications are preferred for those applications that can be certified.
Data Standards	The vendor is apprised of all required data standards and necessity of such standards for HIE. Data standards are embedded in the applications. For evolving data standards, the vendor commits to incorporation of such data standards as required.
Technical Considerations	The system addresses all the technical/architectural requirements as defined by the Technical Task Force. How well the vendor's technical architecture addresses overall operations, business interruption, scalability, flexibility and interoperability. Complexity of the technical platform from a maintenance and support perspective. The required systems are integrated in an operational environment. For systems not requiring integration, the ability to interface is available; vendor has proven experiences with these interfaces.
Privacy and Security	The system addresses all the privacy and security requirements as defined by the Privacy and Security Task Force. All state and national laws and regulations related to privacy and security for HIE are met.
Implementation Capabilities	The vendor understands the WVHIN's sample implementation schedule as documented in the Attachments 1 and 3. Vendor understands stakeholders involved and timeframe associated with rollout. Vendor will commit to meeting implementation milestones. Vendor proposes experienced implementation team. Vendor has demonstrated successful implementations in HIEs similar to WVHIN and clients in those exchanges are

Criteria	Definition
	satisfied with the implementation provided. Vendor proposes resources (e.g. staff, written material, etc.) to assist with education and outreach.
Ongoing Support, Training and Maintenance	The vendor provides the ongoing support services including project management, ongoing training and education, systems analysis/architecture/design, system integration, system development and data center/operations support (included help desk/customer support). The vendor has demonstrated successful support and maintenance functions in sites similar to WVHIN and the clients in those exchanges are satisfied with the services provided. The vendor will work collaboratively with the REC in the provision of these services as required.

D. Price Evaluation and Resident Vendor Preference

Upon completing the Technical Evaluation, the evaluation committee will review the cost proposals, assign appropriate points and make a final consensus recommendation to the Purchasing Agent. WVHIN is looking for creative, low cost, HIE solutions that are sustainable.

The WVHIN will make the determination of the Resident Vendor Preference, if applicable. Resident Vendor Preference provides an opportunity for qualifying vendors to request at the time of bid (RFP response submission), preference for their residency status. Such preference is an evaluation method only and will be applied only to the price bid in accordance with the West Virginia Code. A certificate of application is used to request this preference found at <http://www.state.wv.us/admin/purchase/vrc/Venpref.pdf>. A West Virginia vendor may be eligible for two 2.5% preferences in the evaluation process.

E. Cost Proposals

1. Proposal Format

The cost proposal must be submitted using the spreadsheets issued with the RFP (Attachment 6 Tiers 1, 2, 3 and Optional).

The purpose of the price schedules and tables is to allow the WVHIN to evaluate the price associated with each Vendor's proposal and to compare Vendor pricing. In addition, after the evaluation of the offers and contract award, the information presented in the price schedules will be used to administer the contract.

The WVHIN will assume that any item not separately priced on the price schedules is either included in the price of some other item or will be provided at no additional charge. The vendor shall be responsible for the prices incurred in providing any of the software, supplies, materials and services that are not identified on the price schedules. The vendor shall be liable for any required supplies, materials or services, within the scope of the contract, that were not presented in the business proposal. Items not separately priced shall be provided at no charge.

The WVHIN will be modeling the full life cycle cost of the system over 15-20 years. Therefore, the vendor must provide detailed pricing information that will include all hardware costs and refresh cycles, support services required to migrate to this hardware, software maintenance cost inclusive of all feature enhancements, required WVHIN staffing levels and other relevant lifecycle expenses.

2. *Cost Proposal Instructions*

Two (2) mandatory cost proposals are required as part of this RFP. Cost Proposals include:

- a. Cost Proposal #1 - Comprehensive Statewide Exchange - A comprehensive statewide pricing proposal by year for the scope of work. The proposal must provide tiered pricing based on the three tiers and optional functionality. Thus, a full set of pricing spreadsheets must be completed for each tier of functionality (4 sets).
- b. Cost Proposal #2 - Comprehensive Statewide Exchange – Assumes operations in WV or use of WV residents for meeting at least 50% of its staffing requirements for provision of its products, system and services in support of the WVHIN. The proposal must be provide tiered pricing based on the three tiers optional functionality. Thus, a full set of pricing spreadsheets must be completed for each tier of functionality. (4 sets).

3. *General Information about Cost Tables*

Vendors must bid on all the components of the Scope of Work, General, Technical and Functional Requirements. If portions of the work are to be executed by subcontractors or teaming partners, those portions of technologies or services must be identified in the Cost Tables.

Price breakdowns in the Cost Tables include:

1. Contract Management and Communication – Staffing and activities related to the management oversight provided by the vendor including the interface to the Client team, reporting, troubleshooting, and escalation for the implementation and ongoing operation of the WVHIN.

2. Application Functions, Technology, and Implementation - The Functions (applications) and Technology (hardware and third party software) provided to meet the requirements for the WVHIN.
3. The Implementation Activities that support the rollout to identified users including activities for system build, data migration, interfaces, testing, etc.
4. The User Training- Recommendations, scope, and price for training to support the successful implementation and operation of the WVHIN applications.
5. System Maintenance and Operations Support Services– The price of support services and staffing for ongoing operations. Services include the support for system operations, system enhancement, and preventative maintenance; and operations support for such activities as customer service, enrollment, data/records management, and ongoing education/ training.
6. Data Center Operations– The price for hosting, support services and staffing related to all data center operations including Business Continuity, internet service, telecommunication provisioning, and security. The work shall be performed in accordance with the Scope of Work, as well as the requirements specified describing all supplies and materials to be provided and services to be performed. All supplies, materials and services shall conform to the terms and conditions of this contract.

F. *Oral Presentations and Vendor Demonstrations*

Once the evaluation committee completes its review and evaluation of the technical and cost proposals and determines the 2 to 4 top scoring vendors, these finalists will be invited to demonstrate their solutions to the evaluation committee. Demonstrations will include scripted and non-scripted components with the demonstration script provided in advance.

G. *Right to Reject Proposals and Negotiate Agreement Terms*

The WVHIN shall select the best value solution according to the evaluation criteria. However, the WVHIN reserves the right to accept or reject any or all proposals, in part or in whole at its discretion. The WVHIN reserves the right to withdraw this RFP at any time and for any reason. Submission of, or receipt by the WVHIN of proposals confers no rights upon the bidder nor obligates the WVHIN in any manner.

A contract based on this RFP and the vendor's proposal may or may not be awarded. Any contract resulting in an award from this RFP is not valid until properly approved and executed by the WVHIN, and approved as to form by the WV State Attorney General.

The WVHIN shall award this contract to the most responsible and responsive vendor who best meets the terms and conditions of the proposal. The award will be made on basis of capabilities, price, product evaluation, and prior history of service.

The WVHIN reserves the right not to award this RFP, to reject any or all proposals in whole or in part, to make multiple awards, partial awards, award by types, item by item, or lump sum total, whichever may be most advantageous to the WVHIN at its sole discretion. The intent though is to award this contract to one (1) vendor.

Vendors submitting proposals may be afforded an opportunity for discussion and revision of proposals. Revisions may be permitted after submissions of proposals and prior to award for the purpose of obtaining best and final offers. Negotiations may be conducted with responsible vendors who submit proposals found to be reasonably likely to be selected for award.

H. *Award and Final Offer*

Contract award will be based on the results of the finalist evaluation including: oral presentation and demonstrations, customer references and best and final offer negotiations. The final evaluation will be submitted to the WVHIN Purchasing Agent. The WVHIN will compile the final scores for each proposal. The award may be granted to the highest scoring responsive and responsible proposer.

Once approved, the final evaluation must be reviewed and approved by the WVHIN Executive Committee and the WVHIN Board. The contract is prepared and negotiated, and forwarded to the Attorney General's Office for approval as to form, then encumbered and mailed to the appropriate parties.

I. *Notification of Intent to Award*

All vendors who respond to this RFP will be notified in writing of the WVHIN's intent to award the contract as a result of this RFP. After notification of the intent to award is made, copies of all proposals will be available for public inspection. Vendors should schedule reviews with the Purchasing Agent.

J. *Proposal Understanding*

By submitting a proposal, the bidder agrees and assures that the specifications are adequate, and the bidder accepts the terms and conditions herein. Any exceptions should be noted in your response.

4. General Requirements

A. *Introduction/Understanding of Scope of Work*

Proposals should include an introduction, which demonstrates the vendor's understanding of the scope of work required to support the vision of the WVHIN.

Vendor's understanding should address:

- Establishment of a scalable, flexible, secure, standards-based, interoperable, service-oriented, statewide platform for the exchange of health data between constituencies, which supports the demographics of the State, Attachment 2, and the sample implementation schedule found in Attachment 3.
- Deliver the functional requirements in a phased and logical sequence.
- Deliver the comprehensive functionality described in the Technical and Functional Requirements Section (Section 5-E through 5-H) of the RFP.
- Position and enable the platform to deliver as much functionality as possible in future years as described in advanced functionality.
- Deliver interface and integration services to enable the functional requirements of all phases. A matrix depicting the functionality rollout is found in Attachment 1.
- The level of vendor commitment required to ensure a financially sustainable, optimally supported, health information exchange.

Additionally, the introduction should include an overview of the vendor's experience with the services outlined and any vendor/product differentiators.

B. *Minimum Mandatory Requirements*

In order for a proposal to receive full consideration, all requirements set forth in this section must be fully satisfied. Proposals that fail to completely satisfy all of the minimum mandatory requirements, after being provided with an adequate opportunity for clarification, will be eliminated from further consideration and disqualified as being non-responsive. The order in which the minimum mandatory requirements appear in no way corresponds to or implies relative importance or value.

1. The vendor must have experience in the last 2 years in HIE business planning and development, technical planning and design, implementation and operations support. The response must detail each specific area of experience and the respective years of experience.
2. The vendor must be the prime vendor in the operation of at least one (1) HIE installation.

3. The vendor must provide the Core Health Information Exchange components:
 - a. Clinical Messaging and Referrals
 - b. Inquiry
 - c. ePrescribing
 - d. Public health reporting and alerts
 - e. EMPI
 - f. Record Locator Service
4. The vendor's system must conform to the most current national standards when issued the notice to proceed and thereafter. This includes, but is not limited to, HL7, IHE, CDA, CCD, and HITSP. Provide a statement as to your company's commitment regarding conformance. Detail your evaluation and decision making process for implementing additional standards including the process for monitoring, selecting, managing and implementing versions of the standards.
5. The vendor must comply with multiple general privacy and security requirements for the operation of an HIE. Detail your company's ability to comply with the following mandatory requirements. (Note: Additional detail on each requirement is located in Attachment 5.)
 - a. Provide a technical architecture that must ensure private and secure exchange of health information among the NHIN, with HIEs located in other states, and with disparate EHR systems.
 - b. The vendor must certify that it offers a consent process for the participation of consumers in the HIE, and demonstrate how that consent process operates.
 - c. The vendor must comply fully with all HIPAA Privacy and Security Standards.
 - d. The vendor must comply fully with all legal requirements under HITECH including, but not limited to breach notification and accounting of disclosures to consumers.
 - e. The vendor must facilitate consumer access to PHI in electronic format, and accommodate transmission of such PHI in electronic format to another entity, such as a PHR.
 - f. The vendor must certify that it will not sell or otherwise share any data maintained on behalf of the WVHIN, or any of its participating providers, facilities, and consumers, to any third party without the specific authorization of the affected consumer or consumers, regardless of whether the data to be sold or otherwise shared has been de-identified or included within a limited data set.

C. Business Profile and Organizational Background

1. Demonstrate your experience working with HIEs on work efforts similar to the WVHIN. HIEs should be categorized as “State” “Regional” or “Community”. Please respond to the items listed below in detail.
 - a. Demonstrate overall experience in the development and operation of an HIE.
 - b. Identify all HIEs in which your company participated or is participating.
 - c. Identify any HIEs in which a contract has been awarded but implementation has not yet started.
2. The vendor should include an overall description of any subcontracting relationships it has or intends to have with other vendors to complete the work required of this RFP.
3. The vendor should indicate the number of years in operation and a description of the main line of business and other related lines of business by completion of the following Company Profile Table.

