Round 3 Questions and Responses

1. Due to file sizes and file merging technologies that may limiting electronic submission, would PHIX permit submission of electronic RFPs divided by volume? Divided by sections within volumes, so long as file labeling is chronological and logical?

Resp: Yes, Please remember that Technical, Cost and BMBWO submittals must be separate.

2. "Please clarify what appears to be a contradiction in the answers to two prior questions. In the Additional Questions and Answers, Question #56, which refers to the number of interfaces in the tables on pages 38-43 in the RFP, asks for clarification whether the numbers of interfaces is cumulative or additive. The Commonwealth responded that the numbers were cumulative. According to the example in the question, this would meant that since there are 10 “Additional Interfaces” in Year 2 and 12 in Year 3, that during Year 3 only 2 additional interfaces would be built, and that the cumulative total for all 5 years is 12 interfaces. However, in Questions and Answers in Round 2, Question 20/part c, the Commonwealth indicates that the total number of “Additional Interfaces” is 54. To reach this, the number of “Additional Interfaces would need to be additive – 8 in year 1, 10 in year 2, and 12 each in years 3, 4, and 5.

    a. Can you clarify which response we should use in developing the cost estimates?
    b. Can you clarify which approach should be used in estimated for the number of CCD and EHR interfaces?"

Resp: The total number of interfaces is additive.

3. Please clarify whether the number of EHR interfaces to be created refers to building an interface for a specific type of EHR system (e.g. an Allscripts or an eClinicalWorks system) or whether it refers to the number of physician practices who elect to connect to PHIX through their EHR system. If the former, does the Commonwealth wish for any cost estimates to facilitate the connectivity of individual provider practices through their EHR systems, in total or on a per-practice basis?

Resp: EHR interfaces refer to building an interface for a specific type of EHR. The Commonwealth does not want any cost estimates to facilitate connectivity.

4. Can the Prime Contractor subcontract hosting and data storage?

Resp: Yes

5. Despite the Commonwealth’s effort to produce a very comprehensive RFP, to date there has been answers published to more than 140 vendor submitted questions. Each of

these answers must be reviewed and the impacts on the response on the proposed solution considered. Since the Commonwealth has extended the deadline to submit additional question, the answers to which will not be posted until May 14, would the Commonwealth consider a two-week extension to the proposal due date?

Resp: The Commonwealth will not allow any further extensions. Proposals are due May 24, 2010 before 4:00pm EST.

6. Addendum 6, answer to Question #16 - the response to this question implies Commonwealth involvement in the PHIX solution. Please clarify the roles that the Commonwealth will be taking in the day-to-day operations of the PHIX solution. For example, is it the Commonwealth's intent to use "System Administrators" for all user provisioning or is this a requirement for the Offeror? Similarly, can you further describe the role of Commonwealth "technical specialists"? We are looking for clarity in the Commonwealth's role, specific tasks the Commonwealth will perform, and where the hand-off's occur between the Commonwealth and the Offeror in executing those tasks.

Resp: All requirements within the RFP will be the Offeror's responsibility. Upon initial execution of the contract, the Commonwealth will play a very limited role in the day-to-day operations. The Commonwealth does reserves the right to assume tasks within the PHIX program. This potential assumption of roles by the Commonwealth will be discussed during the Project Foundation and Annual Planning Function.

7. Addendum 6 allows for additional questions with the Commonwealth's official response being available on Friday, May 7th. This leaves two weeks to the bid due date while responses to additional questions could materially alter an Offeror's bid. Would the Commonwealth consider a further extension to the due date for an additional two weeks beyond May 24th?

Resp: The Commonwealth will not allow any further extensions. Proposals are due May 24, 2010 before 4:00pm EST.

8. Please clarify that the broadband network between the user (hospital, doctor, etc.) and the Offeror's PHIX solution is out of scope as it relates to the SLA's and corresponding credits in appendix M. Our expectation is that 100% uptime applies to the application being available and running at the hosting site provided by the Offeror, but if ATT or Verizon, for example, has an outage, that no credit is due from the Offeror for that outage.

Resp: Yes, the broadband network between the user (hospital, doctor, etc.) and the Offeror's PHIX solution is out of scope as it relates to the SLA's and corresponding credits in appendix M.

9. Is the intent that the PHIX will route claims and eligibility transactions between providers and payers? If so, what basis should Offeror's use to estimate the volume of transactions?

Resp: The Federal Health Information Exchange Funding Opportunity requirements indicate that HIEs built using its subject funds have the capacity to route claims and eligibility transactions. Because of the shifting federal landscape, it is impossible for us to estimate volume at this time.

10. Since EDI claims processing services are widely available and used in the market today, what incentive would any providers have to switch from an existing EDI service to one provided by PHIX? Or, is the intent only that historical claims information be made available through PHIX as part of a patient's longitudinal health record? Is it the Commonwealth's intent to provide a single statewide eligibility and historical claims look-up service via the PHIX?

