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**REQUEST FOR INFORMATION**  
**FOR ELECTRONIC HEALTH RECORDS SYSTEMS**

**RFI No. 2010-eHR-02**

**Massachusetts Technology Collaborative  
eHealth Institute  
75 North Drive  
Westborough, MA 01581-3340  
<http://www.masstech.org>**

**Team Leader: Richard Shoup  
RFI Issued: Thursday, November 12, 2009**

**Responses Due: 9:00 a.m. November 30, 2009**

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# REQUEST FOR INFORMATION FOR ELECTRONIC HEALTH RECORDS SYSTEMS

## RFI No. 2010-EHR-02

### 1. Introduction

The Massachusetts eHealth Institute (“MeHI”), a non-divisible component of the Massachusetts Technology Collaborative (“MTC”) is issuing this Request for Information for Electronic Health Records Systems (EHRs) (“RFI”) (No. 2010-eHR-02) to seek information from those organizations (“EHR Vendors”) that are capable of providing a large number of EHRs at distributed provider sites in Massachusetts at a volume discount. Based on the provisions of the American Recovery and Reinvestment Act of 2009 (“ARRA”) described below, EHRs will be placed primarily in primary care physicians’ offices and entities that serve a significant number of low income persons to achieve “meaningful use” of certified electronic health records , with particular focus on: 1) individual and small group practices (ten or fewer professionals with prescriptive privileges); 2) Public Hospitals and Critical Access hospitals; 3) Community Health Centers and Rural Health Clinics; and 4) other settings that predominantly serve uninsured, underinsured, and medically-underserved populations though the EHRs will be used by providers in other areas as well. **RESPONDENTS PLEASE NOTE: This RFI is not a procurement process but rather an information gathering process that will inform any requests for qualifications (or other appropriate procurement processes) that may follow MTC’s receipt of ARRA funds, as described below.**

### 2. The Massachusetts Technology Collaborative

MeHI is a non-divisible component of the Massachusetts Technology Collaborative (MTC). MTC is an independent, non-partisan development agency chartered by the Commonwealth to promote new economic opportunity and foster a more favorable environment for the formation, retention and expansion of technology-related enterprise in Massachusetts. MTC serves as a catalyst in growing the knowledge- and technology-based industries that comprise the Commonwealth’s Innovation Economy. As one of its activities it works with major healthcare organizations to implement e-health solutions that are intended to improve the quality and continuity of patient care and reduce costs. MTC operates at the intersection of government, industry and academia. It brings together leaders and stakeholders to advance technology-based solutions that lead to economic growth and improved healthcare. MTC energizes emerging markets by filling gaps in the marketplace, connecting key stakeholders, conducting critical economic analyses, and providing access to intellectual and financial capital. MTC operates three programmatic divisions that support economic growth and innovation and that attempt to generate public benefits for Massachusetts citizens: (1) John Adams Innovation Institute; (2) e-Health and Life Sciences; (3) The Massachusetts Broadband Institute. For more information about MTC and its programs and activities generally, please visit the web site at [www.masstech.org](http://www.masstech.org). The component of MTC directly involved with the activities most relevant to this RFI is the Massachusetts eHealth Institute, described in more detail below.

### 3. The Massachusetts e-Health Institute

Chapter 305 of the Acts of 2008 (“Chapter 305”), enacted in August 2008, created MeHI as a non-divisible component of the Massachusetts Technology Collaborative. It also created the Healthcare Information Technology Council (the “Council”), chaired by the Secretary of Health and Human Services, Dr. JudyAnn Bigby, to oversee the activities of MeHI. MTC, acting through MeHI and the Council collectively, constitutes the single State entity responsible, in accordance with Chapter 305, for coordinating and facilitating the dissemination of EHRs throughout the Commonwealth, in all provider settings, networked through an interoperable State-wide health information exchange (“HIE”). MeHI, working in conjunction with the Council, was tasked with developing and implementing a State-wide plan to carry out this objective. Chapter 305 also contained a mandate for the Massachusetts Department of Public Health (“MDPH”) and the Board of Registration in Medicine (“BRIM”) to adopt regulations requiring use of EHR as a condition of licensure for hospitals, community health centers and physicians.

#### 3.1 The HITECH Act

ARRA was enacted in February 2009 and included sections designated as the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act” or “Act”). The Act was intended to

promote the “meaningful use” of health information technology in order to improve the quality and value of American health care.