Additionally, the following information is to be detailed in the vendor response for both the prime vendor and any subcontractor(s):

Company Profile Table

Company Profile	2006	2007	2008	2009
Gross Revenue				
New Sales Revenue				
Other Revenue				
Net Revenue				
% New Sales Revenue from HIE Systems				
R&D Budget				

4. Provide an organizational chart depicting overall business structure and complete the following Personnel Table.

Personnel Table

Personnel (in FTEs)	Total Organization	For Proposed Applications
Implementation Support		
Ongoing Support/ Maintenance (excluding Help Desk)		
Stakeholder Support (Help Desk)		
Research and Development		
Marketing and Sales		
Administration		
Data Center Operations		
Other		
Total Employees		

5. Provide a description of sales and operational geographic site coverage including listing of all locations.
6. Provide the number of years the company has provided HIE services in each of the following areas and details of a representative project for each:
 - a. HIE business planning including development of financial sustainability models.
 - b. HIE technical planning including infrastructure, architectural design, integration services, etc.
 - c. HIE implementation assistance including training.
 - d. HIE operational support.
 - e. Healthcare quality measures collection and analysis: clinical, efficiency and safety.
 - f. EMR implementation, training and support.
 - g. PHR implementation, training and support.
 - h. Please provide a complete list of all active clients for the prime vendor and all subcontractors, where the client has contracted for health information exchange products or services.
7. Vendor should complete the following table, listing all the products required to meet the scope of work as outlined in the RFP (including those products proposed by subcontractors). If a particular product capability category is not listed, expand the table as necessary to represent all pertinent product capabilities in the response.

Product Listing Table

Products	Vendor Name	Product Name	Release Number	First Release Date	# of Sites Operational and in Progress
Clinical Messaging					
Referrals					
Inquiry					
ePrescribing					
Encounter Recording					
Personal Health Record					
CPOE					
Patient Registry					
Eligibility and Claims Filing					
Clinical Decision Support					
Measurement and Reporting Tools					
Single User Portal					
Master Patient Index					
Registry and Directory Services					
Record Locator					
Identity Management					
Consent Management					
Data Analytics					
Data Warehouse					
Other					

8. Vendor should provide a list of all information systems for these environments for which interfaces have been written and implemented. Other interfaces not listed, which may accelerate connectivity between stakeholder groups, should be identified.

Organization Type	Information System	Version	Interface Standard(s) Used	Operational Date
Hospitals				
Physician Offices				
Nursing Homes				
FQHCs				
Others				

D. *Financial Requirements*

It is important to substantiate each vendor's financial stability. Current audited financial statements for the past two (2) fiscal years and other pro-forma documentation of financial stability for the next five (5) years are to be submitted with the proposal. The WVHIN may request reports on financial stability from independent financial rating services to substantiate the vendor's financial stability.

E. *Implementation Capabilities*

1. Describe the services and resources that you propose in order to accomplish the successful implementation of the WVHIN based on the functionality rollout strategy provided in Attachment 1 of the RFP. Your response should include but not be limited to:
 - Strategy
 - Education and Outreach – Including a proposed strategy to assist with education and outreach for consumers and providers.
 - Pre-Implementation Assessment
 - Project Management – Including a detailed work plan outlining activities required to implement the WVHIN, and a description of project management methodologies, internal quality control processes, project communication methods, and other project tools used to monitor and document the project's status and deliverables
 - System Analysis, Architecture and Design
 - System Integration and Testing
 - System Development
 - Business Process Redesign
 - Post Implementation Assessment and Optimization

- Performance Management – Inclusion of a Performance Management Plan that holds the management team accountable for meeting mutually agreed upon goals
 - Team - A plan for team selection including: staffing plan, organizational chart and resumes and references for all key personnel
2. The WVHIN recognizes that training and documentation are critical components of the implementation of the HIE. Provide additional detail regarding the training and documentation that you propose in order to establish and maintain a successful WV Health Information Exchange. Your response should include but not be limited to:
- a. Strategy
 - b. Work Plan
 - c. Team and Resources
 - d. Technical and User Documentation Samples
 - e. Collaboration with Regional Extension Center

NOTE: The WVHIN reserves the right to record all training sessions for future use at no additional charge to the WVHIN.

Vendor should indicate on the following table whether the vendor and/or any subcontractors are anticipated to provide the aforementioned services.

Implementation Services Table

Implementation Services	Prime	Sub-Contractor	Sub-Contractor	Sub-Contractor
Strategic Planning				
Pre-Implementation Assessment				
Project Management				
Systems Analysis, Architecture and Design				
System Integration and Testing				
System Development				
Business Process Redesign				

Implementation Services	Prime	Sub-Contractor	Sub-Contractor	Sub-Contractor
Post Implementation Assessment and Optimization				
Performance Management				
Training (including User Documentation)				
Other: Sales/Marketing, R&D, Administration, etc.				

Vendor is to identify any barriers to success anticipated during the pre-implementation planning and implementation of the WVHIN along with recommended strategies for minimization/elimination.

F. ***Ongoing Support Services***

Describe the on-going support services that you propose in order to establish and maintain a successful WV Health Information Exchange. Your response should include but not be limited to the following ongoing services:

- Project Management
- System Analysis, Architecture and Design
- System Integration and Testing
- System Development
- Operations Support (Also see Data Center/Hosting Section)
- Business Process Redesign
- Stakeholder Services and Support including help desk and potential collaboration and support with the state designated REC – This should include a description of stakeholder support processes and procedures to be employed to provide superior customer service and support to the WVHIN. Vendor should define customer support problem reporting, tracking, resolution and escalation procedures. Service level agreements for support must include problem response and resolution time parameters.
- Training

Vendor is to list all services/capabilities relevant to the scope of work for the successful operation of the WVHIN. Indicate on the following table whether the vendor and/or any subcontractors are anticipated to provide the aforementioned services.

Ongoing Support Services Table

Ongoing Support Services	Prime	Sub-Contractor	Sub-Contractor	Sub-Contractor
Project Management				
Systems Analysis, Architecture and Design				
System Integration and Testing				
System Development				
Operations Support				
Business Process Redesign				
Stakeholder Services and Support				
Training (including User Documentation)				
Other: Sales/Marketing, R&D, Administration, etc.				

G. Data Center/Hosting Services

Vendor is to provide the two most recent SAS-70 audit reports to demonstrate state of the art and prudent data center operations. Provide a description of your data center operation including the location and hosting entity if applicable. More specifically, include the following infrastructure components to operate the WVHIN: hardware platform, operating

environment, required third party software, data base platform, workstations, and others as required.

Hosting support services should be detailed and include the following; change control, backup and recovery, establishment of production environment, establishment of a development/build environment, and establishment of test and training environments.

Provide actual system performance data as measured at current production client sites as measured in a production database from a client local workstation. Provide a quantifiable description of the client production site including, number of transactions per day/week/ or month, number of users, # of sites, etc.

Action	Client 1	Client 2
Moving between fields		
Boot client application		
Simple query		
Retrieve data from single table		
Complex query		
Simple update		
Complex update		

The vendor is to provide hardware and operating system software sufficient to support the WWHIN operations. Provide actual system availability metrics as measured at current production client sites. Provide a quantifiable description of the client production site including, number of transactions per day/week/ or month, number of users, # of sites, etc.

Environment	Client 1	Client 2
Production Environment Availability		
Other Operating Environments (Development, Build, Test, Training, and Production)		

H. ***Past Performance***

The Vendor Past Performance Surveys in Attachment 4 are to be used to evaluate the performance record of a vendor submitting a proposal in response to the WVHIN. The survey should be distributed to five clients with requirements similar to those included in this RFP. If vendor is proposing any subcontractors, three Past Performance Surveys should also be completed for each subcontractor. Customer responses are to be returned to the WVHIN under separate cover during the proposal evaluation period.

I. ***Outreach Services***

The WVHIN has developed an outreach strategy with the physician community and other stakeholders to achieve its HIE adoption goals. In addition, the WVHIN will work collaboratively with the REC, Medicaid and other organizations to enhance stakeholder outreach. Provide a detailed statement regarding your experience with stakeholder outreach and your ability to support the WVHIN's efforts to attain financial sustainability. Include prior experience including:

- Approach
- Timeline
- Resources
- Execution
- Benefits
- Results

5. **Technical and Functional Requirements**

A. ***Data Standards***

1. Describe your adherence to semantic interoperability and coding standards and if standards have been implemented, identify where such standards have been implemented. Indicate your system's ability to support the most widely adopted semantics including, but not limited to:

Medication Management and ePrescribing

- a. National Library of Medicine's RxNorm
- b. Structured SIG
- c. Unique Ingredient Identifier (UNII)
- d. National Drug File Reference Terminology (NDF-RT)
- e. National Drug Codes (NDC)

Laboratory Tests and Observation Code Sets

- a. Logical Observation Identifiers, Names, and Codes (LOINC)
- b. The Unified Code for Units of Measure (UCUM)
- c. Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT)

General Medical Code Sets and Procedures

- a. Current Procedural Terminology (CPT) including Category II Codes
 - b. International Classification of Diseases (ICD-9, ICD-10)
 - c. Systematized Nomenclature of Medicine – Clinical Terms (SNOMED-CT)
 - d. Healthcare Common Procedure Coding System (HCPCS)
 - e. Current Dental Terminology (CDT)
2. Describe your solution's master synonym dictionary for clinical terms including a description of the architecture. Note if the dictionary can be customized and the process for such customization.
 3. Describe your solution's architecture that assists with data transformation such as normalization and encoding, data mapping and translation, etc. Describe in detail the process (including if vendor or client will perform) used for normalization, encoding, mapping, translation, and/or any other tools available.
 4. The HIT Standards Panel's Clinical Operations Workgroup developed vocabulary standards to address Meaningful Use. Describe your health information exchange solution's ability to promote the use of the coding standards as recommended by the Workgroup.
 5. The Office of National Coordinator (ONC) issued "State Health Information Exchange Cooperative Agreement Program" specifies a HIE technical infrastructure that provides, in addition to clinical services, electronic eligibility and claims transactions. From a data standards perspective, describe how your solution provides for the following HIPAA transaction code sets:
 - a. Code set 270 / 271 – Eligibility Inquiry and Response as defined by the CORE initiative
 - b. Code set 276 / 277 – Claims Status Inquiry and Response – including line item response capabilities
 - c. Code set 278 – Prior Authorization and Referral
 - d. Code set 835 – Remittance Advice
 - e. Code set 837 – Health Care Claims for Dental, Professional and Institutional
 - f. Future Code Sets as developed released and required
 6. The WVHIN is a standards based health information exchange. Describe how your solution adheres to a core set of messaging, transport and integration standards and protocols including, but not limited to: Health Level 7 (HL7), Digital Imaging and Communications in Medicine (DICOM), Electronic Data Interchange X12 (EDI X12),

National Council on Prescription Drug Plans (NCPDP), Standard Object Access Protocol (SOAP), electronic business Extensible Mark-up Language (ebXML), Secure Socket Layer (SSL), and Transport Layer Security (TLS).

7. How does your solution leverage the following IHE integration profiles, specifically for promoting health information exchange? Please address the 9 profiles: Anatomic Pathology, Cardiology, Eye Care, IT Infrastructure, Laboratory, Patient Care Coordination, Patient Care Devices, Radiation Oncology and Radiology.
8. Describe how your solution aligns with the WV State IT Standards found at: <http://www.state.wv.us/ot/default.cfm?fuseaction=TechStndrds>
9. Data Source and End User System Requirements:
 - a. Workstation: End user system requirements should be browser based and compatible with all platforms, OS independent and as “lite a footprint as possible”.
 - b. Data Source Connections: Describe your infrastructure strategy and architecture requirements for interoperability with provider systems.

B. *Privacy and Security*

1. The WVHIN requires compliance with, and support for encryption, networking, and connectivity standards specified, adopted, or endorsed by the FHA, HHS, NHIN, and ONC, as well as including, but not limited to, technologies and methodologies that can be used to render PHI unusable, unreadable, or indecipherable to unauthorized individuals for data in motion and for data at rest.

