



MASSACHUSETTS  
TECHNOLOGY  
COLLABORATIVE

HARNESSING THE POWER OF INNOVATION

75 NORTH DRIVE  
WESTBOROUGH, MA 01581  
TEL: 508 870 0312  
FAX: 508 898 2275  
WWW.MASSTECH.ORG

## Request for Qualifications

for Implementing Optimization Organizations to be Considered for Certification Status  
and Participation in the Regional Extension Center

Request for Qualification No.: 2010-eHR-04

Issue Date: March 3, 2010

Due Date: March 29, 2010

Massachusetts Technology Collaborative  
on behalf of its Massachusetts e-Health Institute Division  
75 North Drive  
Westborough, MA 01581-3340  
<http://www.masstech.org>

Procurement Team Leader: Richard Shoup

## TABLE OF CONTENTS

<b>Section 1 – Overview</b>	<b>4</b>
1. Introduction .....	4
2. Background.....	4
2.1. The Massachusetts Technology Collaborative .....	4
2.2. The Massachusetts e-Health Institute .....	5
2.3. Meaningful Use .....	5
3. Project Description.....	5
3.1. Provider Recruitment .....	5
3.2. Standard IOO Services .....	6
3.3. Contractual Relationship.....	6
3.4. Pricing Packages .....	6
4. Certification and Payments.....	7
5. Submittal Requirements.....	7
6. Questions Regarding RFQ .....	8
7. Evaluation and Certification Process .....	9
8. General Conditions .....	10
<b>Section 2 – Qualification Information</b>	<b>12</b>
1. General Information .....	12
2. End-to-End Services .....	15
2.1. Consulting and Planning.....	15
2.1.1. Impact Analysis for Revenue, Staffing and Patient Scheduling .....	15
2.1.2. Planning.....	15
2.1.3. Knowledge and Advice .....	15
2.1.4. Electronic Health Record/Practice Management System Selection.....	16
2.2. Project Management.....	17
2.2.1. Project Management Methodologies .....	17
2.2.2. Project Plan .....	17
2.2.3. Risk and Issue Tracking .....	19
2.2.4. Practice and Vendor Coordination.....	19
2.3. Clinical and Practice Design and Configuration .....	20
2.3.1. Workflow Redesign.....	20
2.3.2. Chart Requirements and Migration.....	21
2.3.3. Application Configuration.....	21
2.4. Infrastructure and Security.....	21
2.4.1. Technical Evaluation and Remediation .....	21
2.4.2. Current and Future Floor Plans .....	22
2.4.3. Technology Standards and Components .....	22
2.5. Procurement, Deployment and Installation.....	24
2.5.1. Deployment, Configuration and Testing .....	24
2.5.2. Development and Testing Interface Requirements .....	24
2.6. Training .....	25
2.7. Post Implementation Support.....	26
2.7.1. Help Desk .....	26
2.7.2. Tracking and Triage.....	27
2.7.3. EHR and Technical Support .....	28
2.8. Optimization/Meaningful Use .....	28
2.8.1. Roles and Responsibilities .....	28
2.8.2. Meaningful Use.....	31
2.9. Audit and Certification.....	31

---

2.10. Other Offerings .....	32
2.11. Hosting Capabilities.....	33
2.11.1. Experience .....	33
2.11.2. Facilities .....	33
2.12. Cost .....	34
Attachment A The Massachusetts Technology Collaborative Policy And Procedures Regarding Submission Of "Sensitive Information" .....	35
Attachment B Massachusetts Technology Collaborative Authorized Respondent's Signature and Acceptance Form.....	38
Attachment C Notice of Intent to Respond.....	39
Attachment D Pricing Worksheet .....	40
Attachment E Executive Summary.....	41
Attachment F Draft Listing of General Contract Elements for IOOs .....	43

## Section 1 – Overview

### 1. Introduction

The Massachusetts e-Health Institute (MeHI), a non-divisible component of the Massachusetts Technology Collaborative (MTC), is issuing this Request for Qualifications (RFQ) from Implementing Optimization Organizations (IOOs) to seek information from those organizations that are capable of carrying out the deployment of a large number of electronic health record systems (EHR) to distributed provider sites in Massachusetts. Based on the information provided by Respondents to this RFQ relating to their satisfaction of the requirements defined in **Evaluation and Certification Process** (page 9), Respondents who are found to meet or exceed the threshold evaluation requirements shall be deemed “Certified IOOs.” They will then be eligible to enter into a “Certified Implementation Optimization Regional Extension Center Participation and Incentive Payment Agreement” (the “Certified IOO Agreement”) with MTC. The Draft Listing of General Contract Elements of the Certified IOO Agreement are set forth in Attachment F, and these will be incorporated into a full agreement that MTC is developing. Certified IOOs will participate with the Massachusetts Regional Extension Center (REC) designated pursuant to the so-called HITECH Act provisions of the American Recovery and Reinvestment Act (ARRA) of 2009 (HITECH Act), more fully described below. They will primarily concentrate their activities on assisting primary care physicians (generally, “providers”), mainly office-based, and entities that serve a significant number of low income persons, to achieve “meaningful use” of certified EHRs.

The ARRA provides substantial financial incentives to providers to induce them to implement EHR systems. The incentive payments will commence under the Medicare and Medicaid programs beginning in 2011, and will be associated with the provider’s reaching “meaningful use” of EHR systems. The HITECH Act also authorized the funding of Regional Extension Centers (REC) in every State to assist providers in the process of implementing EHR systems and in facilitating their achieving “meaningful use,” as defined by the Office of the National Coordinator for Health Information Technology (ONC). RECs will provide or arrange for the provision of a variety of assistance services, including vendor selection, systems integration, education, training, etc. MTC, acting through MeHI, has been designated by the Governor of the Commonwealth of Massachusetts and funded by ONC to serve as the single REC for the Commonwealth.