The HITECH Act authorizes incentive payments for eligible Medicare and Medicaid providers to achieve “meaningful use” of certified EHR technology. By 2015, providers are expected to have adopted and to be actively using EHR systems in compliance with the “meaningful use” definitions that are being developed by the Centers for Medicare & Medicaid Services. Medicare-participating physicians and hospitals that do not reach this goal by 2015 will be subject to penalties under the Medicare program.

Providers seeking to achieve “meaningful use” of EHR technology face a variety of challenging tasks. Because experience has shown that local technical assistance can result in effective implementation of EHR systems, the HITECH Act, through the Office of the National Coordinator (ONC), authorized the creation and funding of Regional Extension Centers (RECs). The RECs are intended to furnish assistance, both educational and technical, to help providers successfully implement and achieve “meaningful use” of certified EHR technology in accordance with the objectives of the Act.

In August, the ONC announced the availability of funding for RECs. MTC, acting through MeHI, applied to be the sole REC for the Commonwealth. It submitted a preliminary application, and, in September, received notice that it was designated as the REC for Massachusetts. It was then asked to submit a full application, by November 3, 2009. This RFI is intended, in part, to support MeHI’s ability to exercise its responsibilities as the REC upon the award of federal funds.

### 3.2 MeHI’s Strategic Plan

In December 2008, MeHI completed an initial strategic plan to address its statutory charge under Chapter 305 (the “Initial Plan”). The Initial Plan focused on a sustainable funding model, community based EHR deployment, a secure technology infrastructure, effective community engagement, governance over HIT activities and a change management strategy for implementations. With enactment of the HITECH Act, MeHI undertook, and recently completed, an update to the Initial Plan with the assistance of Deloitte Consulting LLP (the “Strategic Plan”). The updated Strategic Plan is in draft form until it receives approval from the Council and from the MTC board.

The Strategic Plan reconciles the provisions of the Initial Plan, crafted under Chapter 305, with the requirements under the HITECH Act so as to maximize available funding from State and federal sources and thereby to support efforts to achieve the successful deployment of EHRs to all Massachusetts providers networked through a State-wide HIE. The supplemental planning process reviewed and refreshed existing documentation and undertook gap analyses to identify and prioritize key activities going forward in the planning process. It focused on the following key work streams:

- Governance and Management
- Funding and Loan Process
- EHR Deployment
- Health Information Exchange Implementation, including:
  - Privacy and Security
  - Personal Health Records (PHRs) and
  - Interoperability Standards
- Public Health and Quality Reporting
- Workforce Development

For each work stream, interviews and discussion sessions were held with key stakeholders in order to access their expertise and to ensure that the Strategic Plan integrated their perspectives and experience. MeHI analyzed the key observations, analyses and recommendations associated with each work stream and incorporated aspects of them into the Strategic Plan, along with the results of its analysis of recently conducted MeHI studies and additional data made available since completion of the Initial Plan. The Strategic Plan will be available on the MeHI website in November at [www.maehi.org](http://www.maehi.org).

#### **4. Intent of this Request**

MeHI's intent in issuing this RFI is to pre-screen EHR Vendors and available EHRs systems for use by primary care and specialist provider practices in the Commonwealth of Massachusetts. MeHI's goal for this RFI process is to identify state-of-the-art EHRs that: (i) provide a functionally-rich solution for provider organizations; (ii) comply with the standards in the Strategic Plan; (iii) comply with federal criteria for meaningful use; (iv) are interoperable with the Massachusetts Health Information Exchange ("HIE") Network; and (v) can be implemented in a timely and cost effective manner.

Specifically, the intent of this RFI is to enable MeHI to assist healthcare practitioners in Massachusetts to easily:

- Choose from a list of certified EHR Vendors and EHRs to obtain a system that will:
  1. Enhance the quality and safety of patient care
  2. Improve provider workflow and/or quality of life
  3. Facilitate a positive patient experience
  4. Promote efficiency, reduced waste and cost
  5. Provide secure, interoperability with other electronic systems required for identified users and consumers of health information including patients, providers, payers and public health organizations.
- Determine the ability of EHR Vendors and EHRs to achieve all of the above through:
  1. Achieved performance metrics, outcomes and/or references from other users.
  2. Documented evidence of system technical and functional capabilities included in proposed contractual agreement.