The WVHIN requires that vendors secure all protected health information through the use of technology or methodology by means of encryption and destruction in accordance with HHS 74 FR 19006. The guidance specified encryption and destruction as the technologies and methodologies for rendering protected health information, as well as PHR identifiable health information under section 13407 of HIPAA and the FTC’s implementing regulation, unusable, unreadable, or indecipherable to unauthorized individuals such that breach notification is not required.

Double encryption is defined as using two independent standard-based encryption technologies to provide secure channels to transmit data. For example, an SSL VPN is used to create the encrypted channel, which then transmits data previously encrypted using another standards-based algorithm. The rationale is, regardless of the encryption technology utilized, given time data any encryption technology can become compromised (i.e. cracked) and if two independent encryption technologies are used, the probability of both being compromised concurrently is very low.

Please describe the system's ability to comply with the WVHIN "double encryption" standard and any implemented experience.

2. The WVHIN wishes to limit the number of logins our physicians and providers need to remember. Therefore, any portal services or access methods should take efforts to leverage sharable authentication techniques and technology. For example, Open ID <http://openid.net/>. Describe the solution's demonstrated ability to support this requirement or other widely used, commercially available "single sign on" approach.
3. Describe your Health Information Exchange solution's ability to support and implementation experience with the following user provisioning:
 - a. Unique user IDs for each user
 - b. Restriction of application and or function within the application to specific user ID(s) using role based security
 - c. Provision of a complete user provisioning and de-provisioning solution including necessary automated workflow
 - d. A state of the art user store with proper encryption on passwords or biometric access
 - e. Capability to reset passwords
 - f. Utilization of identity verification during initial sign up
 - g. Identification of "brute force" attacks and automatic disabling of accounts
 - h. Logging of authorization history
 - i. ADA compliance 504
4. Describe your approach to supporting and managing the relationship and interchange of data with neighboring states where medical service areas overlap and standards for access and privacy may differ.
5. The vendor should be able to provide and facilitate a process for notifying consumers that they have chosen a provider or facility participating in an electronic HIE sponsored by the WVHIN. The notification requirements and technology to support the notification should include the following:

This notice should be available both electronically and in paper form to consumers at the participating provider or facility level.

- a. Their PHI will be stored, used, and disclosed in an electronic format;
- b. The utilization of an electronic format will not change any of the consumer's legal rights under existing law regarding the confidentiality, privacy, or security of their PHI; and

- c. Their PHI will not be disseminated to other participating providers or facilities seeking access via the WVHIN's HIE without their consent, either by exercise of an opt-in/opt-out procedure or by some other meaningful consent process.
- 6. The vendor should have the capability to maintain the integrity of electronic records for significant periods of time in accordance with applicable records retention requirements, or (20) years, whichever is longer.
- 7. The vendor should document its ability to comply with, and to assist the WVHIN in complying with, all administrative requirements under HIPAA, and should:
 - a. Identify its Chief Privacy Officer, Chief Security Officer, and Chief Information Officer, and provide resumes for all such individuals;
 - b. Provide copies of its existing privacy and security policies and procedures upon request; and
 - c. Offer template policies and procedures to govern the privacy and security of an HIE which can be modified to the WVHIN requirements.
- 0. Describe how your solution addresses the Consumer Preferences Requirements Document recently published by the Office of the National Coordinator for Health Information Technology. More specifically:
 - a. Universal Functional Needs: Identity Verification
 - b. Consumer Functional Needs: Express, Amend, and Replace Preference; Request Exchange; and Request Audit
 - c. Primary/Secondary Receiving Organization Functional Needs: Create, Transmit, View, Store, Apply, Amend and Replace Preference; Transmit an Update of a Preference; Reconciliation of Conflicting Preferences; Acknowledge Receipt of Preference or Update; Maintain Audit Log of Preference; and Classify Data.

C. *Architecture/Interoperability*

- 1. The WVHIN intends to be a HITSP, standards-based, hybrid architecture with federated and centralized applications, centralized and de-centralized data. A Service Oriented Architecture (SOA) approach is desired. Additionally, the database solution should be based on Open System Architecture design as the WVHIN desires to be able to connect directly to the data via ODBC or similar database connectivity standards, as well as have a full data dictionary and schema. Provide an architectural schematic and supporting narrative detailing how your solution addresses the WVHIN's required architectural design.

2. System Architecture Design: Provide a formal description of your health information exchange system and a detailed plan of the system at component level for each of the following:
 - a. Business (or business process) architecture
 - b. Application architecture
 - c. Data architecture
 - d. Technical architecture
 - e. Security architecture
 - f. Other

Also include a description of the structure of components, their interrelationships and the principles and guidelines governing their design and evolution over time for each of the above.

3. System Architecture Design: The WVHIN is seeking an integrated master person and patient identification, and record locator services based on probabilistic matching algorithms in compliance with standards specified, adopted, or endorsed by the FHA, NHIN, and ONC. Describe your proposed Health Information Exchange system's services capabilities related to the following:
 - a. Registry and Directory Services
 - b. Person and Entity Identification
 - c. Record Locator and Search Services
 - d. Identity Management
 - e. Consent Management
 - f. Secure Data Transport
 - g. Data De-Identification and Aggregation
 - h. Analytics
 - i. Data Warehousing
4. Describe how your solution's technical architecture prevents commingling of data between the WVHIN and other HIEs and HIOs, if the vendor is involved in other HIEs by means of a shared data repository or other means, and there is no interstate data exchange compact or agreement in place between the WVHIN and other HIEs that permits such comingling.
5. Describe your Health Information Exchange solution's compliance readiness with the evolving Federal Health Architecture Standards as outlined in the NHIN Policies and Procedures, Performance and Service Specifications, Interface Specifications and Test Approach.

In addition, vendor should provide a production NHIN gateway environment, compatible with and interoperable with the Federal Health Architecture's "CONNECT"

system for the WVHIN's participating healthcare providers/facilities, to work in conjunction with vendor's solution.

The technical specifications are subject to change during the course of the RFP process and after contract award. When given the notice to proceed, the vendor's NHIN gateway is to conform to the most current technical specifications for the NHIN as approved by the ONC. Provide a description of your approach to meet these and other evolving federal requirements.

6. The WVHIN intends to participate in the Nationwide Health Information Network (NHIN). The Data Use and Reciprocal Support Agreement (DURSA) is a comprehensive, multi-party trust agreement that will be signed by all NHIN Health Information Exchanges (NHIes), both public and private, wishing to participate in the NHIN. The DURSA provides the legal framework governing participation in the NHIN by requiring the signatories to abide by a common set of terms and conditions. These common terms and conditions support the secure, interoperable exchange of health data between and among numerous NHIes across the country. Describe your health information exchange solution's ability to comply with the current drafted terms and conditions of the DURSA as well as your plan to monitor the evolving terms and conditions and describe your on-going plan to execute the DURSA instrument and to stay compliant with its provisions.
7. Describe the system capability to provide exchange of data with either a health record bank selected by the individual, i.e., PHR connectivity to mass-commercially available products such as Google Health, MS Health Vault, government-sponsored PHR, or a Health Record Bank associated with the HIE, which can serve as a patient centric longitudinal record of health care, as well as qualify for use in the HITECH-required provision of PHI to consumers in electronic form.
8. The vendor's architectural solution should leverage existing regional and state resources that can advance HIE such as MPIs, HIOs, payer clearinghouses and MMIS. Describe how your solution allows for the use of shared directories for providers, health plans, etc. thus allowing HIE stakeholders access and use of shared services including: Patient matching, provider authentications, consent management, secure routing, advance directives and messaging. The architecture needs to support proven commercially available or federally provided shared services such as RxHub, etc.
9. Describe and certify the process for database update, change or modification of data fields and data requirements.
10. The vendor solution should be Medicaid Information Technology Architecture (MITA) and WV Statewide Health Information Technology Strategic Plan compatible.
<http://www.wvhealthimprovement.org/wvhii/Attachment443.aspx>

11. Describe how you integrate with all standards based ambulatory and inpatient electronic health records and provide examples of how you have achieved this in other communities. Provide a list of vendors with which you have interfaced.

D. *Certifications*

1. EMR Certification: West Virginia intends to encourage physician adoption of EMR and data exchange across West Virginia through unified support from the WVHIN, the Regional Extension Center and others. Please provide details and verification as to how your product meets, or is anticipated to meet, the **ARRA 2011** certification requirements as established by the U.S. Government. These are proposed to meet the Federal standards for certified EHR technology to support the 2011-2012 incentives under the American Recovery and Reinvestment Act of 2009 (ARRA).
2. HIE Certification: The 2009 Health Information Exchange (HIE) certification program was launched in October 1, 2008, closing in September 2009. This initial HIE certification program focused on operational HIEs. The criteria for certification testing covered security and interoperability. To achieve certification, an HIE was required to meet all security requirements and demonstrate the ability to receive and send at least one of the following transactions. An HIE could choose to be certified in more than one transaction.
 - a. HL7 Lab 2.5.1, Lab Result Transaction Testing (HITSP C36 and C35)
 - b. HL7 CDAR2, Lab Report Document Transaction Testing (HITSP C37 and C35)
 - c. CCD, Patient Summary Document Transaction Testing (HITSP C32)

Please provide the details and verification of your Health Information Exchange solution's CCHIT certification, either completed or in process.

E. *Tier 1 Core Functionality*

The WVHIN plans to offer low cost, simple tools (Core Exchange User Tools) to help physicians without EMRs to become electronic and enable them to migrate toward Meaningful Use. Initially, the **core functionality** will include: clinical messaging, referrals, inquiry, ePrescribing and public health reporting and alerts. Encounter Recording is optional. See the following section below: F. Additional Tier One Functionality (Optional). The WVHIN is also considering offering Tier 2 and Tier 3 functionality to help physicians achieve Meaningful Use when they are ready.

Describe your ability to meet the WVHIN requirements for Tier 1 functions, described below, and your experience in providing the functions in other communities.

1. Clinical Messaging: The WVHIN plans to deliver clinical documents from hospitals, labs and/or other providers via standardized messages to the ordering physician and other physicians of record for the patient. Clinical messaging should include easy to use inbox management and workflow tools to improve the efficiency of care within the practice. Beginning phases should include results delivery directly to ordering, attending, other physicians, and clinicians who are approved members of the care team. This should expand to include two way communications between providers in both inpatient and outpatient settings.
 - a. Laboratory ordering and results from laboratory service providers
 - b. Radiology ordering and reports from radiology service providers
 - c. Admissions notifications, operative reports, and discharge summaries from hospitals
 - d. Encounter data
 - e. Encounter information and physician notes from outpatient facilities
 - f. Procedures, problem lists, medication lists, allergies and results required to facilitate referrals, consults and transfers in care including:
 - (i) To or from acute care hospitals
 - (ii) Skilled nursing facility
 - (iii) Rehabilitation facility
 - (iv) Between primary care and specialty services and
 - (v) Among primary physicians via secure messaging
 - (vi) Between physical and behavioral health services
 - (vii) Other secure exchange between healthcare stakeholders such as with public health and with patients.
2. Referrals: The WVHIN plans to enable physicians to do secure cross referrals and consultants between physicians such as between a primary care physician and a specialist or transferring a patient between entities such a hospital and nursing home.
3. Inquiry: The WVHIN plans to allow providers to search for patients and retrieve clinical documents from across multiple participating sources. Through use of appropriate patient and provider identification, the WHIN would assist providers, in both ambulatory and inpatient settings, in obtaining needed patient information. As an example, this is considered technology whereby a physician or Emergency Department can search for results on patients for whom they did not place the orders. This functionality is consistent with the Continuity of Care Document and should include as a minimum:
 - a. Patient demographics
 - b. Insurance information
 - c. Diagnosis
 - d. Problem list
 - e. Medications
 - f. Allergies
 - g. Care plan

This functionality is initially defined to provide access to the following types of results:

- a. Lab reports from laboratory service providers
 - b. Radiology reports from radiology service providers
 - c. Discharge summaries from hospitalizations and ED visits
 - d. Treatment encounter data – admission dates and discharge dates
 - e. Operative and other procedural reports
 - f. Encounter information and physician notes from outpatient facilities
 - g. Allergies
 - h. Prescription drug histories from the following potential sources: payers or pharmacy benefit managers, pharmacies, hospitals, state boards of pharmacy, physicians and Rx, SureScripts or other clearinghouses
 - i. Continuity of Care Documents
4. ePrescribing: The WVHIN plans to offer ePrescribing to participating providers, with the capacity to electronically send an accurate, error-free and understandable prescription through a clearinghouse, or directly, to a pharmacy from the point of care. The ePrescribing system should provide at least the following features:
- a. Renewal authorizations, including ability to renew multiple prescriptions for a patient at once
 - b. Favorite medication list feature
 - c. ePrescribing of controlled substance as allowed under state law
 - d. Access to patient medication history
 - e. Alerts:
 - (i) drug-drug interactions
 - (ii) drug allergy interactions
 - (iii) contraindications
 - (iv) duplicate therapy
 - f. Access to pharmacy eligibility
 - g. Access to formularies, and ability to check prescription against formularies
 - h. Access to benefits information
 - i. Drug surveillance and recall ability
 - j. Ability to receive delivery confirmation or failure notice
 - k. Electronic signature
5. Public Health
- a. The vendor should be able to interface with the West Virginia Bureau of Public Health to perform the following functions:
 - (i) Send electronic data feeds of reportable conditions directly from providers (hospitals, labs, etc.) to public health
 - (ii) Send immunizations and reportable conditions from physicians electronically to public health

- (iii) Transmit public health alerts from public health department to the WVHIN users
 - (iv) Enable clinicians to electronically access and search the state immunization registry and potentially other public health registries
- b. Public health functionality is to be accessible through the WVHIN's Core Exchange User Tools and other vendor EMR solutions.
- c. Describe how you would enable the WVHIN users to send reports or search immunization history directly from your system, or to access the Bureau of Public Health application from your system. Provide examples of how you have linked with public health surveillance systems in other installations.
- d. Describe how you would provide alert capability and provide examples of other installations that use this capability.
- e. To document achievement of Meaningful Use requirements, physicians and hospitals will report to CMS the number of immunizations and reportable diseases they report electronically. Describe if and how your system can count those transactions and generate reports at the individual provider level.

F. *Additional Tier 1 Functionality (Optional):*

The WVHIN desires to facilitate physicians' ability to participate in data exchange by offering a basic Encounter Recording application, which meets the recommended 2011 requirements for Meaningful Use of electronic health records.

Describe your ability to meet the WVHIN requirements for these functions described below and your experience in providing the functions in other communities. Be sure to note all functionality that is included in your core offering. Please articulate that you can achieve very specific Meaningful Use requirements (e.g. record preferred language or record advance directives)

If you propose extended physician tools at additional cost or from partnering vendors, please provide separate costs on the cost spreadsheets.

Core functions:

- a. Identify and Maintain a Patient Record
- b. Manage Patient Demographics
- c. Create and Maintain Patient Specific Problem List
- d. Manage Medication Lists:
- e. Manage Allergy, Adverse Reaction and Intolerance List
- f. Manage Patient History
- g. Summarize Health Record
- h. Manage Clinical Documents
- i. Accept and Manage Results from other systems

G. Tier 2 Advanced Functionality

Tier 2 Advanced Functionality is intended to help physicians migrate to Meaningful Use and advanced functionality at their own rate. The WVHIN may be well positioned to assist practices in doing Measurement and Reporting for CMS. A Single WVHIN User Portal will enable physicians to access multiple applications from many sources when they are ready. The intent is to create an “iPhone” experience for users of the system.

1. Measurement and Reporting: To document achievement of Meaningful Use requirements, physicians and hospitals will report to CMS on multiple performance measures. Describe your capacity to facilitate that reporting.
 - a. Providers will be required to report the percentage of certain types of transactions completed electronically. Examples include the percentage of orders electronically, or the number of lab reports incorporated into the provider’s electronic health record. Describe if and how your system can count those transactions and generate reports at the individual provider level.
 - b. Inpatient providers will be required to report on specified clinical processes, e.g., VTE for surgical patients. Describe if and how you can generate reports on these indicators at the individual inpatient provider level.
 - c. Inpatient providers are required to report on 30 day readmission rates. Describe current or planned capacity to collect and report on readmissions at the individual provider level.
 - d. By 2015, providers will be required to report on patient care experience and access. Describe your current or planned capacity to collect and report survey information at the individual provider level.

Describe how these functions can integrate with the WVHIN’s Core Exchange User Tools and other vendor EMR solutions.

As documented in the State Health Information Exchange Cooperative Agreement Program dated August 2009, health information exchanges must report on the participation metrics. Below is a representative sample of what will be required for the ONC:

- a. % of providers in HIE services enabled by statewide directories or shared services
- b. % of pharmacies serving people within the state that are actively supporting e-prescribing and refill requests
- c. % of clinical labs serving people within the state that are actively supporting electronic ordering and results reporting
- d. Future areas: Providers’ use of e-prescribing, exchange of clinical summaries among treating providers, immunization, quality and other public health reporting and eligibility checking

Describe how your solution addresses regular reporting of these performance and other measures.

2. Single WVHIN User Portal: Describe your capacity to provide users with the ability to access the WVHIN applications and other applications from multiple institutions from one device (computer, PDA, etc.) for purchase or at no charge for download and/or access from the WVHIN portal. Potential organizations include the following among others:
 - a. Medicaid
 - b. WVHIN
 - c. Hospitals
 - d. Health Plans
 - e. Public Health
 - f. Telehealth (when ready)
 - g. Regional Extension Center
 - h. Other institutions: laboratories, imaging centers, etc.
 - i. Other independent applications such as:
 - Free publicly available applications (e.g. a popular free ePrescribing module)
 - Applications negotiated at a discount on behalf of all physicians in the state (e.g. high end EMR)
 - Decision support tools for free or subscription (e.g. epocrates, Visual DX, uptodate.com)

H. *Tier 3 Advanced Functionality*

The WVHIN may offer participants, access to additional advanced functionalities to enhance quality, efficiency and care coordination and to facilitate achievement of Meaningful Use by participating clinicians and facilities. The WVHIN would provide access to multiple sources for advanced functionality, enabling participants to choose the product that best meets their needs and, at the time they are ready, to add the functionality to their system. The WVHIN also plans to enable users to access multiple applications available from payers, hospitals or others through its portal. Advanced functionalities include Personal Health Record, CPOE, Registry, Clinical Decision Support Systems, and Eligibility and Claims Filing.

1. Personal Health Record: Explain how you enable the WVHIN's participating providers to meet the proposed requirements for Meaningful Use related to Personal Health Records, including:
 - a. By 2011, storage and access to the following information: patient demographics, insurance, medical history, problem lists, surgical history, medication lists and

- allergies, discharge summaries, procedures, and access to patient-specific education resources
 - b. By 2013, storage and access to more comprehensive information, such as patient preferences (preferred communication media, health care proxies, treatment options) and advanced directives
 - c. By 2013, the capacity to populate a personal health record with real time clinical data
 - d. By 2013, secure patient-provider messaging capability, resources in common primary languages, and ability to incorporate data from home monitoring devices
 - e. By 2015, patients have access to self-management tools and reporting on experience of care
 - f. The ability to manage consent
 - g. The ability to provide access to an authorized designee
 - h. The process for correcting errors
- c. CPOE: To achieve Meaningful Use in 2013, physicians will be expected to enter all orders electronically and be able to interface with receiving providers. Describe how you provide access to CPOE for the WVHIN users and provide examples of existing CPOE installations, focusing on the following features:
- a. Orders for medication, labs, procedures, diagnostic imaging, immunization, referral
 - b. Orders standardized across organization, with individualized order sets
 - c. User authentication
 - d. Communicates to all external entities and involved care givers
 - e. Displays patient medical history, current results and evidence-based guidelines
 - f. Real-time patient identification, drug dose recommendations, checks for adverse reactions, allergies and conflicts with other test or treatment
 - g. Intuitive human interface
 - h. Secure access and permanent record
 - i. Interface with EMRs that offer this functionality
 - j. Electronic signature
 - k. Accessible from multiple locations and through a variety of devices
 - l. Online statistical reports for analysis
 - m. Management and billing tools
- d. Registry: Describe your patient registry application, or how you would enable the WVHIN providers to access patient registry applications, focusing on the following features:
- a. Connectivity to existing registries used by provider
 - b. Seamless data population into registry

- c. Conditions for which registry is available, or capacity to customize for issues of interest to provider
 - d. Data import/export with other systems such as EMR or lab feeds
 - e. Reporting tools:
 - (i) Capacity to export data in de-identified form to common database/analysis tools (e.g., Access, SAS, Excel)
 - (ii) Standard reports or capacity to create reports for internal CQI and public and private payer reporting, including Meaningful Use requirements for 2011, 2013 and 2015
 - (iii) Ability to generate reports based on absence of a clinical data element
 - (iv) Ability to save parameters for user defined report
 - f. Patient outreach and education tools:
 - (i) Lists of patients in need of services (MU 2011)
 - (ii) Patient reminder letters (MU 2011)
 - (iii) Patient reminder letters in common languages (MU 2013)
 - (iv) Patient data, care plans, self management instructions for education
- e. Clinical Decision Support Systems: In the future, the WVHIN plans to provide users with access to clinical decision support tools. Describe current or planned products or partnerships to offer clinical decision support tools that can be integrated with the WVHIN's core and advanced functionalities.
- f. Eligibility and Claims Filing with Public and Private Payers: Describe how you provide the WVHIN users with the functions noted below. Provide examples of other installations where you provide the capacity.
- a. The ability to check patient insurance eligibility
 - b. File claims
 - c. Conduct other business with payers through a single sign on.

To document achievement of Meaningful Use requirements, physicians and hospitals will report to CMS the number of patients for whom eligibility is confirmed electronically and the number of claims submitted electronically. Describe if and how your system can count those transactions and generate reports at the individual provider level.

Describe how these functions can integrate with the WVHIN's Core Exchange User Tools and other vendor EMR solutions.

I. **Quantifiable Benefits**

Describe what quantifiable benefits (\$ or quality measures) your customers have achieved from implementing your HIE products and/or services. Describe services offered to assist in identifying metrics against which the system can be benchmarked and subsequently measured against.

J. *Value Added Services (Optional)*

Vendor is encouraged to provide a description of corporate services, resources and/or technologies that could add value under this procurement.

6. Special Contract Terms and Conditions

A. *Payment Terms and Schedule*

Invoices, Progress Payments, & Retainage: The vendor shall submit invoices, in arrears, to the WVHIN at the address on the face of the purchase order labeled "Invoice To" pursuant to the terms of the contract. Progress payments may be made at the option of the WVHIN on the basis of percentage of work completed, or on milestones achieved and validated, if so defined in the final contract. Any provision for progress payments must also include language for a minimum 10% retainage until the final deliverable is accepted.

If progress payments are permitted, the vendor is required to identify points in the work plan at which compensation would be appropriate. Progress reports must be submitted to the WVHIN with the invoice detailing progress completed or any deliverables identified. Payment will be made only upon approval of acceptable progress or deliverables as documented in the vendor's report. Invoices may not be submitted more than once monthly and State law forbids payment of invoices prior to receipt of services.

B. *Contract Term*

The contract will be effective (date set upon award) and shall extend for the period of three (3) years, at which time the contract may, at the sole discretion of the WVHIN, be renewed. Such renewals are for a period of up to one (1) year, with a maximum of three (3) one year renewals, or until such reasonable time thereafter as is necessary to obtain a new contract. The "reasonable time" period shall not exceed twelve (12) months. During the "reasonable time" period the vendor may terminate the contract for any reason upon giving the WVHIN one hundred and eighty (180) days written notice. Notice by vendor of intent to terminate will not relieve the vendor of the obligation to continue to provide services pursuant to the terms of the contract.

Any change in Federal or State law, or court actions which constitute binding precedent in West Virginia, and which significantly alters the vendor's required activities or any change in the availability of funds, shall be viewed as binding and shall warrant good faith renegotiation of the compensation paid to the vendor by the WVHIN and of such other provisions of the contract that are affected. If such renegotiation proves unsuccessful, the contract may be terminated by the WVHIN upon written notice to the vendor at least thirty (30) days prior to termination of this contract.

