

Questions for RFQ for IOOs – RFQ 2010-EHR-04
March 9, 2010

Question	Answer
1. When you use the term “Meaningful Use” are you using the proposed rule as defined in the 1-13-2010 Federal Register related to this topic?	“Meaningful Use” is based on the proposed rule as defined. It is clear that this definition will change over time. MeHI will continue to use the most current federal ruling as the basis for “Meaningful Use”.
2. Are the HITECH ACT incentive payments to IOOs made in addition the fee schedule items?	The HITECH Act incentives are paid to the providers directly as defined by CMS.
3. Is there any defined methodology for determining the amount of these incentive payments?	The methodology for determining payments is based on ONC’s delivery of incentives: 1/3 for agreement, 1/3 for EHR and base usage and 1/3 for Meaningful Use paid a quarter in arrears. If a provider only qualifies for some of the milestones, the incentives are adjusted accordingly.
4. For the base offering, is the \$5000 per provider intended to be a one time implementation fee or an on-going annual fee?	The incentive per provider is a one-time fee for services.
5. Are you including or excluding the licensing cost of the EHR and practice management software in this \$5000 figure?	The license costs for EHR and PMS software are excluded from the base offering.
6. Are you including or excluding the licensing required for interfaces in this \$5000 figure?	The base offering should include one interface, if possible.
7. Does the \$5000 figure include or exclude the cost of hosting and maintaining the software and interfaces?	The base offering can include hosting but not necessarily maintenance.
8. Does the \$5000 include or exclude desktop equipment, help desk, and networking costs?	The base offering excludes hardware, help desk and networking.
9. I would like to learn more about the criteria on the e-record solution providers applying for IOO RFQ certification. Also, can out-of-state companies apply for this?	Out of State companies can apply for the RFQ but must have a presence in MA.
10. The Meaningful Use Criteria for EPs and Hospitals have been described as individual project in themselves. Will you award IOO status to vendors that do not have experience in all categories?	IOO status will be awarded to those vendors that have appropriate experience in EHR implementations of the REC priority providers as defined by ONC. This RFQ is specifically focused on the EP and not the Hospitals.
11. Will you match vendors who are strong in one area with vendors that are strong in another?	If a significant number of vendors express interest, we will consider offering a list for matching. However, one of the vendors must agree to be the lead and primary vendor.
12. Contractual Relationship:	The contract between the IOO and the provider is to assure that IOOs and the Providers are in

<p>a. RFQ outlines two contracts for IOO (i) with MTC/MeHI and (ii) with providers.</p> <p>b. Are the providers paying the respective IOO? If not why a contract with the provider? Is this for Fee for Service for additional services?</p>	<p>agreement for the terms of the IOO services and any provider responsibilities. It can also be the base for additional services on a fee for service basis.</p>
<p>13. Project Planning and Monitoring</p> <p>a. Will standardized software (MS project), formats, vocabulary and reporting be used for stages from readiness assessment to post go-live?</p> <p>b. Will the IOO be restricted to use only Acumen Solutions and software from Salesforce.com as required by ONC to be used by REC. If so who will bear license costs for IOO/provider?</p> <p>c. Will EPM and EMR implementation be treated independently or always as an integrated package?</p>	<ul style="list-style-type: none"> • Standardized software, formats, vocabulary and reporting will be used for all stages. • There is an outstanding question to ONC about the licensing costs if Salesforce.com and we will define its use once there is more information from ONC. • The providers will be educated on the benefits of an integrated solution but it is their decision what they choose to implement.
<p>14. Pricing Packages:</p> <p>a. What are the modules, milestones considered in the Basic Pricing package until meaningful use? E.g. Readiness, RFP, Vendor selection, workflow mapping and redesign</p> <p>b. Is Fee for Service independent of Basic service i.e. provider has the leverage to select any IOO for either/or/both ?</p> <p>c. Will MeHI (REC) be involved in the pricing negotiations for the Fee for Service or is it directly between a provider and an IOO of the providers choice, through prior experience/bidding</p>	<ul style="list-style-type: none"> • Each IOO should articulate the milestones that they traditionally use for implementation management. • The provider has the leverage to select any certified IOO for either the base offering, additional services on a fee for service basis or both. • MeHI as the REC will define the program, certification and pricing with the IOOs. Pricing is one factor in the certification of an IOO.
<p>15. Certification</p> <p>a. What's the duration of the validity of the certification</p> <p>b. Can an IOO be certified for EPM/EMR independently</p>	<ul style="list-style-type: none"> • The duration of the certification is for two years. The process for renewing certification is still in process. • The focus of the certification is for EHR or EMR functionality necessary to reach meaningful use.
<p>16. Is the preferred vendor list for EHR systems already approved? Will prior experience of working with a/any vendor system be qualifying criteria?</p>	<p>The preferred vendor list for EHR systems has not been established yet. MeHI will be following a similar RFQ process within the next 4 to 6 weeks. Prior experience is a factor for IOO certification.</p>
<p>17. What are the HIE standard specs? One of the requirements is to ensure integration with the HIE and interface needs in order to "connect", what data and what format will it</p>	<p>The HIE standard specs will be completed over the next 6 month planning period. The details will be provided and discussed with the IOOs.</p>