MeHI will review the capabilities of the EHR Vendors and their proposed EHRs and will ultimately determine which of the EHR Vendors and EHRs shall be deemed a certified solution. Adoption of a solution on the certification list will provide Massachusetts practitioners with the assurance that the EHR Vendors are capable of providing an appropriate solution and that the EHRs they select will be standards-based, supportable, and compatible with the HIE, enabling health information electronically recorded and stored by their organization to be securely exchanged between practitioners, patients, hospitals and ancillary service providers when necessary and consented to by their patients.

##### 4.1 In General

The conceptual architecture supporting EHR deployment will be driven by the need for providers to achieve "meaningful use." MeHI expects to assure that certified EHR Vendors and EHRs used in the Commonwealth will include appropriate interfaces to achieve interoperability with the State-wide HIE sufficient to satisfy both "meaningful use" requirements and any additional Massachusetts-specific requirements derived from Chapter 305. The EHR Vendors will be responsible for working with a defined set of provider entities (potentially using template contractual arrangements developed by MeHI) to assure compliance with this architecture and the other elements of implementation as envisioned by the Strategic Plan.

##### 4.2 Health Information Exchange

MeHI will provide interoperability specifications between the EHRs and the State-wide HIE conforming to the applicable "meaningful use" criteria. In working with providers under the arrangements that MeHI will design, the EHR Vendors will contract directly with providers and be expected to ensure that each provider or provider entity's EHR is capable of interacting securely with the proposed HIE via a virtual private network or other secure connection provided through the internet. The EHR Vendor will be expected to validate pre-existing internet connectivity supplied by provider entities and may need to construct local area networks (Ethernet networks) in some settings where such networks are lacking. The EHR Vendor will have responsibility for monitoring provider compliance with interoperability and security standards on an ongoing basis to ensure the effective integration of the EHRs with the HIE.

##### 4.3 Reporting requirements

MeHI will define the scope of reporting requirements to be achieved by provider-level EHRs and through the HIE. Reporting requirements will include those needed to satisfy performance measure criteria established by the ONC, those associated with "meaningful use" criteria and those derived from State-specific reporting obligations contemplated by Chapter 305.

**5. Information Requested**

The following information is requested from entities that may consider serving as EHR Vendors. Potential respondents to this RFI should carefully read Section 5 and the provisions of Attachment A with regard to the data to be provided in response to this RFI. While an entity that responds to this RFI cannot be assured of eventually being selected as a Certified EHR Vendor, MeHI will take responses to this RFI as an expression of intent to respond to any Request for Qualifications (RFQ) for EHR vendors that MeHI might issue.

**1. Corporate Background**

**1.1. Please provide the following contact information:**

a. Company Name	
b. Address	
c. Contact name and title	
d. Contact telephone number	
e. Contact fax number	
f. Contact email address	

**1.2. Please provide the following corporate information:**

a. Years in EHR Business	
b. Corporate Headquarters location	
c. Closest Field Support location to Massachusetts	
d. Total Employees (at all locations)	
e. Total Installation Staff (FTEs)	
f. Total Support Staff (FTEs)	
g. Total Development Staff (FTEs)	

**2. Product Information**

**2.1. Please provide the following information regarding your EHR Product:**

Product Information	
a. Product name	
b. Current EHR Product Version and Date Generally Available	
c. Number of current physician clients using this product	
d. Number of current physician clients in Massachusetts using this product	
e. Number of solo practice EHR Clients	
f. Number of small practice EHR Clients (2-4) Physicians	
g. Number of medium practice EHR Clients (5-9) physicians	
h. Number of large practice EHR Clients (10+ physicians)	
i. Total number of currently installed licenses	

**3. Financial Information**

**3.1. Please provide the following financial information**

Financial Information	
a. Total Annual revenue 2007	
b. Total Annual revenue 2008	
c. Public or Private Company?	

Financial Information	
d. Annual Revenue from EHR Products 2007	
e. Annual Revenue from EHR Products 2008	
f. # Of New EHR Installations 2007	
g. # Of New EHR Installations 2008	
h. # Of New EHR installations YTD 2009	

**4. Functionality**

- 4.1. Please provide a functional description of your current EHR product.
- 4.2. Is your product certified by CCHIT under the Criteria for 2009 Certification for Ambulatory EHRs?
- 4.3. If not CCHIT 2009 certified, what is the date of your anticipated certification?
- 4.4. Is your product designed for specific specialties? If so, please list all installed specialties.