### 2. Background

#### 2.1. The Massachusetts Technology Collaborative

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 for growing the knowledge and technology-based industries that comprise the Commonwealth’s Innovation Economy. As one of its activities, MTC 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 four programmatic divisions that support economic growth and innovation, and attempt to generate public benefits for Massachusetts citizens: (1) John Adams Innovation Institute; (2) Massachusetts e-Health Institute; (3) The Massachusetts Broadband Institute; and (4) Healthcare and Life Sciences Unit. For more information about MTC and its programs and activities, visit the web site at [www.masstech.org](http://www.masstech.org). The division of MTC directly involved with the activities most relevant to this RFQ is the Massachusetts e-Health Institute (MeHI), described in more detail on page 5 (2.2). MTC functions as the legal contracting entity acting on behalf of its MeHI division. As a result, any contractual relationships with Certified IOOs that result from this RFQ will be between MTC and the Certified IOOs. However, except where necessary for clarity or as otherwise noted, MTC and MeHI shall hereinafter be collectively referred to as MeHI for purposes of this RFQ.

## 2.2. 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 MTC. It also created the Health Information Technology Council (the "Council"), chaired by the Secretary of Health and Human Services, to oversee MeHI's activities. 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 EHR systems throughout the Commonwealth, in all provider settings, networked through an interoperable state-wide health information exchange (HIE). MeHI, working with the Council, was tasked with developing and implementing a state-wide plan to carry out this objective. A draft of the strategic HIT Plan for the Commonwealth was released for public comment and can be found at <http://www.maehi.org/HIT/plan.html>. Chapter 305 also contained a mandate that the Massachusetts Department of Public Health (MDPH) and the Board of Registration in Medicine (BRIM) adopt regulations requiring use of EHR systems as a condition of licensure for hospitals, community health centers and physicians.

## 2.3. Meaningful Use

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 and Medicaid Services and the ONC. Eligible Medicare-participating providers 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 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 HITECH Act.

## 3. Project Description

Beginning with the information provided by Respondents to this RFQ, MeHI will perform a thorough review of IOOs to assess their technical and financial capabilities to perform all necessary installation, implementation and optimization services for providers. Applying the review criteria set out in **Evaluation and Certification Process** (page 9) to the information provided by Respondents, MeHI will determine if a Respondent IOO meets or exceeds the threshold qualification evaluation requirements. MeHI, as the REC, will certify those Respondents that do meet or exceed such requirements, as "Certified IOOs." A Certified IOO will be eligible to enter into a Certified IOO Agreement with MTC, which will enable it to participate in the REC and, based on performance, be eligible to receive incentive payments, as sub-recipients of HITECH Act grant funds. Participation in the REC means that the services of a Certified IOO will be made available to providers as described below. Only IOOs that responds to this or a subsequent RFQ and that meet or exceed the threshold qualification evaluation requirements may be deemed a "Certified IOO."

### 3.1. Provider Recruitment

The REC will recruit providers into the REC program and provide or arrange for them a base set of services, including orientation education and a list of Certified IOOs. Through the provider's own research and experience, and with assistance from the REC, the provider will, in the sole exercise of its discretion, choose a Certified IOO from the list of Certified IOOs maintained by MeHI, resulting from this and any subsequent RFQ. It is critical for Certified IOOs to understand and acknowledge that the ultimate selection of a Certified IOO to assist a particular provider will rest solely with that provider. In addition, a Certified IOO can directly recruit providers into the REC program.

When a provider applies for services from the REC, they will undergo a general readiness assessment, which will gather basic contact and practice information. Based upon the results of the readiness assessment, the provider will select a general timeframe for commencement and

completion of EHR implementation. The REC will aggregate this information by geography and timeframe and will supply Certified IOOs with a list of appropriate providers who meet the REC's threshold "readiness" standard. The REC will work with Certified IOOs to define the standard of readiness the providers must achieve, which will be consistent across all implementations. Each provider will then select the certified IOO with which it will work for implementation, although the REC will seek to encourage efficiencies resulting from aggregating providers within defined geographies and with similar time frames. Nonetheless, as was noted above, the selection of a particular Certified IOO to work with a provider is entirely within the discretion of that provider.

### **3.2. Standard IOO Services**

Certified IOOs will not provide any services to the REC but rather will provide services directly to the providers, based upon a set of clear expectations established by the REC. In addition, the REC will require Certified IOOs to comply with all REC and ONC monitoring, oversight and audit requirements, as set out in the Certified IOO Agreement. Each Certified IOO will supply a full range of clinical and technical implementation support services to each provider that has elected to work with that Certified IOO. These services will include, but are not necessarily limited to the following:

- Oversee all work in the EHR implementation and optimization project.
- Develop provider-specific requirements for the technology to be deployed.
- Assist in defining the clinical and technical requirements, such as workflow design and infrastructure requirements.
- When necessary, subcontract services needed by the EHR project, such as software licensing, hardware installation, training, development of online training tools, etc.
- Assist in choosing an EHR supplier.
- Integrate the provider's EHR system with its practice management system, laboratory arrangements, etc.
- Where appropriate, negotiate with vendors to obtain discounts and other competitive pricing incentives.
- Validate pre-existing internet connectivity, and construct local area networks, if needed.
- Identify interfaces necessary for the provider's system interconnectivity with the HIE.
- Apply metrics following the EHR implementation to create a high level of assurance that the provider will achieve "meaningful use" and to assess the efficacy of the provider's training process.
- Recommend to MeHI the provider's compliance with MeHI's interoperability and security standards to ensure the effective integration of the provider's EHR system with the HIE.