need to be in?	
18. Would like additional clarification around the \$5,000 payment. Is it the price the physician pays the IOO for assistance on EMR implementation/meeting Meaningful Use? Or What the REC provides the IOO for all and any services needed by the IOO per provider?	The REC will pass the incentive payment to the IOO in lieu of the provider paying the IOO for a base package. If the provider desires additional services they will pay the IOO directly.
19. In Attachment D, Would like additional detail or clarification on how or what type of response is needed in the Base Offering tab in the Price Spreadsheet? Would it be what services we (IOO) would be willing to provide to each provider at the 5,000 price?	Attachment D is for the IOOs to document the services that they are willing to offer to the providers as the Base offering. Also to document the fees associate with additional services for an “a la carte” model.
20. Are the services only needed for ambulatory providers? Or does this include Critical Access hospitals and other entities as well?	This RFQ is specifically focused on the EP and not the Hospitals.
21. On Page 33 in the IOO RFQ, Would like additional detail on the “hosting model”? What is the assumption will be hosted?	The Hosting Model on page 33 is requesting information if the IOO offers hosting and some more details about that service.
22. On Page 6 (3.2) in the IOO RFQ, please clarify “construct local area networks”.	If the provider requests the creation of a local area network, the IOO should have the required skill set to offer that service.
23. If we have additional questions aside from these, the process will have to be as outlined in the IOO...Email the questions to info@maehi.org by 3/18 and they will all be posted with answers at one time on 3/22?	Any additional questions should be emailed. MeHI plans on posting responses within three business days. The absolute latest date that questions can be submitted is on 3/18 and all answers will be posted by 3/22. This assures equal access to all information before the RFQ responses are due.
24. The scope of this RFQ is EPs do you expect to have an RFQ for Hospital EHRs?	The REC is solely focused on priority primary care providers as defined in question 37, as well as non-priority providers who may require assistance. Inpatient hospital EHR's are not a focus of the REC.
25. Is there a flow chart, check list- or some visual guidance that an IOO and EP can use as a map to measure gaps and to show compliance with the certification process?	The IOOs should provide any tools to measure gaps and show compliance with Meaningful Use.
26. How do you anticipate recruiting providers into the program? Is this process something the IOOs could assist with?	The REC anticipates recruiting providers. The IOOs are able to recruit providers as well.
27. Are you requiring IOOs to be vendor neutral? If so, will IOOs be excluded if their primary business focuses on one EHR Vendor?	The REC is interested in all IOO experience for both a single EHR vendor as well multiple EHR vendors.
28. : With the base package, are you assuming that the certified EHR vendor will have some responsibility for training and implementing	Section 2.8.1, page 28 in the RFQ, is for the IOOs to clearly articulate your expectations for all roles and responsibilities.

29. Is there a limit on the number of certified IOOs? How many IOO awards do you plan to make?	There is NOT a defined number of certified IOOs. We hope to certify all that are qualified
30. What will be different about the RFQ for EHR vendors?	It will be similar process. We are looking for very aggressive pricing for both the IOOs and the EHR vendors because we would like to offer providers a discounted solution.
31. When do you plan to award?	Award timeframe is dependent on the number and quality of responses. We hope to award IOO certifications as soon as possible
32. How many providers are you planning to attach to each IOO?	The REC is not attaching an IOO to a provider. The REC will aggregate providers by geography and time frame based upon a provider's IOO selection.
33. The \$5K incentive payment is made from the REC to the IOO, does the EP then pay additional costs to an EHR vendor? Can you provide more detail on the \$5K payment?	The provider will have to pay the EHR vendor for their license fees. See questions 4-8 above.
34. Is the \$5,000 allotted per provider?	Yes. The incentive is per provider.
35. What is the status of pediatricians in MA? Under CHIPRA they need to have 20-30% Medicaid patients to qualify. That leaves out about 50% of the pediatricians. In MA most do take Medicaid but do not meet the percentage because of geography. Will the REC provide services to the pediatric community?	<p>We will confirm with ONC that pediatricians in groups of 10 or less or practicing in a Federally Qualified Health Center are considered priority providers and eligible for the REC program.</p> <p>The REC will provide services to any interested non-priority provider in the Commonwealth.</p>
36. When will the HIT plan be posted and have the workgroups that will be advising the REC/Plan been determined? If so when will they be posted?	The HIT Plan will be posted today. The invitations for the Ad Hoc workgroups are in process. Posting of the Ad Hoc workgroups is in discussion. The REC is founded on transparency and all HIT Council minutes are posted on the website.
37. What is the definition of priority providers?	<ul style="list-style-type: none"> • Individual and small group practices (ten or fewer professionals with prescribing privileges) focused on primary care • Public hospitals and critical access hospitals • Community health centers, Federally Qualified Health Centers (FQHCs) and rural health clinics • Other settings that serve predominantly uninsured, underinsured and underserved populations