C. *Price Quotations*

The price(s) quoted in the bidder's proposal will not be subject to any increase and will be considered firm for the life of the contract unless specific provisions have been provided for adjustment in the original contract.

D. *Independent Price Determination*

A proposal will not be considered for award if the price in the proposal was not arrived at independently without collusion, consultation, communication or agreement as to any matter relating to prices with any competitor unless the proposal is submitted as a joint venture.

E. *Liquidated Damages*

Vendor agrees that liquidated damages shall be imposed at the rate of \$250.00 per day for failure to meet milestones identified to keep the project on target, for failures to meet specified deadlines. This clause shall in no way be considered exclusive and shall not limit the State or the WVHIN's right to pursue to any other additional remedy to which the State or the WVHIN may have legal cause for action including further damages against the vendor.

F. *Performance Bonds*

Upon award, the successful vendor will be required to provide to the WVHIN a performance bond of an amount equal to five hundred thousand dollars (\$500,000) as a guarantee for the delivery and acceptance of the services in accordance with the specifications and as warranty that the deliverables meet all the performance standards and criteria established by the respective services required by this RFP. In the event the vendor, or any of its third party providers or sub-vendors, fails to deliver or perform to the satisfaction of the State, the contracting authorities for the State reserve the right to proceed against the performance bond and to cancel any contracts and any associated agreements without any resulting liability, present and future, to the State. The performance bond referenced above should remain in place through three successful months of operation of the system. The Performance Bond format can be found at <http://www.state.wv.us/admin/purchase/vrc/BondPerform.pdf>.

G. *Prime Contractor*

The vendor is solely responsible for all work performed under the contract and shall assume prime contractor responsibility for all services offered and products to be delivered under the terms of this contract. The State will consider the vendor to be the sole point of contact

with regard to all contractual matters. The vendor may, with the prior written consent of the State, enter into written subcontracts for performance of work under this contract; however, the vendor is totally responsible for payment of all subcontractors.

H. *Executed Contract to Constitute Entire Agreement*

After the successful vendor is selected, a formal contract document will be executed between the WVHIN and the vendor. In addition, the RFP and the vendor's response will be included as part of the contract by reference. The order of precedence is the contract, the RFP and the vendor's proposal in response to the RFP. All vendor claims and promises made in the RFP response shall be binding on the vendor. The contract, as may be amended from time to time, shall constitute the entire agreement concerning the subject matter.

I. *Termination of Contract*

The WVHIN may terminate any contract resulting from this RFP immediately at any time the vendor fails to carry out its responsibilities or to make substantial progress under the terms of this RFP and resulting contract. The WVHIN shall provide the vendor with advance notice of performance conditions which are endangering the contract's continuation. If after such notice the vendor fails to remedy the conditions contained in the notice, within the time period contained in the notice, the WVHIN shall issue the vendor an order to cease and desist any and all work immediately. The WVHIN shall be obligated only for services rendered and accepted prior to the date of the notice of termination.

The contract may be terminated by the WVHIN with thirty (30) days prior written notice for any reason.

J. *Non-Appropriation of Funds*

If the WVHIN is not allotted funds or unable to maintain stakeholder financial support in any succeeding fiscal year for the continued use of the service covered by this contract, the WVHIN may terminate the contract at the end of the affected current fiscal period without further charge or penalty. The WVHIN shall give the vendor written notice of such non-allocation of funds as soon as possible after the WVHIN receives notice. No penalty shall accrue to the WVHIN in the event this provision is exercised.

K. *Assurance against obsolescence*

The WVHIN will be looking for a commitment from the vendor to provide monetary assurance against obsolescence or product abandonment; either by evolution or acquisition. While it is understood that all products will evolve, it is expected the migration path cost will be covered under the maintenance and the projected equipment lifecycle

model described above. These assurances need to be provided in the event the vendor is acquired. For example, if a vendor is acquired and the new owner decides to not continue with the solution in use by the WVHIN, they need to provide a cost-neutral migration to an equivalent solution. The WVHIN should also retain the right to agree to contract assignment in the event of a vendor acquisition.

L. *Conflict of Interest*

Vendor affirms that it, its officers or members or employees presently have no interest and shall not acquire any interest, direct or indirect, which would conflict or compromise in any manner or degree with the performance of its services hereunder. The vendor further covenants that in the performance of the contract, the vendor shall periodically inquire of its officers, members and employees concerning such interests. Any such interests discovered shall be promptly presented in detail to the Agency.

M. *Prohibition Against Gratuities*

Vendor warrants that it has not employed any company or person other than a bona fide employee working solely for the vendor or a company regularly employed as its marketing agent to solicit or secure the contract and that it has not paid or agreed to pay any company or person any fee, commission, percentage, brokerage fee, gifts or any other consideration contingent upon or resulting from the award of the contract.

For breach or violation of this warranty, the WVHIN shall have the right to annul this contract without liability at its discretion or to pursue any other remedies available under this contract or by law.

N. *Certifications Related to Lobbying*

Vendor certifies that no federal appropriated funds have been paid or will be paid, by or on behalf of the company or an employee thereof, to any person for purposes of influencing or attempting to influence an officer or employee of any Federal entity, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

If any funds other than federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the vendor shall complete and submit a disclosure form to report the lobbying.

Vendor agrees that this language of certification shall be included in the award documents for all sub-awards at all tiers, including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements, and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this contract was made and entered into.

O. *Vendor Relationship*

The relationship of the vendor to the WVHIN shall be that of an independent contractor and no principal-agent relationship or employer-employee relationship is contemplated or created by the parties to this contract. The vendor as an independent contractor is solely liable for the acts and omissions of its employees and agents.

Vendor shall be responsible for selecting, supervising and compensating any and all individuals employed pursuant to the terms of this RFP and resulting contract. Neither the vendor, nor any employees or contractors of the vendor, shall be deemed to be employees of the State for any purposes whatsoever.

Vendor shall be exclusively responsible for payment of employees and contractors for all wages and salaries, taxes, withholding payments, penalties, fees, fringe benefits, professional liability insurance premiums, contributions to insurance and pension or other deferred compensation plans, including but not limited to, Workers' Compensation and Social Security obligations, and licensing fees, etc. and the filing of all necessary documents, forms and returns pertinent to all of the foregoing.

Vendor shall hold harmless the WVHIN, and shall provide the WVHIN with a defense against any and all claims including but not limited to the foregoing payments, withholdings, contributions, taxes, social security taxes and employer income tax returns.

The vendor shall not assign, convey, transfer or delegate any of its responsibilities and obligations under this contract to any person, corporation, partnership, association or entity without expressed written consent of the Agency.

P. *Indemnification*

The vendor agrees to indemnify, defend and hold harmless the WVHIN, their officers, and employees from and against: (1) Any claims or losses for services rendered by any subcontractor, person or firm performing or supplying services, materials or supplies in connection with the performance of the contract; (2) Any claims or losses resulting to any person or entity injured or damaged by the vendor, its officers, employees, or subcontractors by the publication, translation, reproduction, delivery, performance, use or disposition of any data used under the contract in a manner not authorized by the contract, or by Federal or State statutes or regulations; and (3) Any failure of the vendor, its officers,

employees or subcontractors to observe State and Federal laws, including but not limited to labor and wage laws.

Q. *Contract Provisions*

After the successful vendor is selected, a formal contract document will be executed between the WVHIN and the vendor. In addition, the RFP and the vendor's response will be included as part of the contract by reference. The order of precedence is the contract, the RFP and the vendor's proposal in response to the RFP.

The Purchasing Affidavit is required prior to award. West Virginia Code §5A-3-10a requires that the chosen Bidder submit an affidavit regarding any debt owed to the State. The affidavit must be signed and submitted prior to award. It is preferred that the affidavit be submitted with the proposal. Purchasing Affidavit is available online <http://www.state.wv.us/admin/purchase/vrc/pAffidavit.pdf>.

The Agreement Addendum should be submitted with the bids. Any contract resulting from an award from this RFP and a Bidder's proposal must address the provisions included in the Agreement Addendum. The Agreement Addendum is available online. If you have alternative language to any of the terms and conditions of the Agreement Addendum, please provide them with your response. Most of these terms and conditions are State law so it will be at the WVHIN's option to accept or reject your alternative language. <http://www.state.wv.us/admin/purchase/VRC/wv96.pdf>.

R. *Governing Law*

This contract shall be governed by the laws of the State of West Virginia. The vendor further agrees to comply with the Civil Rights Act of 1964 and all other applicable laws and regulations, Federal, State and Local Government.

S. *Compliance with Laws and Regulations*

The vendor shall procure all necessary permits and licenses to comply with all applicable laws, Federal, State or municipal, along with all regulations, and ordinances of any regulating body.

The vendor shall pay any applicable sales, use or personal property taxes arising out of this contract and the transactions contemplated thereby. Any other taxes levied upon this contract, the transaction, or the equipment, or services delivered pursuant here to shall be borne by the contractor. It is clearly understood that the WVHIN is exempt from any taxes regarding performance of the scope of work of this contract.

T. *Vendor Certifications and Disclosures*

Please provide a written statement certifying or written disclosure of:

1. The vendor must certify that it *or its employees, agents and subcontractors* will not sell or otherwise share any data maintained on behalf of the WVHIN, or any of its participating providers, facilities, and consumers, to any third party without the specific authorization of the WVHIN and its participating providers, facilities, and consumers, regardless of whether the data to be sold or otherwise shared has been de-identified or included within a limited data set.
2. The vendor must disclose for the vendor and its employees, agents and subcontractors whether it has been involved in any breach of data security, and provide details relating to the causes of the breach, the mitigating actions taken in response to the breach, and whether notification of affected consumers was undertaken.
3. The vendor must certify that it or its employees, agents and subcontractors are not currently under investigation by any state or federal authority for a breach of data security for the vendor and its employees, agents and subcontractors.
4. The vendor must disclose details of any previous investigations by any state or federal authority related to privacy or security of patient information for the vendor and its employees, agents and subcontractors. The details must include the resulting corrective action plan or details of the final resolution, including the assessment of any fines or other sanctions against the vendor.
5. The vendor must certify that it or its employees have never been convicted of, charged with, or is under investigation for, violation of any criminal law, or violation of any civil law governing health care fraud, abuse, or waste. If the vendor cannot provide the certification required herein, then it shall be disqualified.
6. The vendor must certify that it does not employ any individuals who have been excluded or debarred by the federal or any state government from participating in any federal or state program or contract. If the vendor cannot provide the certification required herein, then it shall be disqualified.
7. The vendor must certify its willingness to enter into appropriate Business Associate Agreements and Non-Disclosure Agreements with the WVHIN.
8. The vendor must certify that it has in place workforce training procedures to ensure compliance with HIPAA, and must describe in detail such training. The vendor must certify that it has in place a process for handling complaints from consumers, contractors, providers, and others, and must describe in detail such complaint process.

7. Links

WV State Purchasing Forms:

<http://www.state.wv.us/admin/purchase/vrc/pforms.htm>.

This web site contains:

Agreement Addendum <http://www.state.wv.us/admin/purchase/vrc/wv96.pdf>

Purchasing Affidavit <http://www.state.wv.us/admin/purchase/vrc/pAffidavit.pdf>.