### **3.3. Contractual Relationship**

Certified IOOs will have at least two types of contractual relationships: (1) the Certified IOO Agreement between Certified IOO and MTC, whereby MTC/MeHI will establish the criteria and/or activities with which the IOO must comply and/or from which it must refrain, to maintain "Certified" status for participation in the REC and for receipt of incentive payments (as more fully described in Attachment F of this RFQ); and (2) the Certified IOOs agreements with each provider to provide implementation services in return for compensation. Among other matters addressed in the Certified IOO's contract with providers will be provisions on discounted pricing (see Part 3.4 below). MeHI is in the process of preparing a standard form of service agreement that Certified IOOs will be required to use with providers, as a condition of Certification status.

### **3.4. Pricing Packages**

The REC will arrange for two types of fee arrangements between Certified IOOs and providers: a basic pricing package and fee for service options, as described below. As part of this RFQ, the Respondent IOO is required to provide the REC with both its basic package of services and its fee-for-services list of additional services, not encompassed by the basic package, in each case

accompanied by identification of the associated list of services, discounts and assumptions. Please use Attachment D – Pricing Worksheet, to document each option.

#### Basic

The Basic package has a price point of \$5,000.00. This package is intended to supply the providers with a simple solution to migrate them from paper to meaningful use.

#### Fee for Service

The Fee for Service option is designed to offer providers additional services not included in the Basic package.

### 4. Certification and Payments

Respondents who meet or exceed the threshold requirements for certification will be deemed “Certified IOOs” for participation in the REC. Certification means the IOO will be placed on the Certified IOO List that is supplied to Providers as part the REC program. The REC will receive incentives from the ONC associated with performance in getting providers to “meaningful use”. The REC will pass those incentives to the respective provider’s Certified IOO. The REC will make payments to the Certified IOOs based on the disbursement schedule established by the ONC, which is expected to be in three milestone payments, as follows: 1) at the time a provider signs an enrollment agreement with the REC; 2) when the provider has implemented the EHR and demonstrates use; and 3) when the provider demonstrates “meaningful use.”

MeHI is currently preparing the form for the “Certified IOO Agreement.” A summary of its key elements are set forth in Attachment F. Because the responsibilities of a Certified IOO are expected to be dynamic and subject to modification over time, to meet both state and federal requirements, the form and substance of this Agreement will be subject to amendment and/or change. To retain status as a Certified IOO, the Certified IOO must continuously maintain or exceed the threshold criteria and abide by the terms of the Certified IOO Agreement, as they are in effect from time to time.

### 5. Submittal Requirements

1. All Respondents must sign and submit a Notice of Intent to Respond (Attachment C) by **March 15, 2010 5:00 PM EST**, indicating they plan to complete this RFQ within the prescribed time frame and will adhere to all requirements.
2. The RFQ will follow the schedule below:

March 3, 2010	RFQ Issued
March 9, 2010	Information Session (See part 6 for more information)
March 18, 2010, 5:00 p.m.	Deadline for all questions and clarification inquiries, <b>preferably submitted</b> via e-mail to <a href="mailto:info@maehi.org">info@maehi.org</a>
March 22, 2010, 5:00 p.m.	Deadline for all answers to Respondents questions
March 29, 2010	Responses due by 10:00 am

3. Responses are due on **March 29, 2010** by 10:00 AM EST. Responses received later than the date and time specified will be rejected or deemed non-conforming and returned to the Respondent unopened. MTC assumes no responsibility or liability for late delivery or receipt of responses.

The responses will be evaluated pursuant to the requirements set forth in this RFQ. Notification to Respondents who submitted conforming responses that they have been certified as Certified IOOs or that they have not been so certified will be mailed when the evaluation process is final.

4. Respondents are cautioned to carefully read and conform to the requirements of this RFQ. Failure to comply with these provisions may serve as grounds for rejection of a response for non-conformance. All responses must be submitted in writing, on 8 ½ x 11 paper (including all required submissions),

with one (1) bound original; one (1) unbound copy; three (3) bound copies (no three ring binders); and one electronic version (.PDF or .doc).

**Each Respondent is specifically cautioned to review Attachment A prior to submitting an electronic copy of its response. In accordance with the procedures set forth in Attachment A, any information that Respondent has identified as “sensitive information” in the hard copy of its response should be deleted from the electronic copy prior to submission to MTC.**

5. Return responses to the following address:

Request for Qualification for Implementing Optimization Organizations  
RFQ No. 2010-eHR-04  
Massachusetts e-Health Institute  
Massachusetts Technology Collaborative  
75 North Drive  
Westborough, MA 01581

Electronic versions of responses may be submitted to [info@maehi.org](mailto:info@maehi.org). Be sure to include the RFQ number in the subject line of the message.

6. Any and all data, materials and documentation submitted to MTC in response to this RFQ shall become MTC's property and **shall be subject to public disclosure under the Massachusetts Public Records Act**. In this regard, Respondents are required to sign the Authorized Respondent's Signature and Acceptance Form, set forth as Attachment B.

**Note: By executing the Authorized Respondent's Signature and Acceptance Form and submitting a response to this RFQ, Respondent certifies that it (1) acknowledges and understands the procedures for handling materials submitted to MTC, as set forth in Attachment A, (2) agrees to be bound by those procedures, and (3) agrees that MTC shall not be liable under any circumstances for the disclosure of any materials submitted to it pursuant to this RFQ or upon Respondent's certification.**

7. Failure to answer all questions required by this RFQ shall render a response incomplete and ineligible for consideration as a Certified IOO.