**5. Support and Service**

- 5.1. Please complete the checklist below regarding implementation and support services:

Issue	Response
a. Proposed Installation Timeframes	
b. What is your current implementation backlog; i.e. how soon after contract signing would implementation begin?	
c. Vendor's Implementation Team Assigned to Practice (FTEs)	
d. Practice Staff Time Required for Implementation (in Days)	
e. Implementation Options Available	
f. Are consultants or subcontractors used as part of Vendor Team? (Describe)	
g. In conjunction with implementation services do you provide assistance to practices with developing best practice information security polices and procedures?	
h. Location of Training (On-site or Vendor Location)	
i. Amount of Training Monitored by Vendor (In Person Days)	
j. Is web based or on-line training available?	
k. Is your product implemented and supported by Value Added Resellers, and if so what are the names for VARS that would service practices in Massachusetts.	
l. How many hours are required for clinician training?	
m. How many hours are required for administrative staff training?	

## 6. Technology, Standards and Integration

### 6.1. Please complete the following checklist regarding technical requirements:

Issue	Response
a. Wireless Standards Supported	
b. Please describe your process for disaster recovery. How do you ensure continuous system availability to the user?	
c. Which server operating systems are supported?	
d. Which client operating systems are supported?	
e. Which database management system is utilized?	
f. What third party report writers are compatible?	
g. Is thin client architecture (e.g. Citrix) supported?	
h. Do you provide a remote hosting (ASP) solution? If yes, what technical configuration is required to be installed at the client site to enable this?	
i. What web browser and version does your solution utilize?	
j. Describe the network connectivity standards supported by your solution.	
k. Describe your approach to user authentication. What methods are enabled by your solution?	
l. What version of HL7 does your solution currently utilize?	
m. Describe your level of compliance with integrating the Healthcare Enterprise (IHE) Technical Frameworks.	

### 6.2. Please complete the following checklist regarding standards compliance:

Issue	Response (Yes/No)
a. Is transport encryption used when transmitting data over public networks?	
b. Does your solution support single sign on?	
c. Does your solution support the Health Level 7 (HL7) Version 3.0 Clinical Document Architecture (CDA/CDA R2)?	
d. Does your solution support Service Oriented Architecture (SOA)?	
e. Does your system support clinical context management?	
f. Does your solution support user access auditing and reporting?	
g. Does your solution support the National Council for Prescription Drug Programs (NCPDP) SCRIPT Standard Version 8.1?	
h. Is your solution compliant with the Rehabilitation Act of 1973 Section 508?	
i. Does your solution support LDAP directory services?	
j. Is your organization compliant with the SAS #70 Audit Standard developed by the American Institute of Certified Public Accountants?	

**6.3. Please indicate if your solution supports each semantic standard listed below;**

Standard	Response (Y/N)
a. CPT4	
b. Centers for Disease Control and Prevention (CDC) Race and Ethnicity Code Sets	
c. SNOMED	
d. ICD-9-CM	
e. ICD-10-CM	
f. Logical Observation Identifiers Names and Codes (LOINC®)	
g. National Library of Medicine (NLM) Unified Medical Language System (UMLS) RxNorm	
h. National Drug Code (NDC)	

**6.4. Does your system offer an Electronic Prescribing solution? If yes, please describe.**

**6.5. Please provide a list of practice management systems (scheduling, registration and billing) with which you have successfully interfaced.**

**6.6. Please provide a list of inpatient EHR systems with which you have successfully interfaced.**

**6.7. Please provide a list of laboratory systems with which you have successfully interfaced.**

**6.8. Have you successfully interfaced your product to Personal Health Record (PHR) systems? If yes, please provide a description of this integration. If not, please describe your strategy to integrate with PHRs.**

**7. Vision**

**7.1. Please discuss your corporate strategy relative to your EHR Product.**

**7.2. Please describe your current and planned participation in national standards efforts.**

**7.3. Describe your strategy and plans for supporting the proposed requirements for Meaningful Use as being developed by the Office of the National Coordinator?**

**7.4. Describe any current and planned strategic partnerships that involve your EHR product.**

**8. Cost**

**8.1. What is the estimated three year cost of ownership of your solution: one time and annual for:**

- a. A solo provider Practice?
- b. A 2 -4 Provider Practice?
- c. A 5-9 Provider Practice?
- d. A 10+ Provider Practice?