Additional Questions for RFQ for IOOs – RFQ 2010-EHR-04

Question	Answer
<p>1. During yesterday's question and answer period the posted answer give to the question about inclusion of the interface cost in the \$5,000 IOO per provider fee was ambiguous.</p> <p>In our experience, typically, the EHR vendor includes a fee for configuring interfaces (e.g., to a laboratory provider) in the software configuration cost, and many times the laboratory provider (e.g., Quest, or a hospital) will absorb the cost of the interface configuration on its end.</p> <p>Are you saying that the IOO will include the project management costs of the interface configuration in the \$5,000 fee?</p>	<p>The \$5000 fee should include any efforts that the IOO would need to do support the implementation of the interface (Project Management, testing, workflow redesign, etc.).</p>
<p>2. In Section 2, the RFQ references an electronic form and attempting to keep the length of response to confined space. Is there an electronic form? Is so where? What is preferred? And how should we address/interpret size limitations?</p>	<p>The electronic form is on the website: Section 2 Qualification Information</p> <p>We would prefer that you stay within the size that is there but the boxes will expand if necessary.</p>
<p>3. Question on submitting the "Notice of Intent to Respond" and the final "RFQ":</p> <p>Our question is if we need to mail a hard copy of each of these documents by the deadline or if sending an electronic version is enough as we did with the RFI?</p>	<p>The Notice of Intent to Respond can be emailed. The final RFQ response must be both hard copy and email.</p>
<p>4. If possible I'd like to get further clarification on the below referenced "Basic package", specifically what services are contemplated being provided in exchange for the \$5,000 price:</p> <p><u>Extract From RFQ:</u> 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.</p>	<p>MeHI would like the IOOs to clarify what services they can provide for the \$5000 Basic package.</p>

<p>5. Is the proposed \$5,000 price point intended to cover all implementation costs, e.g. training, project management, implementation, workflow review and analysis, interface deployment, etc. or is this \$5,000 intended as a fee to coordinate the implementation activities of the EHR vendor--meaning that the actual services cost will be provided for in the RFQ - EHR Software?</p>	<p>The proposed \$5000 price point should cover a basic services package to get a practice to meaningful use. It is not just a coordination of activities.</p>
<p>6. Can an organization respond to this RFQ - IOO if their expertise is with one select EHR software vendor?</p>	<p>Yes. An organization can respond with expertise in one software vendor.</p>
<p>7. If an organization intends to respond to the soon-to-be-released RFQ - EHR Software Vendors is it required that they also respond to this RFQ - IOO in order to provide the implementation services in conjunction with the software?</p>	<p>If an organization would like to be considered for the end to end implementation services they must respond to this RFQ.</p>

**Additional Questions for RFQ for IOOs – RFQ 2010-EHR-04
March 22, 2010**

Question	Answer
1. Can a qualified IOO offer a hosting-only solution (in other words, can I offer implementation services that are predicated on an EHR hosting solution that I also provide)?	Absolutely. A qualified IOO can offer a hosting-only solution.
2. Will EHR vendors themselves be allowed to respond to the IOO RFQ by providing their own implementation services?	Yes if the EHR vendors have implementation services, they can respond to the IOO RFQ.
3. Can you provide a list of other vendors...I assume this is public information?	This information is available upon request.
4. Is it permitted for a membership based organization (example and IPA or Physicians Org) to apply to become an IOO initially for the purpose of implementing its own physician members?	Yes. Any organization that has the appropriate qualifications can apply to be an IOO.
5. Is it permitted for an organization to apply to become an IOO, but specify a date sometime in the future when they would be able to start offering the IOO services? The reason for this would be that the organizations available resources are already committed for some defined period of time. (example IOO services would not be offered until x number of months after approval of becoming an IOO).	Resource availability is a key component of certification. An IOO must have qualified resources available when they respond to the RFQ.
6. Page 5: 3.1 Provider Recruitment: IOO option to work with (or not work with) provider Question: Is there an assignment provision by the REC or will the physician be solely responsible for selecting an IOO? Does an IOO have the option to decline working with a provider that has selected them as an IOO given valid reasoning?	There is not an assignment provision by the REC. The provider is responsible for selecting an IOO, although they can seek assistance from the REC if needed. An IOO must provide prior written notification and receive approval from the REC in order to decline working with a provider.
7. Page 5: 3.1 Recruitment: IOO option to work with (or not with) provider Question: Could you explain the general readiness assessment process? Who will be conducting it? What is the output? Will it be made available to the IOOs?	The general readiness assessment is a process that the providers will complete when they sign up with the REC. The output will be made available to the IOOs.
8. Page 6: 3.2 Standard IOO Services: Standard Services Question: Does each IOO need to represent that it can perform all services in section 3.2 and Appendix F – or – can an IOO represent that it will partner with others to provide a full suite of services? If the latter, do these partnerships need to be identified in the submission?	Each IOO can partner with others to supply a full suite of services. These partnerships need to be identified in the submission.