## 6. Questions Regarding RFQ

An open informational question and answer session will be held on [March 9, 2010](#). You may submit your questions by electronic mail prior to this meeting to [info@maehi.org](mailto:info@maehi.org). Please include the RFQ number in the subject line of the message. All questions received, both at the open session and prior, and any answers or guidance provided in response shall be deemed a matter of public record and may be disclosed by MTC to anyone under any circumstances it deems appropriate.

Questions regarding this solicitation may be submitted to the address set forth under **Submittal Requirements** in Part 5 or by electronic mail to [info@maehi.org](mailto:info@maehi.org). All questions must be received by 5:00 PM EST on [March 18, 2010](#). Submission of questions by electronic mail is strongly encouraged. Please include the RFQ name and number, and the word “Questions” on the envelope or in the subject heading. Questions and answers will be posted on the MTC website by 5:00 PM on [March 22, 2010](#).

## 7. Evaluation and Certification Process

MeHI's evaluation committee will evaluate each response that is properly submitted. Certification of Respondents as Certified IOOs will be based on MeHI's evaluation of the following evaluation elements:

1. Respondent's capabilities, including the following:
  - Ability to respond to and meet the guidelines and conditions set forth in this RFQ.
  - Demonstrated capacity, facilities and organizational structure to perform the type of required services for providers described herein and in Attachment F.
  - Adequacy of Respondent's financial resources to support the successful performance of the required services for providers described herein.
2. Qualifications and experience of Respondent and key personnel, including academic credentials, and operational and practical experience necessary to perform the required services described herein and in Attachment F.
3. Demonstrated knowledge of the topics identified in **Qualification Information** (Section 2, page 12) of this RFQ.
4. Experience in providing similar IOO related services to clients.
5. Record of quality performance of similar IOO related services with other clients.
6. Reasonableness of the offered rates and billing structure, including a stated willingness and commitment to offer additional discounts, flat fees, blended rates, fee caps, and other forms of competitive pricing to providers as described in Attachment D.
7. Ability to comply with the requirements of federal and state law relative to Equal Employment Opportunity.

MeHI reserves the right to consider such other relevant factors as it deems appropriate to determine Certification status of Respondents. MeHI may or may not seek additional information from Respondents prior to making decisions on Certification.

## 8. General Conditions

### 1. General Information

- (a) All responses and related documentation and information submitted in response to this RFQ are subject to the Massachusetts Freedom of Information Law, M.G. L. c. 66, §10, and to M.G.L. c. 4, §7(26), regarding public access to such documents. Any statements reserving any confidentiality or privacy rights in submitted responses or otherwise inconsistent with these statutes will be void and disregarded. The foregoing notwithstanding, MTC has developed a set of procedures to deal with all documents submitted to it in response to this RFQ, and those procedures are set forth in Attachment A hereto. By executing the Authorized Respondent's Signature and Acceptance Form, appended hereto as Attachment B, Respondent acknowledges, understands and agrees to be bound by the procedures set forth in Attachment A, and agrees that MTC shall not be liable under any circumstances for the subsequent disclosure of any materials submitted to it by Respondent pursuant to this RFQ and/or in connection with any contract entered into between Respondent and MTC as a result of this RFQ and the contemplated Certification. For any questions concerning issues of confidentiality, the submission of materials to MTC, application of the procedures set forth in Attachment A or any other questions related to these matters, please contact Matthew L. Schemmel, Esq., at MTC (schemmel@masstech.org).
- (b) Unless otherwise specified in this RFQ, all communications, responses, and documentation must be in English. All responses must be submitted in accordance with the specific terms of this RFQ. Respondents should note that the procedures for handling information deemed sensitive by Respondent and submitted to MTC set forth in Attachment A apply only to hard copy documents, and are not applicable to information submitted by, among other methods, electronic mail, facsimile or verbally. **RESPONDENTS: PLEASE NOTE THAT THE PROVISIONS OF ATTACHMENT A ARE STRICTLY ENFORCED AND NOT SUBJECT TO WAIVER UNDER ANY CIRCUMSTANCES.**
- (c) Respondents are prohibited from communicating directly with any employee of MTC except as specified in this RFQ, and no other individual Commonwealth employee or representative is authorized to provide any information or respond to any questions or inquiries concerning this RFQ. Respondents may contact the Team Leader for this RFQ in the event this RFQ is incomplete. The foregoing notwithstanding, Respondents who have questions concerning issues of confidentiality, the submission of materials to MTC, application of the procedures set forth in Attachment A or any other questions related to these matters, may contact Matthew L. Schemmel, Esq., at MTC (schemmel@masstech.org).
- (d) The Team Leader may provide reasonable accommodations, including the provision of material in an alternative format, for qualified Respondents who either are or are represented by persons with disabilities or other hardships. Respondents requiring such accommodations shall submit requests in writing, with supporting documentation supporting the need for the accommodations, to the Team Leader. The Team Leader reserves the right to grant or reject any request for accommodations.
- (e) MTC shall not be responsible for any costs or expenses incurred by Respondents in responding to this RFQ.
- (f) A Respondent may not alter the RFQ or its components except for those portions intended to collect the Respondent's response. Modifications to the body of this RFQ, specifications, terms and conditions, or that change the intent of this RFQ are prohibited. Any modifications other than where the Respondent is prompted for a response will disqualify the response.
- (g) A Respondent's submitted response shall be treated by MTC as an accurate statement of Respondent's capabilities and experience. Should any statement asserted by Respondent prove to be inaccurate or inconsistent with the foregoing, such inaccuracy or inconsistency shall constitute sufficient cause for rejection of the Response for non-conformance and/or of any resulting contract. The RFQ evaluation committee will rule on any such matters and will determine appropriate action.