**8.2. What volume discounts are available? For Government entities?**

**8.3. What discount would you provide for Massachusetts providers who are using your system and will be connected to the Massachusetts Health Information Exchange Network?**

**8.4. Please describe licensing structure (per provider FTE, per seat, etc)**

- 8.5. Please describe licensing terms (perpetual, fixed, subscription, etc)
- 8.6. Are licenses transferable between named users and between entities?
- 8.7. Do you have any special financing arrangements?
- 8.8. Do you have any guarantees for achieving meaningful use?

**9. Executive Summary**

9.1. Please complete the one page Executive Summary using the table below:

<b>Executive Summary for EHR Vendors</b>				
Company Name				
Product name				
Years of EHR Experience				
Total Number of Providers installed				
	<b>Solo practice</b>	<b>Small practice (2-4 Providers)</b>	<b>Medium practice (5-9 Providers)</b>	<b>Large practice (10+ Providers)</b>
Number of Installations:				
Estimated cost of ASP (hosted) implementation:				
Estimated services cost of Local implementation:				
Size of EHR Implementation Team Assigned to Practice (FTEs)				
Time Required for EHR Implementation (in Days)				
Size of Implementation Team Assigned to support interface development for Practices including community HIE (FTEs)				
# of Different Specialties Implemented		Total # Of New EHR Installations 2007		
Annual Revenue from EHR Products 2007		Total # Of New EHR Installations 2008		
Annual Revenue from EHR Products 2008		Total # Of New EHR Installations YTD 2009		
Date or anticipated date certified by 2009 CCHIT Criteria for Ambulatory EHRs		Version of HL7 currently utilized		
Transport encryption for public networks? (Y/N)		Electronic Prescribing solution? (Y/N)		
<b>Recommended Training</b>				
Practice Staff Time Required for Implementation (in Days)				
Amount of Training Monitored by Vendor (In Person Days)				
Location of Training (On-site or Vendor Location)				
Achieving meaningful use guarantees? (Y/N)				
Do you have existing financial and contractual arrangements that are transferable to Massachusetts providers? (Y/N)				
% Discount for MeHI implementations				
Additional Comments (2-3 sentences):				

## 6. MTC Treatment of Sensitive Information

As a public agency, MTC is bound by the Massachusetts Public Records Law. We also recognize that private companies may have a legitimate basis for keeping certain information out of the public domain. To satisfy such a need, respondents to this RFI may wish to provide non-specific information. Alternatively, respondents may identify certain information as sensitive and submit the information in accordance with MTC's Policy and Procedures Regarding Submission of "Sensitive Information" in **Attachment A.**

Information submitted without any assertion of confidentiality or in a manner that fails to comply with MTC's Policy and Procedures shall be deemed subject to public disclosure if it becomes the subject of a valid public records request.

***Do not submit any sensitive information electronically to MTC.***

## 7. How to Respond to this RFI

Please submit a single unbound copy, or electronic file, of your RFI response by 9:00am on Monday, November 30, 2009 to the RFI Manager listed below. Please submit questions or comments regarding the RFI to [info@maehi.org](mailto:info@maehi.org). All questions and comments will be posted on the MEHI website. Responses/clarifications from MeHI will be posted within **2 business days** of receipt. All questions and comments are due no later than 5:00 pm on November 20, 2009.

Please submit responses and questions to:

RFI 2010-eHR-02  
*Richard Shoup*  
Massachusetts e-Health Institute  
Massachusetts Technology Collaborative  
75 North Drive  
Westborough, MA 01581  
*info@maehi.org*

**Attachment A -  
The Massachusetts Technology Collaborative  
Policy And Procedures Regarding Submission Of “Sensitive Information”**

The Massachusetts Technology Collaborative, the Massachusetts Renewable Energy Trust, the Massachusetts e-Health Initiative, the Massachusetts Broadband Institute, and John Adams Innovation Institute (collectively referred to herein as “MTC”) are subject to the requirements concerning disclosure of public records under the Massachusetts Public Records Act, M.G.L. c. 66 (the “Public Records Act”), which governs the retention, disposition and archiving of public records. For purposes of the Public Records Act, “public records” include all books, papers, maps, photographs, recorded tapes, financial statements, statistical tabulations, or other documentary materials or data, regardless of physical form or characteristics, made or received by MTC. As a result, any information submitted to MTC by a grant applicant, recipient grantee, respondent to a request for response (including, but not limited to an RFQ, RFP and RFI), contractor, or any other party (collectively the “Submitting Party”) is subject to public disclosure as set forth in the Public Records Act.