Performance Bond format

<http://www.state.wv.us/admin/purchase/vrc/BondPerform.pdf>

Resident Vendor Preference

<http://www.state.wv.us/admin/purchase/vrc/Venpref.pdf>

Business Associate Addendum

<http://www.state.wv.us/admin/purchase/vrc/WvBaaAgApproved.pdf>

West Virginia Health Information Network

www.wvhin.org

West Virginia Health Information Technology Statewide Strategic Plan

<http://www.wvhealthimprovement.org/wvhii/Attachment443.aspx>

<http://www.state.wv.us/ot/default.cfm?fuseaction=TechStndrds>

National health IT standards activities of the HHS Office of the National Coordinator for Health Information Technology (ONCHIT) and the Health Information Technology Standards Panel (HITSP)

<http://www.hhs.gov/healthit/standards/activities/>

<http://hitsp.org>

ATTACHMENT 1: WWHIN Functionality Regional Rollout Timeline

Table 1 - Regional Rollout Timeline

FY 2011: Two regions rollout	FY 2012: Two additional regions rollout	FY 2013: Three additional regions rollout	FY 2014: Three final regions rollout
FY 2011:	FY 2012:	FY 2013:	FY 2014:
Core User Exchange Functions: ▪ Clinical messaging ▪ Inquiry ▪ Referrals ▪ ePrescribing Advanced WWHIN Applications: ▪ Encounter Recording ▪ Generate orders electronically Public Health: ▪ Electronic immunizations and disease reporting Eligibility and Claims: ▪ Single sign on access to participating health plan systems Measurement and Reporting: ▪ Transaction counting	Core User Exchange Functions: ▪ Clinical messaging ▪ Inquiry ▪ Referrals ▪ ePrescribing Advanced WWHIN Applications: ▪ Encounter Recording ▪ Generate orders electronically Public Health: ▪ Electronic immunizations and disease reporting Eligibility and Claims: ▪ Single sign on access to participating health plan systems Measurement and Reporting: ▪ Transaction counting	Core User Exchange Functions: ▪ Clinical messaging ▪ Inquiry ▪ Referrals ▪ ePrescribing Advanced WWHIN Applications: ▪ Encounter Recording ▪ Generate orders electronically Public Health: ▪ Electronic immunizations and disease reporting Eligibility and Claims: ▪ Single sign on access to participating health plan systems Measurement and Reporting: ▪ Transaction counting	Core User Exchange Functions: ▪ Clinical messaging ▪ Inquiry ▪ Referrals ▪ ePrescribing Advanced WWHIN Applications: ▪ Encounter Recording ▪ Generate orders electronically Public Health: ▪ Electronic immunizations and disease reporting Eligibility and Claims: ▪ Single sign on access to participating health plan systems Measurement and Reporting: ▪ Transaction counting

FY 2012 and 2013:	FY 2013 and 2014:	FY 2014 and 2015:	FY 2015:
Additional Advanced WVHIN Applications: ▪ CPOE: Generate and transmit orders electronically ▪ Personal Health Record ▪ Patient Registry Public Health: ▪ Retrieve immunization history ▪ Receive public health alerts Measurement and Reporting: ▪ Use registries for quality reporting	Additional Advanced WVHIN Applications: ▪ CPOE: Generate and transmit orders electronically ▪ Personal Health Record ▪ Patient Registry Public Health: ▪ Retrieve immunization history ▪ Receive public health alerts Measurement and Reporting: ▪ Use registries for quality reporting	Additional Advanced WVHIN Applications: ▪ CPOE: Generate and transmit orders electronically ▪ Personal Health Record ▪ Patient Registry Public Health: ▪ Retrieve immunization history ▪ Receive public health alerts Measurement and Reporting: ▪ Use registries for quality reporting	Additional Advanced WVHIN Applications: ▪ CPOE: Generate and transmit orders electronically ▪ Personal Health Record ▪ Patient Registry Public Health: ▪ Retrieve immunization history ▪ Receive public health alerts Measurement and Reporting: ▪ Use registries for quality reporting
FY 2014 and 2015	FY 2014 and 2015	FY 2015	FY 2015
Additional Advanced WVHIN Functionality: ▪ Clinical decision support Public Health: Use epidemiological data for population health	Additional Advanced WVHIN Functionality: ▪ Clinical decision support Public Health: ▪ Use epidemiological data for population health	Additional Advanced WVHIN Functionality: ▪ Clinical decision support Public Health: ▪ Use epidemiological data for population health	Additional Advanced WVHIN Functionality: ▪ Clinical decision support Public Health: Use epidemiological data for population health

End of Attachment

ATTACHMENT 2: Demographic Background Data as of 2008

Table 1 - Number of Hospital Facilities by Bed Size for State-wide and MRR

MRR Name	2007 Population	Over 500 Beds	250 - 499 Beds	100 - 249 Beds	26 - 99 Beds	25 or Fewer	Total Facilities
Charleston	437,764	1	2	4	7	4	17
Martinsburg	249,452			1	1	4	6
Beckley	196,966		1	2		3	6
Morgantown	190,615			2	1	2	6
Huntington	183,534		2	2	3		7
Wheeling	156,780		2	2	1	2	7
Clarksburg	123,131		1	1	2		4
Parkersburg	116,652		1	1	1	1	4
Princeton	97,878			2	2		4
Elkins	59,263				1	2	3
State Total	1,812,035	1	9	17	19	18	64
Bed counts exclude SNF/NF designated beds (SNF - Skilled Nursing Facility; NF - Nursing Facility). Licensed Beds data from West Virginia Office of Health Facility Licensing and Certification (OHFLAC).							

Table 2 - Ten Largest Hospitals in the State

MRR Name	County	Facility	Type	Total Licensed Hospital Beds
Morgantown	Monongalia	West Virginia University Hospitals	Acute Care	511
Wheeling	Ohio	Ohio Valley Medical Center	Acute Care	453
Charleston	Kanawha	CAMC-Memorial Division	Acute Care	374
Huntington	Cabell	St. Mary's Medical Center	Acute Care	390
Charleston	Kanawha	CAMC-General Division	Acute Care	343
Clarksburg	Harrison	United Hospital Center	Acute Care	357
Parkersburg	Wood	St. Joseph's Hospital-Parkersburg	Acute Care	325
Huntington	Cabell	Cabell Huntington Hospital	Acute Care	307
Beckley	Raleigh	Raleigh General Hospital	Acute Care	300
Wheeling	Ohio	Wheeling Hospital	Acute Care	253
Bed data (licensed and staffed) from West Virginia Office of Health Facility Licensing and Certification.				

NOTE: Some minor changes in the West Virginia Demographic Data have occurred since 2008 but should be immaterial for these purposes

ATTACHMENT 2: Demographic Background Data as of 2008 Continued

Table 3 - Number of Practices in a Practice Size Category by State-wide and Medical Referral Region

MRR Name	2007 Population	7 or Fewer Physicians	8 - 15 Physicians	16 - 35 Physicians	36 - 100 Physicians	Over 100 Physicians	Total Physicians	%
Charleston	437,764	688	87	54	45	0	881	23.8%
Martinsburg	249,452	274	27	0	0	0	301	8.1%
Beckley	196,966	220	27	19	0	0	273	7.4%
Morgantown	190,615	189	22	22	91	439	763	20.6%
Huntington	183,534	216	50	55	133	106	560	15.1%
Wheeling	156,780	215	54	30	0	0	299	8.1%
Clarksburg	123,131	208	10	0	0	0	218	5.9%
Parkersburg	116,652	142	34	0	0	0	190	5.1%
Princeton	97,878	152	0	0	0	0	152	4.1%
Elkins	59,263	56	9	0	0	0	65	1.8%
State Totals	1,812,035	2,360	320	180	269	545	3,702	
Percentages		63.7%	8.6%	4.9%	7.3%	14.7%		
Numbers in lightly shaded columns represent the number of practices comprising the given physician count. 134 physicians are listed as county unknown and are not shown in the table above. The total physician count is 3,836. Data from Dec 2007 West Virginia State Medical Association. Data includes D.O.'s, D.P.M.'s and M.D.'s.								

NOTE: Some minor changes in the West Virginia Demographic Data have occurred since 2008 but should be immaterial for these purposes

ATTACHMENT 2: Demographic Background Data as of 2008 Continued

Table 4 - 25 Largest Physician Practice Groups in the State

Practice Name	City	Physicians	%
University Health Associates (includes HSC, SOM)	Morgantown	440	
Marshall - University Physicians & Surgeons	Huntington	166	
WVU Physicians of Charleston	Charleston	88	
HIMG	Huntington	64	
Valley Health Systems	Huntington (multiple sites)	30	
General Anesthesia Services Inc	Charleston	27	
Wheeling Family Health Center	Wheeling	27	
Integrated Health Care Providers (CAMC)	Charleston	26	
Radiology Inc	Huntington	25	
Radiological Physician Associates	Fairmont	22	
Associated Radiologists Inc	Charleston	20	
Greenbrier Physicians Inc	Lewisburg	19	
Mid-Ohio Valley Medical Group Inc	Parkersburg	18	
Radiological Physician Associates (serve large area)	Fairmont	17	
River Valley Emergency Physicians (St. Mary's)	Huntington	16	
EMP (OVMC and Weirton)	Wheeling, Weirton	14	
CHH Dept of Emergency Department	Huntington	12	
Cornerstone Healthcare	Parkersburg	12	
Radiology Associates	Wheeling	12	
Davis Memorial Hospital	Elkins	11	
Morgantown Internal Medicine Group Inc	Morgantown	11	
The Greenbrier Clinic Inc	White Sulphur Springs	10	
United Anesthesia Inc	Parkersburg	10	
United Hospital Center	Clarksburg	10	
Sub-total		1,107	29.9%
Others		2,595	70.1%
Total		3,702	
Data developed through multiple sources including directly contacting practices.			

NOTE: Some minor changes in the West Virginia Demographic Data have occurred since 2008 but should be immaterial for these purposes

ATTACHMENT 2: Demographic Background Data as of 2008 Continued

Table 5 - ATTACHMENT 2: Demographic Background Data as of 2008 Continued

Source	Covered Lives	%
Uninsured	254,000	14%
Group	1,539,000	85%
Public	634,000	35%
Medicare	332,000	18%
Medicaid	232,000	13%
Military	70,000	4%
Private	905,000	50%
Fully Insured	197,000	11%
Self-Funded (Full ,Part)	689,000	38%
Other Private	19,000	1%
Individual	14,000	1%
Total	1,807,000	
Note: Medicaid adjusted down for multiple coverage (reduced due to Medicare coverage which was assumed to be primary). Original Medicaid count was 281,000.		
Data from multiple sources including the U.S. Census Bureau, (including SAHIE), CMS, and the State of West Virginia		

Table 6 - Cross-State Impact Upon West Virginia's Medical Referral Regions (Not considered in the sample implementation plan)

Medical Referral Region	MRR Population	Bordering States	Number of Border Counties	Bordering Population	Number Border Hospitals	Number of Beds
Charleston	437,764	Kentucky	2	81,876	3	474
Martinsburg	249,452	Maryland, Virginia	7	455,169	7	1,458
Beckley	196,966	Virginia	2	21,022	2	117
Morgantown	190,615	Maryland, Pennsylvania	4	418,879	4	623
Huntington	183,534	Kentucky, Ohio	7	251,583	3	795
Wheeling	156,780	Ohio	4	259,594	5	772
Clarksburg	123,131	None	N/A	N/A	N/A	N/A
Parkersburg	116,652	Ohio	1	61,576	2	195
Princeton	97,878	Virginia	3	74,638	2	190
Elkins	59,263	Virginia	2	7,081	1	22
Total	1,812,035		22	1,631,418	19	3,467
Excluded Allegheny and Beaver Counties (Pittsburgh). These two counties have a population of 1,400,000 and 47 hospitals. Population data from 2007 U.S. Census. Hospital data from American Hospital Directory.						