- (h) If MTC determines that it is necessary to revise any part of this RFQ, or if additional data is necessary to clarify any of its provisions, a supplement will be posted to MTC's website. MTC's RFQ evaluation committee reserves the right to amend the RFQ up to 24 hours prior to the deadline for submission of responses.
  - (i) Submitted Responses must be accurate and complete in all respects for a minimum period of sixty (60) days after the deadline for submission.
2. Waiver Authority: MTC reserves the right, at its sole discretion, to waive minor irregularities in a response's satisfaction of the submittal requirements or to request modifications of a response.
  3. Disclaimer: This RFQ does not commit MTC to certify any Respondent IOOs, award any funds, pay any costs incurred in preparing a response, or procure or contract for services or supplies. MTC reserves the right to accept or reject any or all responses received, cancel or modify the RFQ in part or in its entirety, or change the response guidelines, when it is in its best interests.
  4. Changes/Amendments to RFQ: This RFQ has been distributed electronically using MTC's website. It is the responsibility of Respondents to check MTC's website for any addenda or modifications to this RFQ if they intend to respond. MTC, the Commonwealth of Massachusetts, and its subdivisions accept no liability and will provide no accommodation to Respondents who submit a response based on an out-of-date RFQ document.

## Section 2 – Qualification Information

There is an Executive Summary in Attachment E. Although some of the questions are repetitive, please be sure to answer these questions a second time, as this section contains key information needed to process the response.

Please complete each topic indicated below when preparing your response as each piece of information is vital to the evaluation process. Place responses that require a narrative in the box directly below the question. These boxes are a defined size, so please attempt to keep the length of each response confined to that space. However, if you find you need slightly more room, the boxes will expand, in the electronic form.

### 1. General Information

1. Provide an overview statement indicating Respondent's interest in the project.

2. Provide a highlight of qualifications that consist of related experience with similar type projects, including specific qualifications of key team members.

3. Please supply at least five (5) references, with at least two (2) in Massachusetts, if available.

Name: _____	Name: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____
Email: _____	Email: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____
Email: _____	Email: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone No.: _____	Phone No.: _____
Email: _____	Email: _____

4. Provider Installation Information

<b>Specification</b>	<b>Solo Practice</b>	<b>Small Practice (2-4)</b>	<b>Medium Practice (5-9)</b>	<b>Large Practice (10+)</b>
Number of installations				
Size of EHR implementation team assigned to practice (FTEs)				
Time required for EHR implementation (in days)				
Length of EHR Training (in hours)				
Length of Operational/Infrastructure Training (in hours)				

	<b>Total</b>	<b>Total Number of New Practice Implementations</b>			
		<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>YTD 2010</b>
Number of different specialties implemented					
Number of practice management systems interfaces					

5. Geographic Coverage: Indicate where you do and do not cover with an **X**.

County	Yes	No	Potential	County	Yes	No	Potential
Barnstable	_____	_____	_____	Hampshire	_____	_____	_____
Berkshire	_____	_____	_____	Middlesex	_____	_____	_____
Bristol	_____	_____	_____	Nantucket	_____	_____	_____
Dukes	_____	_____	_____	Norfolk	_____	_____	_____
Essex	_____	_____	_____	Plymouth	_____	_____	_____
Franklin	_____	_____	_____	Suffolk	_____	_____	_____
Hampden	_____	_____	_____	Worcester	_____	_____	_____

6. How many simultaneous implementations can you support within one geographical area?

\_\_\_\_\_

7. How many simultaneous implementations can you support across multiple geographical areas?

\_\_\_\_\_

8. Provide an overview of the comprehensive services you provide to your customers, including and identifying any that use partnerships.

9. Describe the method you use to select vendors/subcontractors

## 2. End-to-End Services

### 2.1. Consulting and Planning

#### 2.1.1. Impact Analysis for Revenue, Staffing and Patient Scheduling

What tool or methodology do you use to develop and present a complete business case model to the provider, so the provider can determine total cost of ownership? Explain how this analysis covers the impact on revenue, staffing and patient scheduling.

#### 2.1.2. Planning

1. Do you have a documented standard implementation process you use to assist a provider in EHR system acquisition and implementation?

Yes \_\_\_ No \_\_\_

2. If yes, list the major steps in that process.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

#### 2.1.3. Knowledge and Advice

1. List the types of healthcare settings inside Massachusetts with which you have experience, e.g., physician practices (include size), hospitals, community health center, ambulatory clinics.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. List the types of healthcare settings outside Massachusetts with which you have experience, e.g., physician practices (include size), hospitals, community health center, ambulatory clinics.


3. With regard to the healthcare technology industry, list any industry leadership roles in which you or key members of your staff have been involved; for example, leadership positions in national organizations, speaking engagements and white papers.


**2.1.4. Electronic Health Record/Practice Management System Selection**

1. List the types of interfaces to practice management systems you have previously installed. Include the total number of each.

Type	Definition	Number

2. What are the selection tools you use to direct the provider in their EHR/PMS vendor selection?

## 2.2. Project Management

### 2.2.1. Project Management Methodologies

For each of the following, provide a brief overview of how you meet standard project management methodology:

1. Scheduling, designing and conducting planning session with your clients

2. Defining your client's business and technical requirements

### 2.2.2. Project Plan

1. Do you have standard project plans you use for implementing an EHR system?

Yes \_\_\_ No \_\_\_

If yes, list the major milestones.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. What type of metrics and reporting do you use to measure whether or not the project is on-time or on-budget?