The foregoing notwithstanding, “public records” do not include certain materials or data which fall within one of the specifically enumerated exemptions set forth in the Public Records Act or in other statutes, including MTC’s enabling act, M.G.L. Chapter 40J. One such exemption that may be applicable to documents submitted by a Submitting Party is for any documentary materials or data made or received by MTC that consists of trade secrets or commercial or financial information regarding the operation of any business conducted by the Submitting Party, or regarding the competitive position of such Submitting Party in a particular field of endeavor (the “Trade Secrets Exemption”).

**IT IS MTC’S EXPECTATION AND BELIEF THAT THE OVERWHELMING PERCENTAGE OF DOCUMENTS IT RECEIVES FROM A SUBMITTING PARTY DOES NOT CONTAIN ANY INFORMATION THAT WOULD WARRANT AN ASSERTION BY MTC OF AN EXEMPTION FROM THE PUBLIC RECORDS ACT. SUBMITTING PARTIES SHOULD THEREFORE TAKE CARE IN DETERMINING WHICH DOCUMENTS THEY SUBMIT TO MTC, AND SHOULD ASSUME THAT ALL DOCUMENTS SUBMITTED TO MTC ARE SUBJECT TO PUBLIC DISCLOSURE WITHOUT ANY PRIOR NOTICE TO THE SUBMITTING PARTY AND WITHOUT RESORT TO ANY FORMAL PUBLIC RECORDS REQUEST.**

In the event that a Submitting Party wishes to submit certain documents to MTC and believes such a document or documents may be proprietary in nature and may fall within the parameters of the Trade Secrets Exemption and/or some other applicable exemption, the following procedures shall apply:

1. At the time of the Submitting Party’s initial submission of documents to MTC, the Submitting Party must provide a cover letter, addressed to MTC’s General Counsel, indicating that it is submitting documents which it believes are exempt from public disclosure, including a description of the specific exemption(s) that the Submitting Party contends is/are applicable to the submitted materials, a precise description of the type and magnitude of harm that would result in the event of the documents’ disclosure, and a specific start date and end date within which the claimed exemption applies. If different exemptions, harms and/or dates apply to different documents, it is the Submitting Party’s responsibility and obligation to provide detailed explanations for each such document.
2. At the time of the Submitting Party’s initial submission of documents to MTC, the Submitting Party must also clearly and unambiguously identify each and every such document that it contends is subject to an exemption from public disclosure as “Sensitive Information.” It is the Submitting Party’s responsibility and obligation to ensure that all such documents are sufficiently identified as “Sensitive Information,” and Submitting Party’s designation must be placed in a prominent location on the face of each and every document that it contends is exempt from disclosure under the Public Records Act.

**INFORMATION SUBMITTED TO MTC IN ANY FORM OTHER THAN A HARD COPY DOCUMENT WILL NOT BE SUBJECT TO THE PROCEDURES SET FORTH IN THIS POLICY. FOR EXAMPLE, INFORMATION SUBMITTED BY E-MAIL, FACSIMILE AND/OR VERBALLY WILL NOT BE SUBJECT TO THESE PROCEDURES AND MAY BE DISCLOSED AT ANY TIME WITHOUT NOTICE TO THE SUBMITTING PARTY.**

3. Documents that are not accompanied by the written notification to MTC’s General Counsel or are not properly identified by the Submitting Party as “Sensitive Information” at the time of their initial

submission to MTC are presumptively subject to disclosure under the Public Records Act, and the procedures for providing the Submitting Party with notice of any formal public records request for documents, as set forth below, shall be inapplicable.