NOTE: Some minor changes in the West Virginia Demographic Data have occurred since 2008 but should be immaterial for these purposes

Attachment 3: WVIN Sample Implementation Schedule

Summary By Year

Table 2 - Implementation Schedule Summary by Year

		2010		2011		2012		2013		Totals	
		# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	Total Installed by 2013	Total # of hospitals in MRR
MRR 1	Large Hospitals (300+ beds)	1	357	1	390	0		0		2	2
	Medium Hospitals (100 - 299 beds)	0		4	146	1	260	0		5	5
					155						
					140						
					105						
	Small Hospitals (26 - 99 beds)	0		3	68	1	76	1	80	5	7
					60						
					32						
	Critical Access Hospitals (up to 25 beds)	0		1	25	0		0		1	3
	Physicians	174		277		240		30		721	881
	FQHCs	0		7		0		0		7	8
	Nursing Homes	0		6		5		3		14	26
MRR 2	Large Hospitals (300+ beds)	0		2	303	0		0		2	2
					393						
	Medium Hospitals (100 - 299 beds)	0		1	165	1	100	0		2	2
	Small Hospitals (26 - 99 beds)	0		0		0		1	90	1	3
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	0
	Physicians	0		322		173		40		535	560
	FQHCs	0		2		2		0		4	4
	Nursing Homes	0		1		4		4		9	9
MRR 3	Large Hospitals (300+ beds)	0		1	453	0		0		1	1
	Medium Hospitals (100 - 299 beds)	0		1	127	1	172	1	238	3	4
					277						
	Small Hospitals (26 - 99 beds)	0		1	68	0		0		1	1
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	1
	Physicians	0		87		120		60		267	299
	FQHCs	0		1		0		0		1	1
	Nursing Homes	0		2		4		1		7	14

Continued on the next page

Attachment 3 WVHIN Sample Implementation Schedule Summary by year continued

		2010		2011		2012		2013		Totals	
		# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	Total Installed by 2013	Total # of hospitals in MRR
MRR 4	Large Hospitals (300+ beds)	0		1	531	0		0		1	1
	Medium Hospitals (100 - 299 beds)	0		0		2	101	1	207	3	3
							199				
	Small Hospitals (26 - 99 beds)	0		0		0		0		0	0
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	0
	Physicians	0		190		251		200		641	763
	FQHCs	0		2		1		0		3	3
	Nursing Homes	0		2		4		1		7	14
MRR 5	Large Hospitals (300+ beds)	0		1	325	0		0		1	1
	Medium Hospitals (100 - 299 beds)	0		1	273	0		0		1	1
	Small Hospitals (26 - 99 beds)	0		0		0		0		0	2
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	0
	Physicians	0		23		5		92		120	190
	FQHCs	0		1		0		2		3	3
	Nursing Homes	0		0		0		4		4	9
MRR 6	Large Hospitals (300+ beds)	0		0		1	300	0		1	1
	Medium Hospitals (100 - 299 beds)	0		0		1	173	1	122	2	2
	Small Hospitals (26 - 99 beds)	0		0		1	69	0		1	2
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	1
	Physicians	0		0		53		46		99	273
	FQHCs	0		0		2		1		3	4
	Nursing Homes	0		0		3		4		7	17
MRR 7	Large Hospitals (300+ beds)	0		0		1	375	0		1	1
	Medium Hospitals (100 - 299 beds)	0		0		0		0		0	1
	Small Hospitals (26 - 99 beds)	0		0		0		1	70	1	2
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	0
	Physicians	0		0		38		20		58	218
	FQHCs	0		0		1		0		1	1
	Nursing Homes	0		0		3		0		3	11

Continued on next page

Attachment 3 WVHIN Sample Implementation Schedule Summary by year continued

		2010		2011		2012		2013		Totals	
		# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	# to install in MRR	# of hospital beds	Total Installed by 2013	Total # of hospitals in MRR
MRR 8	Large Hospitals (300+ beds)	0		0		0		0		0	0
	Medium Hospitals (100 - 299 beds)	0		0		0		0		0	0
	Small Hospitals (26 - 99 beds)	0		0		2	72	0		2	2
							90			0	
	Critical Access Hospitals (up to 25 beds)	0		0		0		1	25	1	1
	Physicians	0		0		10		5		15	65
	FQHCs	0		0		3		0		3	3
	Nursing Homes	0		0		3		2		5	7
MRR 9	Large Hospitals (300+ beds)	0		0		0		0		0	0
	Medium Hospitals (100 - 299 beds)	0		0		1	267	0		1	3
	Small Hospitals (26 - 99 beds)	0		0		0		0		0	1
	Critical Access Hospitals (up to 25 beds)	0		0		0		0		0	0
	Physicians	0		0		22		10		32	152
	FQHCs	0		0		1		0		1	3
		Nursing Homes	0		0		3		1		4
MRR 10	Large Hospitals (300+ beds)	0		0		0		0		0	0
	Medium Hospitals (100 - 299 beds)	0		0		0		1	260	1	1
	Small Hospitals (26 - 99 beds)	0		0		0		1	45	1	4
	Critical Access Hospitals (up to 25 beds)	0		0		0		1	17	1	1
	Physicians	0		0		0		60		60	301
	FQHCs	0		0		0		1		1	3
		Nursing Homes	0		0		0		1		1
Totals:	Large Hospitals (300+ beds)	1		6		2		0		9	9
	Medium Hospitals (100 - 299 beds)	0		7		7		4		18	22
	Small Hospitals (26 - 99 beds)	0		4		4		4		12	24
	Critical Access Hospitals (up to 25 beds)	0		1		0		2		3	7
	Physicians	174		899		912		563		2548	3702
	FQHCs	0		13		10		4		27	33
		Nursing Homes	0		11		29		21		61
NOTES:	This sample implementaion schedule depicts the WVHIN's estimated adoption rate per MMR per year for the first 4 years.										
	This sample schedule staggers the rollout starts dates for each MRR by 6 months however, this excelebrates to every 4 months for the last 3 MRRs										
	The facility and provider counts are the most current at the time of the schedule development and do not match exactly the 2008 demographic data provided in attachment 1 due to merger or closings										
	This sample implementation schedule reflects the installation of all large hospitals in each MRR by year 4										

Attachment 3 WVHIN Sample Implementation Schedule Quarterly Detail (Year 1 and 2)

Table 3 - Sample Implementation Schedule Quarterly Detail

	FY 2010				Annual Total 2010	FY 2011				Annual Total 2011
	Budget Year 1					Budget Year 2				
	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	
MRR Area #1										
Hospitals			1	0	1	4	3	0	2	9
Physicians	0	0	134	40	174	80	50	60	87	277
FQHCs	0	0	0	0	0	5	1	0	1	7
Nursing Homes	0	0	0	0	0	0	2	2	2	6
MRR Area #2										
Hospitals	0	0	0	0	0	1	1	0	1	3
Physicians	0	0	0	0	0	139	30	123	30	322
FQHCs	0	0	0	0	0	1	0	1	0	2
Nursing Homes	0	0	0	0	0	0	0	0	1	1
MRR Area #3										
Hospitals	0	0	0	0	0	0	2	1	0	3
Physicians	0	0	0	0	0	0	57	30	0	87
FQHCs	0	0	0	0	0	0	1	0	0	1
Nursing Homes	0	0	0	0	0	0	2	1	0	3
MRR Area #4										
Hospitals	0	0	0	0	0	0	0	1	0	1
Physicians	0	0	0	0	0	0	0	90	100	190
FQHCs	0	0	0	0	0	0	0	0	2	2
Nursing Homes	0	0	0	0	0	0	0	0	2	2
MRR Area #5										
Hospitals	0	0	0	0	0	0	0	0	2	2
Physicians	0	0	0	0	0	0	0	0	23	23
FQHCs	0	0	0	0	0	0	0	0	1	1
Nursing Homes	0	0	0	0	0	0	0	0	0	0

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Attachment 3 WVHIN Sample Implementation Schedule Quarterly Detail Continued (Year 1 and 2)

		FY 2010					FY 2011				
		Budget Year 1				Annual Total 2010	Budget Year 2				Annual Total 2011
		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec	
MRR Area #6											
	Hospitals	0	0	0	0	0	0	0	0	0	0
	Physicians	0	0	0	0	0	0	0	0	0	0
	FQHCs	0	0	0	0	0	0	0	0	0	0
	Nursing Homes	0	0	0	0	0	0	0	0	0	0
MRR Area #7											
	Hospitals	0	0	0	0	0	0	0	0	0	0
	Physicians	0	0	0	0	0	0	0	0	0	0
	FQHCs	0	0	0	0	0	0	0	0	0	0
	Nursing Homes	0	0	0	0	0	0	0	0	0	0
MRR Area #8											
	Hospitals	0	0	0	0	0	0	0	0	0	0
	Physicians	0	0	0	0	0	0	0	0	0	0
	FQHCs	0	0	0	0	0	0	0	0	0	0
	Nursing Homes	0	0	0	0	0	0	0	0	0	0
MRR Area #9											
	Hospitals	0	0	0	0	0	0	0	0	0	0
	Physicians	0	0	0	0	0	0	0	0	0	0
	FQHCs	0	0	0	0	0	0	0	0	0	0
	Nursing Homes	0	0	0	0	0	0	0	0	0	0
MRR Area #10											
	Hospitals	0	0	0	0	0	0	0	0	0	0
	Physicians	0	0	0	0	0	0	0	0	0	0
	FQHCs	0	0	0	0	0	0	0	0	0	0
	Nursing Homes	0	0	0	0	0	0	0	0	0	0
YEARLY TOTALS											
	Hospitals					1					18
	Physicians					174					899
	FQHCs					0					13
	Nursing Homes					0					12

Attachment 3 WVHIN Sample Implementation Schedule Quarterly Detail (Year 3 and 4)

		Year 2012					Year 2013					
		Year 3				Annual Total 2012	Year 4				Annual Total 2013	4 Year Total
		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		
MRR Area #1												MRR Area #1
	Hospitals	1	1	0	0	2	0	1	0	0	1	13
	Physicians	60	60	60	60	240	0	30	0	0	30	721
	FQHCs	0	0	0	0	0	0	0	0	0	0	7
	Nursing Homes	2	0	2	1	5	1	1	0	0	3	14
												0
MRR Area #2												MRR Area #2
	Hospitals	0	0	1	0	1	0	1	0	0	1	5
	Physicians	80	32	31	30	173	25	5	5	5	40	535
	FQHCs	1	0	1	0	2	0	0	0	0	0	4
	Nursing Homes	2	1	1	0	4	2	1	1	0	4	9
												0
MRR Area #3												MRR Area #3
	Hospitals	0	0	1	0	1	1	0	0	0	1	5
	Physicians	0	50	30	40	120	40	10	10	0	60	267
	FQHCs	0	0	0	0	0	0	0	0	0	0	1
	Nursing Homes	0	1	2	1	4	0	1	0	0	1	8
												0
MRR Area #4												MRR Area #4
	Hospitals	0	0	1	1	2	0	1	0	0	1	4
	Physicians	0	0	120	131	251	110	30	30	30	200	641
	FQHCs	0	0	1	0	1	0	0	0	0	0	3
	Nursing Homes	0	0	2	2	4	0	1	0	0	1	7
												0
MRR Area #5												MRR Area #5
	Hospitals	0	0	0	0	0	0	0	0	0	0	2
	Physicians	5	0	0	0	5	22	20	30	20	92	120
	FQHCs	0	0	0	0	0	1	0	1	0	2	3
	Nursing Homes	0	0	0	0	0	3	1	0	0	4	4

Continued on the next page

Attachment 3 WVHIN Sample Implementation Schedule Quarterly Detail Continued (Year 3 and 4)

	Year 2012				Annual Total 2012	Year 2013				Annual Total 2013	4 Year Total
	Year 3					Year 4					
	Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		Jan-Mar	Apr-Jun	July-Sept	Oct-Dec		
											0
MRR Area #6											MRR Area #6
Hospitals	1	0	2	0	3	0	0	1	0	1	4
Physicians	25	16	12	0	53	0	0	16	30	46	99
FQHCs	0	1	1	0	2	0	0	1	0	1	3
Nursing Homes	0	1	2	0	3	0	0	2	2	4	7
											0
MRR Area #7											MRR Area #7
Hospitals	0	1	0	0	1	0	0	0	1	1	2
Physicians	0	10	28	0	38	0	0	0	20	20	58
FQHCs	0	0	1	0	1	0	0	0	0	0	1
Nursing Homes	0	0	3	0	3	0	0	0	0	0	3
											0
MRR Area #8											MRR Area #8
Hospitals	0	0	1	1	2	1	0	0	0	1	3
Physicians	0	0	5	5	10	5	0	0	0	5	15
FQHCs	0	0	3	0	3	0	0	0	0	0	3
Nursing Homes	0	0	2	1	3	2	0	0	0	2	5
											0
MRR Area #9											MRR Area #9
Hospitals	0	0	0	1	1	0	0	0	0	0	1
Physicians	0	0	0	22	22	10	0	0	0	10	32
FQHCs	0	0	0	1	1	0	0	0	0	0	1
Nursing Homes	0	0	0	3	3	1	0	0	0	1	4
											0
MRR Area #10											MRR Area #10
Hospitals	0	0	0	0	0	2	1	0	0	3	3
Physicians	0	0	0	0	0	20	40	0	0	60	60
FQHCs	0	0	0	0	0	1	0	0	0	1	1
Nursing Homes	0	0	0	0	0	1	0	0	0	1	1
YEARLY TOTALS											
Hospitals					13					10	42
Physicians					912					563	2548
FQHCs					10					4	27
Nursing Homes					29					21	62