How do you notify the practices of any delays or overages, including the timeframe for notification?

3. Do you have standard status reports you use to track the project's status?

Yes \_\_\_ No \_\_\_

If yes, include a sample report that displays what is being tracked and the frequency of the report.

**2.2.3. Risk and Issue Tracking**

Do you have standard reports you use to track the risks and issues?

Yes \_\_\_ No \_\_\_

If yes, include a sample report that displays what is being tracked and the frequency of the report.

**2.2.4. Practice and Vendor Coordination**

What is the role you play in coordinating the client and vendor (software and hardware) interactions, including tasks that each needs to perform and communication between them?

## **2.3. Clinical and Practice Design and Configuration**

### **2.3.1. Workflow Redesign**

1. What are the development tools or methods you use to evaluate the current workflow of the practice to improve the practice's efficiency?

2. What are the development tools or methods you use to redesign the current workflow of the practice to improve the practice's efficiency?

3. Please supply a list of specialties, for which you have previously employed these tools or methodology.

**2.3.2. Chart Requirements and Migration**

1. What tool or method do you employ to review the current paper patient charts for key data, and then migrate that data into the proper electronic format?
2. If the practice with which you work has been using an EHR system, but decided to purchase another, what tool or method do you employ to review the current electronic patient charts for key data, and then migrate that data from one EHR system to another?

**2.3.3. Application Configuration**

Please supply a list of EHR vendors' systems you have implemented, and the number of providers in which you have implemented them.

EHR Vendor	Number of Provider

**2.4. Infrastructure and Security**

**2.4.1. Technical Evaluation and Remediation**

1. What tool or methodology do you use to evaluate and document the current technology versus the required technology for the future state?

2. Do you develop a gap analysis?

Yes \_\_\_ No \_\_\_

If yes, please include an example with your submission.

**2.4.2. Current and Future Floor Plans**

How do you evaluate and document the current versus the future state of the practice facility and the physical infrastructure; e.g., workstations, workstation locations, connectivity, HVAC?

Please provide an example of the documentation you supply the providers.

**2.4.3. Technology Standards and Components**

1. What is the process you use to ensure the proposed system, once installed, continues to meet industry standards and best practices for the infrastructure?

How do you ensure the documentation, regarding these standards, is maintained and disseminated?

How do you instruct providers as to these standards, so they know what they need to do?

2. What privacy and security protocols do you implement? Include the standards for password usage and maintenance.

## **2.5. Procurement, Deployment and Installation**

### **2.5.1. Deployment, Configuration and Testing**

1. How do you schedule and track the procurement of the required hardware and software?

2. How do you ensure that the functionality of the hardware, software and connectivity meets the requirements?

### **2.5.2. Development and Testing Interface Requirements**

1. How do you develop and test the system interface requirements, prior to go-live; i.e., the interfacing of EHRs to PMS, lab systems, claims clearing house, e-prescribing and other practice-specific interfaces?



4. List the types of operational/infrastructure training you provide customers

5. List the EHR application training you provide customers, including the EHR vendor name.

**2.7. Post Implementation Support**

**2.7.1. Help Desk**

1. For a standard implementation, what are your help desk hours of operation and what support services do you supply, including any ongoing support?

2. What additional coverage do you offer providers?

**2.7.2. Tracking and Triage**

1. What tools and/or methods do you use to determine, track and resolve problems?

2. Describe how you monitor system performance and reliability.

**2.7.3. EHR and Technical Support**

1. Describe the role of the EHR vendor in post-implementation support, including how you coordinate the roles of each party involved.

2. Describe your role in post-implementation technical support. Include the role of the vendor (e.g., hardware and connectivity), and how you coordinate the roles of each party involved.

**2.8. Optimization/Meaningful Use**

**2.8.1. Roles and Responsibilities**

In an effort to ensure successful coordination, for a typical implementation, describe how you divide the roles and responsibilities between the following parties.

1. IOO

2. EHR Vendor

3. Practice

4. REC

5. Connectivity Vendor

6. Hardware Vendor

7. Other

**2.8.2. Meaningful Use**

1. As long as the provider is fulfilling their obligations to the IOO and REC, will you, as the Certified IOO, guarantee "meaningful use"?

Yes \_\_\_ No \_\_\_

2. How will you measure and report Meaningful Use to the REC?

3. If a practice has previously implemented EHR software, what is your process for helping them reach Meaningful Use?

**2.9. Audit and Certification**

1. Describe how you will audit and validate the success of the implementation including whether or not an on-site evaluation is necessary.

2. Do you use satisfaction surveys?

Yes \_\_\_ No \_\_\_

If yes, describe your process in measuring your customer satisfaction. If applicable, include a sample satisfaction survey, as an addendum.

3. A condition of HITECH Act funding is the flow down of the auditing rights of the US Comptroller General, Inspector General and the Federal agency providing the funds. Are you willing to be audited by the REC?

Yes \_\_\_ No \_\_\_

**2.10. Other Offerings**

What other offerings can you propose to the REC; e.g., education, tools, template development, program management? Please provide details.

## 2.11. Hosting Capabilities

### 2.11.1. Experience

Provide details on your experience with the hosting model, including the experience of the staff.

### 2.11.2. Facilities

1. What type of support facilities do you currently operate?

2. Do you provide performance service level agreements?

Yes \_\_\_ No \_\_\_

If yes, please explain below.