4. At the time MTC receives documents from the Submitting Party, any such documents designated by Submitting Party as "Sensitive Information" shall be segregated and stored in a secure filing area when not being utilized by appropriate MTC staff. By submitting a grant application, request for response, or any other act that involves the submission of information to MTC, the Submitting Party certifies, acknowledges and agrees that (a) MTC's receipt, segregation and storage of documents designated by Submitting Party as "Sensitive Information" does not represent a finding by MTC that such documents fall within the Trade Secrets Exemption or any other exemption to the Public Records Act, or that the documents are otherwise exempt from disclosure under the Public Records Act, and (b) MTC is not liable under any circumstances for the subsequent disclosure of any information submitted to MTC by the Submitting Party, whether or not such documents are designated as "Sensitive Information" or MTC was negligent in disclosing such documents.
5. In the event that MTC receives an inquiry or request for information submitted by a Submitting Party, MTC shall produce all responsive information without notice to the Submitting Party. In the event that the inquiry or request entails documents that the Submitting Party has previously designated as "Sensitive Information" in strict accordance with this Policy, the inquiring party shall be notified in writing that one or more of the documents it has requested has been designated by the Submitting Party as "Sensitive Information", and, if not already submitted, that a formal, written public records request must be submitted by the requesting party to MTC's General Counsel for a determination of whether the subject documents are exempt from disclosure.
6. Upon the General Counsel's receipt of a formal, written public records request for information that encompass documents previously designated by Submitting Party as "Sensitive Information", the Submitting Party shall be notified in writing of MTC's receipt of the public records request, and MTC may, but shall not be required to provide Submitting Party an opportunity to present MTC with information and/or legal arguments concerning the applicability of the Trade Secrets Exemption or some other exemption to the subject documents.
7. The General Counsel shall review the subject documents, the Public Records Act and the exemption(s) claimed by the Submitting Party in making a determination concerning their potential disclosure.

**THE GENERAL COUNSEL IS THE SOLE AUTHORITY WITHIN MTC FOR MAKING DETERMINATIONS ON THE APPLICABILITY AND/OR ASSERTION OF AN EXEMPTION TO THE PUBLIC RECORDS ACT. NO EMPLOYEE OF MTC OTHER THAN THE GENERAL COUNSEL HAS ANY AUTHORITY TO ADDRESS ISSUES CONCERNING THE STATUS OF "SENSITIVE INFORMATION" OR TO BIND MTC IN ANY MANNER CONCERNING MTC'S TREATMENT AND DISCLOSURE OF SUCH DOCUMENTS.**

**FURTHERMORE, THE POTENTIAL APPLICABILITY OF AN EXEMPTION TO THE DISCLOSURE OF DOCUMENTS DESIGNATED BY THE SUBMITTING PARTY AS "SENSITIVE INFORMATION" SHALL NOT REQUIRE MTC TO ASSERT SUCH AN EXEMPTION. MTC'S GENERAL COUNSEL RETAINS THE SOLE DISCRETION AND AUTHORITY TO ASSERT AN EXEMPTION, AND HE MAY DECLINE TO EXERT SUCH AN EXEMPTION IF, WITHIN HIS DISCRETION, THE PUBLIC INTEREST IS SERVED BY THE DISCLOSURE OF ANY DOCUMENTS SUBMITTED BY THE SUBMITTING PARTY.**

8. MTC shall provide the requesting party and Submitting Party with written notice of its determination that the subject documents are either exempt or not exempt from disclosure.
9. In the event that MTC determines that the subject documents are exempt from disclosure, the requesting party may seek review of MTC's determination before the Supervisor of Public Records, and MTC shall notify the Submitting Party in writing in the event that the requesting party pursues a review of MTC's determination.
10. In the event the requesting party pursues a review of MTC's determination that the documents are exempt from disclosure and the Supervisor of Public Records concludes that the subject

documents are not exempt from disclosure and orders MTC to disclose such documents to the requester, MTC shall notify the Submitting Party in writing prior to the disclosure of any such documents, and Submitting Party may pursue injunctive relief or any other course of action in its discretion.

11. In the event that MTC determines that the subject documents are not exempt from disclosure or the General Counsel determines that, under the circumstances and in his discretion, MTC shall not assert an exemption, MTC shall notify the Submitting Party in writing prior to the disclosure of any such documents, and Submitting Party may pursue injunctive relief or any other course of action in its discretion.

**THE SUBMITTING PARTY'S SUBMISSION OF DOCUMENTATION TO MTC SHALL REQUIRE A SIGNED CERTIFICATION THAT SUBMITTING PARTY ACKNOWLEDGES, UNDERSTANDS AND AGREES WITH THE APPLICABILITY OF THE FOREGOING PROCEDURES TO ANY DOCUMENTS SUBMITTED TO MTC BY SUBMITTING PARTY AT ANY TIME, INCLUDING BUT NOT LIMITED TO THE ACKNOWLEDGEMENTS SET FORTH HEREIN, AND THAT SUBMITTING PARTY SHALL BE BOUND BY THESE PROCEDURES.**

All documents submitted by Submitting Party, whether designated as "Sensitive Information" or not, are not returnable to Submitting Party.