<p>9. Page 6: 3.2 Standard IOO Services: Where appropriate, negotiate with vendors to obtain discounts and other competitive pricing incentives Question: Will MeHI act as the Group Purchasing Organization that vets vendors, negotiates contract terms, and negotiates pricing or will MeHI expect each IOO to serve this function?</p>	<p>MeHI will vet the vendors, negotiate contract terms and pricing on behalf of the REC but will not be purchasing the services.</p>
<p>10. Page 6: 3.2 Standard IOO Services: When necessary, subcontract services needed by the EHR project, such as software licensing, Hardware installation, training, development of online training tools, etc. Question: Will the IOO be expected to be a true intermediary(general contractor) in the subcontracting of services required by a provider – or – is it acceptable for the IOO to act as an informed guide for the practice as they set up their own contracts and pay hardware, software, and IT services vendors directly?</p>	<p>The IOOs have to be an intermediary and supply a full range of services, not just informed guidance, to the practice.</p>
<p>11. Page 6: 3.2 Standard IOO Services: Validate pre-existing internet connectivity, and construct local area networks, if needed. Question: Will the IOO be expected to construct local are networks – or – is it acceptable for the IOO to refer a practice to an IT services organization to implement IT infrastructure?</p>	<p>The IOOs are responsible for the oversight and management of any organization that provides services that are critical for the meaningful adoption and implementation of an EHR system.</p>
<p>12. Page 6: 3.4 Pricing Packages Question: Does MeHI intend to define what must be in the fixed price model or will each IOO have flexibility to determine the services required to bring a provider from current state to meaningful use?</p>	<p>The basic package will be negotiated by MeHI in its capacity as the REC. The specific services required to bring a provider to meaningful use will be standardized but enable some adaptation for individual practice needs.</p>
<p>13. Page 6: 3.4: Pricing Packages Question: Will each IOO have the freedom to set prices for Fee for Services?</p>	<p>The Pricing packages will be negotiated and set by MeHI in its capacity as the REC.. MeHI will offer standardized services and pricing.</p>
<p>14. Page 13: 2.1: Practice Management System Interfaces Question: Can you clarify the types of interfaces that will be needed between EHR and Practice Management Systems under the REC program?</p>	<p>This will depend on the specific practice.</p>
<p>15. Page 45: Attachment F: General Contract Elements Question: Can you explain what you mean when you say an IOO cannot prioritize non REC providers over REC Providers REC priority providers</p>	<p>It is critical to the REC program that priority primary care providers receive a higher level of priority than non-priority providers. The IOOs are expected to support this aspect of the program.</p>

16. Question: What do you mean by Operational/Infrastructure Training? Is this related to workflow analysis and re-design or something else entirely?	This is meant for Training to help a provider with any operational requirements for their infrastructure.
17. Regarding the IOOs, would you please tell me the steps I have to follow?	The steps and process are clearly outlined in the RFQ.
18. Can we apply if we are a company located in PA and not in MA?	Yes.
19. We are a data capture company. Can we fit in your list?	The requirements for IOOs are outlined in the RFQ. If your company can meet those requirements you are welcome to respond.

Additional Questions for RFQ for IOOs – RFQ 2010-EHR-04
March 28, 2010

Question	Answer
Do you want this response via e-mail, mail or both?	E-mail responses would be preferred. Please send your response to info@masstech.org by COB May 3, 2010.
The "Service Package 2" wording implies that we would have to agree to provide implementation services to practices that are using other EMR vendors and hosting entities.	IOO's are free to select the practices to which they will supply services based on having skilled implementation staff that can work with a given EHR vendors. Service Package 2 is for practices that have an existing qualified EHR system installed that is not yet at meaningful use.