Resp: Per the Federal Health Information Exchange Funding Opportunity Requirements and anticipated requirements of Meaningful Use Regulations, the Commonwealth will need to have the capacity to support claims and eligibility functionality. It is not the Commonwealth's intent to provide a single statewide eligibility and historical claims look-up service within PHIX.

11. What effective start date should be used for planning purposes and the Gantt Chart that is to be submitted in II-3. Work Plan?

Resp: For planning purposes, please use August 01, 2010 as the project start date. The actual project start date will depend upon the time it takes to evaluate the proposals, and to negotiate and execute the contract.

12. On RFP page 57, there are tasks listed for IV-4. Tasks and Deliverables, Section D. Support and Maintenance, however, there are no deliverables listed for these activities. Where should we attribute the costs for these work activities on Appendix C – Cost Matrix?

Resp: These costs must be captured in the "Unit Costs" section of Appendix C.

13. "On pages 55-57, many of the deliverables listed in C. Implementation Plan, are described as documents or plans. Examples include:

    a. Core Infrastructure - Technical detailed system design, Component RFU certificate, Customer Support Center RFU Certificate, System testing plan, business continuity plan, disaster recovery plan
    b. New Data Exchanges and Interfaces - Exchange/interface specification, Provider deployment plan, training plan, deployment test plan, operations impact plan, exchange/interface RFU

Should Offerors include estimates for a) the plan only or b) the plan and the labor required to execute the plan? If we are to include the estimates for the labor required to execute, where should we attribute"

Resp: Offerors should include in their deliverable costs estimates, costs for the plan and the labor required to execute the plan.

14. Questions Round 2, #76: Pg. 16: If the Bidder were to propose value added and/or optional services over the base requirements that the Commonwealth may be interested in purchasing, where should these costs be represented so that we may preserve the "apples to apples" comparison?

Resp: Value-added services, that are cost neutral to the Commonwealth, should be listed in the Offeror's technical proposal and label as " Value-added Services" . Appendix C, Cost Matrix, cannot be changed.

15. Evaluation Criteria III-3: RFP page 27: Please indicate how the 20 percent evaluation points for Disadvantaged Business Participation will be allocated to the different priority rankings. Will Priority ranking 1 receive all 20% of available points? What percentage of available points will be awarded to Priority rankings 2-4?

Resp: The specific allocation of the points available for the disadvantaged business utilization criterion depends upon the "mix" of proposals received. For example, the available points are allocated differently if there is one (or more) Priority Rank 1 proposer(s), as opposed to a scenario in which there are no Priority Rank 1 proposers.

16. Evaluation Criteria III-3: RFP page 28: Please indicate how the 3 percent bonus evaluation points for Domestic Workforce Utilization will be allocated. If staff are 100% domestic, will the full 3% bonus points be awarded?

Resp: The Bonus points will be awarded at a rate proportional to the percent commitment of domestic workforce utilization . Yes

17. Appendix M, Service Level Matrix: Based on the answers to questions regarding SLAs, will the Commonwealth re-publish Appendix M Service Level Matrix?

Resp: No.

18. In section 27 of Appendix E, the license grant in the hosting section extends the right not only to the Commonwealth but also to every user and participants in the PHIX system, a non-transferable, non-exclusive right to access the hosted system and use its functionality, and configure and customize the system according to the system's Commonwealth-approved design.
We assume in this section that references to the PHIX system as to the "PHIX" network as that term is defined in the contract. Based on this assumption, we question the desirability of having each user and participant in the network to have the capability to

configure and customize the network. Please clarify the Commonwealth's intent with respect to this item.

Resp: The intent is for the vendor to allow, insofar as the winning solution provides for it, the Commonwealth and the end-user to configure their functions/views at whatever level the system allows. The Commonwealth does not anticipate that end-users will be allowed to customize or configure the network.

19. Appendix L: Section1 - (b)(iv): Pg. 3: The terms "Target Service Level" and "Minimum Service Level" are used in this paragraph. Can the Commonwealth further define them and how there are to be determined?

Resp: Please refer to Appendix M for definitions of the SLAs and how they are determined.

20. Appendix L: Section - 2(c)(iv)(A): Pg. 4: The term "Service Level Reporting Period" is used in this paragraph. Can the Commonwealth define this term and its value for each SLA?

Resp: Please see response to Question #19

21. RFP vs Cost Vol v3: Section - RFP -IV-3.2 Cost – year 3: Pg. RFP - 42: The RFP has the Transition Planning activities and documentation in Year 4, yet the Cost Matrix v3, has the item in year 3. Which contract year should work and costs be allocated to?

Resp: Please put costs in Appendix C, Year 3.

22. RFP vs Cost Vol v3: Section - RFP IV-4 Cost – year 2-5: Pg. RFP 57: The Tasks and Deliverables section of the RFP includes (2) New Data Exchanges and Interfaces (e) Development and execution of provider training plan. The Cost Matrix v3, only has a Training Plan Deliverable. Where do we price the execution of the provider training?