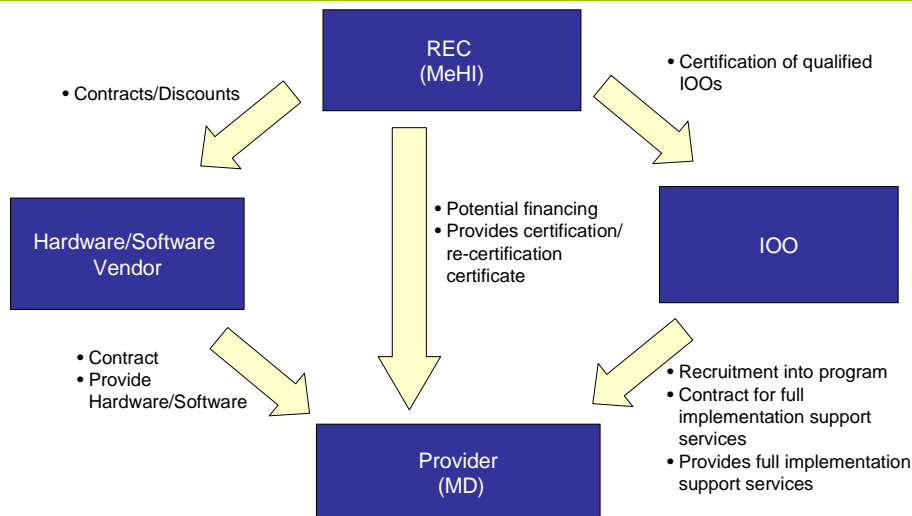
## Attachment B - Draft Proposed MeHI Business Model Overview

### Massachusetts eHealth Institute Regional Extension Center Roles and Responsibilities

MeHI/Regional Extension Center	Implementation and Optimization Organizations
<ul style="list-style-type: none"> <li>Pursuant to RFP process, certifies IOOs for program participation to recruit providers and supply implementation services</li> <li>Pursuant to RFP process, contracts with H/S vendors to sell products/services to providers at preferred prices</li> <li>Provides financing services to providers and integrates/coordinates Medicaid incentive payments</li> <li>Oversees certification and recertification process for providers                             <ul style="list-style-type: none"> <li>– Provides certification and re-certification certificate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Recruits providers into program</li> <li>Contracts with providers for full range of implementation services</li> <li>Provides full range of implementation services thru to meaningful use</li> </ul>
Providers	Hardware/Software Vendors
<ul style="list-style-type: none"> <li>Contract with IOO for full implementation package</li> <li>Contract with participating H/S vendors for provision of products and services at preferred prices</li> </ul>	<ul style="list-style-type: none"> <li>Contracts directly with providers</li> <li>Provide products and services directly to providers pursuant to terms negotiated with MeHI/REC</li> </ul>

Potential REC Value Proposition includes: \$ 5K incentives, loan program, HIE integration, Ch. 305 compliance, process for meaningful use/maximize HITECH incentives, contract templates, lead generation

### EHR Implementation: Overview of Contracts and Services



## Massachusetts eHealth Institute Potential Funding Model

Potential Revenue Sources for REC	Potential approach and process
<ul style="list-style-type: none"> <li>• Funding from HITECH: \$5000/priority provider               <ul style="list-style-type: none"> <li>– Estimate of 2,400 priority providers</li> </ul> </li> <li>• Initial fees for services and certification of Chapter 305 compliance and eligibility for HIE integration</li> <li>• Modest ongoing fees for services and re-certification of Chapter 305 compliance and HIE integration (e.g., every two years)</li> <li>• Additional services               <ul style="list-style-type: none"> <li>– Educational programs</li> <li>– Best practices</li> <li>– Communities of practice</li> <li>– Etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• REC would provide incentive funding to IOO to be used to reduce implementation pricing to provider</li> <li>• Certification body would certify and re-certify providers so that they would receive licensure per Ch. 305 and be allowed to connect to HIE</li> <li>• Every two years re-certification required</li> </ul>