**2.12. Cost**

1. Attachment D is a spreadsheet on which you are to describe your pricing options and services list. Double-click on the spreadsheet to activate it for data entry. The first page includes the instructions; click on the tabs at the bottom to access the sheets where you will input data.
2. Are you willing to provide and match your best pricing model to the REC (most favored nation" pricing)?  
Yes \_\_\_ No \_\_\_
3. What type of discounts or additional services will you offer providers who enroll with the REC?

4. List other offerings that you could provide and their associated costs.

Service	Standard Cost	REC Discount
Education		
Tools		
Template Development		
Program Management		
Other		

## **Attachment A**

### **The Massachusetts Technology Collaborative Policy And Procedures Regarding Submission Of “Sensitive Information”**

The Massachusetts Technology Collaborative, the John Adams Innovation Institute, the Massachusetts e-Health Institute and the Massachusetts Broadband 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, RFQ 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**  
**Massachusetts Technology Collaborative**  
**Authorized Respondent's Signature and Acceptance Form**

The undersigned is a duly authorized representative of the Respondent listed below. The Respondent has read and understands the RFQ requirements. The Respondent acknowledges that all of the terms and conditions of the RFQ are mandatory, and that Respondent's response is compliant with such requirements. The Respondent specifically acknowledges the application of the procedures regarding disclosure of sensitive information as set forth in Attachment A of the RFQ, and specifically agrees that it shall be bound by those procedures. **RESPONDENT UNDERSTANDS AND ACKNOWLEDGES THAT THE PROVISIONS OF EXHIBIT A ARE STRICTLY ENFORCED AND NOT SUBJECT TO WAIVER OR MODIFICATION UNDER ANY CIRCUMSTANCES.**

Respondent agrees that the entire response will remain valid for sixty (60) days from receipt by MTC.

I certify that Respondent is in compliance with all corporate filing requirements and State tax laws.

I further certify that the statements made in this Response to the RFQ, including all attachments and exhibits, are true and correct to the best of my knowledge.

Respondent: \_\_\_\_\_  
(Printed Name of Respondent)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Attachment C**  
**Notice of Intent to Respond**

*Respondents please note: this form must be submitted by 5:00 p.m. on March 15, 2010*

The undersigned, on behalf of the Respondent indicated below, confirms that the Respondent intends to respond to MTC's Request for Qualification for Implementing Optimization Organizations (RFQ number 2010-eHR-04) by the deadline specified therein and will adhere to all requirements set forth in the RFQ.

Respondent: \_\_\_\_\_  
(Printed Name of Respondent)

By: \_\_\_\_\_  
(Signature of Authorized Representative)

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## **Attachment D Pricing Worksheet**

Please complete the Pricing Worksheet which is found at  
[http://www.maehi.org/Solicitations/IOO\\_Pricing\\_Final.xls](http://www.maehi.org/Solicitations/IOO_Pricing_Final.xls)

Please email it to [info@maehi.org](mailto:info@maehi.org) with your RFQ response. Please be sure to include the RFQ number and your Company Name.

---

## Attachment E Executive Summary

The following executive summary is intended to provide an overview of the IOO to the REC. Some questions have been asked previously in the RFQ. Please be sure you answer these questions in both places.

### Contact information

Company name \_\_\_\_\_  
Address \_\_\_\_\_  
Contact name and title \_\_\_\_\_  
Contact telephone number \_\_\_\_\_  
Contact fax number \_\_\_\_\_  
Contact email address \_\_\_\_\_

### Corporate Information

Years in EHR implementation business \_\_\_\_\_  
Where is your company incorporated \_\_\_\_\_  
Headquarters location \_\_\_\_\_  
Closest field support location in Massachusetts \_\_\_\_\_  
Total employees – all locations \_\_\_\_\_  
Total employees – in Massachusetts \_\_\_\_\_  
Total installation staff \_\_\_\_\_  
Total support staff \_\_\_\_\_  
Total development staff \_\_\_\_\_  
Total number of providers installed \_\_\_\_\_  
Total number of on-site staff \_\_\_\_\_

Will you provide a discount for MeHI implementations?

Yes \_\_\_ No \_\_\_

If yes, what is the discount? \_\_\_\_\_

How many simultaneous implementations can you support within one geographical area?

\_\_\_\_\_

How many simultaneous implementations can you support across multiple geographical areas?

\_\_\_\_\_

Will you provide a base offering of \$5000.00 per provider?

Yes \_\_\_ No \_\_\_

Will you provide fee-for-services?

Yes \_\_\_ No \_\_\_

Do you have a documented standard implementation process you use to assist a provider in EHR acquisition and implementation?

Yes \_\_\_ No \_\_\_

Do you have standard project plans you use for implementing an EHR system?

Yes \_\_\_ No \_\_\_

Do you have standard status reports you use to track the project's status?

Yes \_\_\_ No \_\_\_

Do you have standard reports you use to track the risks and issues?

Yes \_\_\_ No \_\_\_

Is your staff certified by EHR vendors?

Yes \_\_\_ No \_\_\_

If yes, how many EHR vendors have certified you? \_\_\_\_\_

Does your staff have clinical experience?

Yes \_\_\_ No \_\_\_

If yes, what is the percentage of clinically experienced staff? \_\_\_\_\_

As long as the provider is fulfilling their obligations to the IOO and REC, will you, as the Certified IOO, guarantee "meaningful use"?

Yes \_\_\_ No \_\_\_

Do you use satisfaction surveys?

Yes \_\_\_ No \_\_\_

Do you provide performance service level agreements for hosting?