ATTACHMENT 4: Past Performance Survey

Past Performance Survey

The questions contained below are to be used to evaluate the performance record of a Vendor submitting a proposal in response to the West Virginia Health Information Network (WVHIN). WVHIN reserves the right to follow-up with survey respondent. Please complete this performance questionnaire and return to Helen Wilson, Purchasing Agent for the WVHIN on or before January 29, 2010. Your responses to this questionnaire will be considered confidential, except as explained below. Please note that if an "Unsatisfactory" rating is given, the Vendor will be made aware of it and will be asked to comment. Please complete the following questionnaire and return via email or fax to the attention of:

Helen Wilson
WVHIN Purchasing Agent
100 Dee Drive
Charleston, WV 25311
Phone: (304) 558-7000
E-mail: Helen.k.wilson@wv.gov
Fax: (304) 558-7001

This survey response pertains to:

Contract and Services provided by the following vendor:

Date of Survey:

Name of Person Completing Survey:

Signature of Person Completing Survey:

Your Company/Organization:

Your Role in this Contract (*circle one*):

Contracting Officer Contract Specialist Project Officer Other

Contract Value (*including options*): \$

Performance Period: _____(*including option periods*)

Type of Contract:

Approximate % of work being performed (or completed) by subcontractor(s): ____%

Information on subcontractor(s): (> ____% *of work was completed by subcontractor*):
List Subcontractor names below:

General description of products / services required under the contract:

RATINGS

Please answer each of the following questions with a rating that is based on objective measurable performance indicators to the maximum extent possible. Commentary to support rating shall be noted on last page. Include a narrative explanation whenever you feel that it is appropriate, but at a minimum when a rating of "Unsatisfactory" is given. Please note that if an "Unsatisfactory" rating is given, the Vendor will be made aware of it and will be asked to comment.

Assign each area a rating of 0 (Unsatisfactory), 1 (Poor), 2 (Fair), 3 (Good), 4 (Excellent), or 5 (Outstanding). Use the attached Rating Guidelines as guidance in making these evaluations. Circle the appropriate rating. If you do not have enough personal knowledge or feedback from internal customers who directly received products and services from the Vendor to make a determination on any of the performance criteria below, please circle "N/A" (not applicable/no opinion).

QUALITY OF SERVICE

1.	Compliance with contract requirements	0	1	2	3	4	5	N/A
2.	Accuracy of reports	0	1	2	3	4	5	N/A
3.	Effectiveness of personnel	0	1	2	3	4	5	N/A
4.	Technical Excellence	0	1	2	3	4	5	N/A

PRICE CONTROL

1.	Record of forecasting and controlling target prices	0	1	2	3	4	5	N/A
2.	Current, accurate and complete billings	0	1	2	3	4	5	N/A
3.	Relationship of negotiated prices to actual	0	1	2	3	4	5	N/A
4.	Price efficiencies	0	1	2	3	4	5	N/A

BUSINESS RELATIONS

1.	Effective management, including management of subcontracts	0	1	2	3	4	5	N/A
2.	Reasonable/cooperative behavior	0	1	2	3	4	5	N/A
3.	Responsive to contract requirements	0	1	2	3	4	5	N/A
4.	Notification of problems	0	1	2	3	4	5	N/A
5.	Flexibility	0	1	2	3	4	5	N/A
6.	Pro-active vs. reactive	0	1	2	3	4	5	N/A
7.	Effective small disadvantaged business subcontracting program	0	1	2	3	4	5	N/A

CUSTOMER SATISFACTION

- | | | | | |
|----|---|-----|----|--------------|
| 1. | The Vendor is committed to customer satisfaction. | Yes | No | (circle one) |
| 2. | Would you recommend selection of this firm again? | Yes | No | (circle one) |
-

ADDITIONAL COMMENTS

Attachment 5: Privacy and Security - Minimum Mandatory Requirements Specifications Detail

Additional detail in support of mandatory Privacy and Security Requirements:

1. The vendor must comply with multiple general privacy and security requirements for the operation of a HIE including its ability to:
 1. Provide a technical architecture that ensures private and secure exchange of health information among the NHIN, with HIEs located in other states, and with disparate EHR systems.
 2. Support and facilitate interstate data exchange, including:
 - (i) Capability to recognize and comply with differing state standards for privacy and access to PHI; and
 - (ii) Commitment to require that any PHI originating from a participating provider or facility in West Virginia must only be disclosed to and exchanged with an out-of-state provider or facility in accordance with both HIPAA and West Virginia law.
2. The vendor must certify that it offers a consent process for the participation of consumers in the HIE, and demonstrate how that consent process operates, including but not limited to, the following:
 - a. The vendor must offer a consent process, or must be able to facilitate a consent process for allowing consumers to opt-in or to opt-out of the HIE, including:
 - (i) The opt-in/opt-out consent must be available both electronically and in paper form to consumers at the participating provider or facility level;
 - (ii) The ability to accommodate an opt-in/opt-out process for consumers that discriminates on the basis of a facility or provider;
 - (iii) The ability to accommodate an opt-in/opt-out process that discriminates by data type, including such categories as behavioral health, sexually transmitted diseases, substance abuse, etc.; and
 - (iv) The ability to accommodate an opt-in/opt-out process that discriminates by the age of the consumer's data.
 - b. The vendor must offer and facilitate an opt-in/opt-out process for consumers that is both meaningful and readily understandable at the consumer and participating provider or facility level.
 - c. The vendor must offer a system for notifying participating providers and facilities that some documentation may not be available, e.g., a

consumer has not consented to the inclusion of all of his or her PHI in the HIE.

- d. The vendor must be able to demonstrate its ability to timely respond to a consumer's decision to revoke his or her consent as a participant in the HIE.
3. The vendor must comply fully with all HIPAA Privacy Standards, including but not limited to, all the following:
- a. Offer timely and efficient query and exchange of PHI between participating providers and facilities without the need for written or electronic authorization for the following purposes:
 - (i) Uses for treatment;
 - (ii) Uses for payment; and
 - (iii) Uses for legitimate health care operations as defined by HIPAA.
 - b. Provide a comprehensive authorization management system, utilizing both paper and electronic authorizations by consumers, for all disclosures of their PHI that are not identified under federal or state law as being exempt from such a requirement, including:
 - (i) Specific authorization provisions for behavioral health and psychotherapy PHI;
 - (ii) Specific authorization provisions for substance abuse and alcohol abuse treatment PHI;
 - (iii) Specific authorization provisions for HIV/AIDS testing and treatment PHI;
 - (iv) Specific authorization provisions for sexually transmitted disease PHI;
 - (v) The ability to electronically tag each of the above categories of PHI to ensure that an authorization is obtained before any data is exchanged, and to add other electronic tags to PHI based upon West Virginia law under which a specific authorization may be required; and
 - (vi) The ability to provide immediate notification of a consumer's decision to revoke his or her electronic authorization for the disclosure of any category of PHI.
 - c. Provide timely and efficient access by consumers to their own PHI, including:
 - (i) Electronic access such as on-line viewing or via convenient media storage devices;
 - (ii) The transmission of consumer PHI to a designated outside entity, such as a vendor of a personal health record

- (iii) The ability to accommodate a WVHIN-sponsored PHR product;
 - (iv) The notification to a participating provider that a consumer is seeking access to his or her own PHI prior to its release; and
 - (v) Restrict access by consumers to PHI that is prohibited by applicable regulations such as psychotherapy notes, etc.
 - d. Facilitate consumer requests for restrictions upon PHI, and for confidential communications involving consumers and their PHI.
 - e. Accept and incorporate consumer requests for amendment of PHI, including opportunity for participating providers and facilities to contest requested amendments and the ability to have a dispute documented if a request for amendment is denied.
 - f. Provide consumers with an accounting of disclosures of their PHI, as required by HIPAA, in a timely and complete manner, covering at least six (6) years of activity.
 - g. Facilitate compliance with the HIPAA “minimum necessary” requirements for disclosures that are not related to treatment, consumer access, consumer authorization, or disclosure required by law, including:
 - (i) The ability to electronically produce limited data sets of PHI;
 - (ii) The ability to electronically de-identify data in compliance with HIPAA; and
 - (iii) The ability to offer template data fields for standard HIPAA transactions that are designed to comply with “minimum necessary” requirements.
 - h. Identify its policies for record destruction, including:
 - (i) Compliance with 74 Fed. Reg. 19006 and NIST Special Publication 800-88 for destruction; and
 - (ii) Notification to the WVHIN as well as to all participating providers and facilities prior to destruction.
- 4. The vendor must comply fully with all HIPAA Security Standards, including but not limited to, all the following:
 - a. Comply with all HIPAA administrative safeguards, including:
 - (i) Undertake an annual risk assessment and security audit for the HIE;
 - (ii) Establish an effective risk management program for the HIE;

- (iii) Have security policies and procedures in place, which include appropriate sanctions for vendor staff that act contrary to such policies and procedures;
 - (iv) Establish emergency/backup/disaster plans and contingencies for the HIE; and
 - (v) Coordinate an adequate Business Associate network with any vendor subcontractors in accordance with HIPAA requirements.
- b. Comply with all HIPAA physical safeguards, including:
- (i) Establish adequate vendor facility access controls; and
 - (ii) Establish adequate vendor device and media controls.
- c. Comply with all HIPAA technical safeguards, including:
- (i) Support of role-based access to PHI at the vendor, the WWHIN, and the participating provider/facility levels;
 - (ii) Identify and authenticate all users of the HIE, including patients, by utilizing a minimum two-factor approach, with the ability to add additional factors for non-institutional network participants;
 - (iii) Identify and match participating consumers through the use of an effective patient matching system that is linked to detailed demographic information, including the consumer's full name, birth date, gender, and zip code;
 - (iv) Encrypt both PHI and consumer demographic data "at rest" per NIST Special Publication 800-111, as well as for data "in motion" per NIST Special Publication 800-52, and otherwise ensure that PHI may be transmitted over an electronic communications network in a manner that prevents unauthorized access;
 - (v) Maintain all encryption keys on a separate device from the device upon which the encrypted PHI/consumer data is stored;
 - (vi) Incorporate and employ an effective and efficient audit mechanism for tracking access to PHI;
 - (vii) Provide for preparation and update of audit logs on a regularized basis, at least monthly, and more frequently for sensitive data or VIP data;
 - (viii) Maintain audit logs of at least six (6) years duration or longer as may be required by HIPAA or other applicable regulations;
 - (ix) Provide for automatic notification of certain non-routine or unscheduled access of PHI to designated personnel of

participating providers and facilities, or the WVHIN, as appropriate;

- (x) Incorporate a list of triggering events for which the audit function is activated consist with the FTC “Red Flag” rules;
- (xi) Employ systemic mechanisms to ensure the integrity of data from improper alteration and destruction, and to corroborate the data’s ongoing integrity, in compliance with HIPAA; and
- (xii) Provide the capability to terminate an electronic session between an authorized user and the HIE after a predetermined time of inactivity.

5. The vendor must comply fully with all legal requirements under HITECH, including but not limited to, the following:

a. Comply with all breach notification requirements under HITECH, as well as under West Virginia law, and assist the WVHIN in such compliance, including:

- (i) Maintain policies and procedures that comply with the HITECH and WV breach notification requirements;
- (ii) Perform a risk assessment to determine whether a potential breach poses a significant risk of financial, reputational, or other harm to patients;
- (iii) Maintain a reasonable and efficient security incident system to detect and discover potential breaches of the HIE;
- (iv) Notify the WVHIN of all potential breaches of the HIE within thirty (30) minutes of initial discovery; and
- (v) Maintain a reasonable security incident response process for handling breaches, including specific templates used for notifying the WVHIN and its consumers of potential breaches.

6. The vendor must comply with HITECH requirements relating to an accounting of disclosures to consumers, including the requirement that all disclosures for treatment, payment, and health care operations for the past three (3) years be included in such an accounting.

7. The vendor must facilitate consumer access to PHI in electronic format, and to accommodate transmission of such PHI in electronic format to another entity, such as a PHR.