Yes \_\_\_ No \_\_\_ Do not Host \_\_\_\_\_

---

## **Attachment F**

### **Draft Listing of General Contract Elements for IOOs**

1. Consulting and Planning
  - Planning: Assist a practice in preparation for EHR acquisition and implementation.
  - Overall knowledge: Must demonstrate knowledge about healthcare technology market and small physician practices to the REC.
  - Electronic Health record (EHR)/ Practice management Systems (PMS) system selection: Provide effective tools to assist practice vendor selection.
2. Project Management
  - Project plan: Project plan development and monitoring, including on time and on budget assurances based on appropriate actions by the providers and EHR vendors.
  - Risk and issue tracking: Tools and capabilities to provide to the practice and the REC that will ensure monitoring, resolution and mitigation of risks and issues.
  - Practice and vendor coordination: Responsible for the communication and coordination of tasks required by both the practice and third party vendors.
3. Clinical and Practice Design and Configuration
  - Workflow redesign: Expectation of analysis of current practice workflow and redesign, if necessary, to improve practice efficiency and optimize systems.
  - Chart requirements and migration: Review of current chart usage, both paper and electronic and migration of key data into an electronic format, as required.
  - Application configuration: Configure the process and work with the REC and EHR vendors to meet HHS/ONC Meaningful use standards.
  - Data collection and migration: Review required data collection mechanisms and migrate to meet meaningful use criteria.
  - Impact analysis for revenue, staffing and patient scheduling: Complete business case modeling for the practice to determine total cost of ownership.
4. Infrastructure and Security
  - Technical evaluation and remediation: Evaluate current technology and required technology for future state and provide a gap analysis to the practice.
  - Current and Future floor plans: Document current and future state facility and physical plant/office; e.g., workstation locations, connectivity, cooling.
  - Business and technical requirements: Identify and document practice specific requirements for implementation.
  - Technology standards and components: Make sure systems meet industry standards best practices for infrastructure; e.g., privacy and security, HIPAA compliance, backup and recovery.
5. Procurement, Deployment and Installation
  - Deploy, configure and test all devices and connectivity: Before an implementation is deemed successful, all necessary hardware, software, connectivity must be deployed, configured and tested to confirm functionality and optimal performance.
  - Schedule and track technical evaluation, procurement and delivery: Track and notify practices and REC, within two business days, of any delays.
  - Develop and test interface requirements: Interfacing EHR to PMS if applicable and /or lab systems, claims clearinghouses, e-prescribing and other practice specific interfaces that must be configured and tested prior to go live and as defined for achievement of meaningful use.

## 6. Training

- Certified Staff: Vendor certify staff in specific EHR systems.
- On-site commitment: Detail the number of people, qualifications of people and hours that people will be on site to train providers and their staff. If they are not trained on site, they need to be explicit with regard to any offsite or web based training conducted and obligations required of the practice.
- Multiple EHR applications supported: It is be advantageous for an IOO to have core competencies in multiple EHR applications.

## 7. Post Implementation Support

- Help Desk: Articulate the hours help desk coverage is available and which support services are supplied (length of support as part of IOO contract through REC).
- Tracking and triage tools: Describe in detail the triage and tracking process and which tools are used.
- EHR support: Be explicit regarding the role of the EHR vendor for post implementation support, including the role of IOO and coordination between all parties.
- Technical support: Be explicit regarding the role of the technology vendor (e.g., hardware and connectivity) for post implementation support. Describe role of IOO and coordination between all parties.

## 8. Optimization

- Adoption: As long as the provider is fulfilling their obligations to the IOO and REC, we expect the IOO to guarantee adoption. Document and clearly communicate the roles and responsibilities of each vendor and the practice.
- Meaningful use: As long as the provider is fulfilling their obligations to the IOO and REC, we expect the IOO to guarantee Meaningful use. Document and communicate clearly the roles and responsibilities of each vendor and practice.

## 9. Audit and Certification

- On-site validation: Willingness to allow the REC to review practice implementation either on or off site.
- Current assessment process: Understand the ability of the IOO to validate and correct any process deficiencies.
- Subcontractors: IOOs are responsible for all sub contractor work and obligations.
- REC Relationship: Actively work with the REC Clinical Relationship Manager for oversight and support.

## 10. Cost

- One time costs per provider and per practice: We want to assure the REC that what the IOO commits to charging is accurate and maintained. We want "most favored nation pricing" or other legal term.
- Ongoing costs per provider and per practice both per year and for 4 years: We want to assure the REC that what the IOO commits to charging is accurate and maintained. We want most favored nation pricing or other legal term.
- Provide packaging and a menu of services: Assure they are tied to an associated fee schedule.

## 11. Hosting capabilities

- Experience: Specify their experience in the hosting model.
- Facilities: Do they own and manage facilities or are they sub contracting facilities for hosting?

## 12. Code of Conduct

- Keep commitments.

- Maintain privacy and security.
- Maintain professional conduct.

13. Obligations of IOO to REC

- Contract with providers for technical and clinical implementation.
- Provide a full range of implementation services thru to meaningful use.
- Recommend providers as eligible for participation in state-wide HIE.

14. Consequences for Failure to Perform

- IOO Compensation: will not be paid
- De-certification of IOO
- Legal consequences: breach of contract

***IOOs cannot do the following:***

1. Unilaterally drop a provider without written notification and approval from REC.
2. Refuse to make any changes in their services if required for meaningful use.
3. Change any operating guidelines without prior written approval from REC, including favored nation pricing for four (4) years.
4. Make changes for subcontractors with prior written approval from REC.
5. Unilaterally reject an REC provider without written notification and approval from REC. This includes non-priority providers.
6. Prioritize non REC providers over REC providers and REC priority providers.