Resp: Please refer Part IV-4.D.3

23. Numbers of EHR Interfaces and CCD Gateways. On pages 38ff, in the table entries for Years one through five, what is meant by EHR Interface and the numbers thereof? Earlier Q&A documents said that all the numbers are cumulative. Does "EHR Interface" mean the number of EHR vendor products to which PHIX can interface? That would imply only 6 total EHR products by the end of five years. If "EHR interface" or "CCD Gateway" is not specific interfaces to specific products, what do they mean?

Resp: Please refer to Question #2

24. Routing hub. Is there an expectation that the PHIX is a routing hub between providers and other entities such as labs, immunization registries, public health, etc.? The specific standards and examples in the RFP and appendices J and K tend to focus on "clinical documents" rather than messages. In Q&A Round 2, it said in question #20, "Can you please clarify just the number of lab interfaces to be connected over the 5-year plan? We estimate 54 interfaces to lab, hospital information systems and radiology systems over 5 years. For your costing efforts, assume an equal distribution across the three (lab, HIS, rad) interface types. " However, it is not clear whether such "interfaces" assume clinical documents (such as CDA, PDF) that can be stored in the document repositories, or whether they imply HL7 v2.x messaging between entities, i.e., the PHIX serving as a centralized interface engine for HL7 messages.

Resp: Yes, PHIX will route clinical messages, which may include documents. It will also be a router for labs, registries, etc.

25. PHIX Reporting. On page 37, letter E, of the RFP, there is the phrase "PHIX reporting required by ONC." Please clarify what is meant here. To our knowledge, ONC and CMS in their ARRA HITECH IFR and NPRM do not state any reporting requirements for an HIE; their requirements are for certified EHRs only. Did this phrase on page 37 mean "to help EHRs fulfill their reporting requirements for meaningful use?" Or was it really referring to some requirements from ONC for HIEs? If the latter, then which regulations are being referenced?

Resp: Under the Funding Opportunity Agreement, The Commonwealth will have reporting requirements related to participation. The reporting requirements have not been finalized by the Federal Government.

26. Five Year Stages. On pages 38ff, the functionality listed in each stage appears to be identical, with only the volumes of connected systems and users increasing each year. What is the intention to "phase in" the components?

Resp: Initial component phase relates to the development of the statewide backbone and future phase ins will be discussed /established during the Project Foundation and Annual Planning Function.

27. Strategic Plan. The Strategic Plan is referenced, and contains some concepts not included in the RFP. Also, it includes references to other systems such as integration with PROMISe, eRx, etc. Is it the responsibility of the respondent to address such items that are mentioned in the strategic plan but not in the RFP?

Resp: No

28. EMR Lite. The glossary defines it as providing "basic tools for meeting MU, but without the full functionality of a qualified EHR." What modules are required by the Commonwealth in an EMR Lite product?

Resp: It is up to the Offeror to propose what modules will be available in their solution. This additional information is being offered to clarify the Answer to Question #14 on the "Questions and Answers Round 1" document:

While EMR-lite is a component about which the Commonwealth is seeking information and commitments from Offerors, it is not an "option" in the traditional Commonwealth procurement sense. In other words, EMR-lite access will not be bought at a later date by the Commonwealth under the Contract resulting from this RFP because EMR-lite services are not being procured under this RFP. The Commonwealth seeks, under this RFP, to ensure that the winning vendor offers one or more EMR-lite products, that those products meet certain minimum standards, that the contracts between the winning vendor and PHIX users contain certain terms, and that the vendor's pricing is announced to PHIX users.

29. Edge servers. Earlier Q&A documents stated that all the numbers in the tables on pages 38-43 are cumulative. We wish to clarify this. For example, there are 500,000 patients to be in edge servers in Year 1, and the same number in Year 5. This seems inconsistent with the major increase in growth of the overall number of patients and organizations connected. Please confirm that only 500K patients (only 4% of the total) are expected to be in the cumulative number in the edge servers by Year 5.

Resp: Please refer to Question #2.

30. ""EHR Interface" definition. Neither the RFP nor the Glossary specifically defines "EHR Interface." But in the Additional Questions and Answers document, in the response to question #42, it says "Separate from the category of CCD Gateway is the category of EHR interface. Can this be defined as an interface to an EHR system that does not provide CCD conforming documents and thus requires transformation from the non-compliant format into CCD format? This is correct." We require clarification on this response. The implication is that the Offeror's solution must take non-CCD documents and transform them into CCD, which could alter clinical information without approval/sign off from the originating care provider. We suggest that "EHR Interface" be defined as already stated in the glossary by combining the definitions of "EHR" and "interface" to represent software that communicates information between EHRs and PHIX. "

Resp: Please refer to Question# 42 in the Additional Questions Document as this provides the guidance necessary.

31. Clinical Messaging through a Portal. In Questions and Answers Round 2, question #54, it says "for providers that do not have an EHR, clinical messaging will be done through a portal." But "portal" is elsewhere defined as "A web-based application that offers data aggregation from multiple systems including secure messaging, query capability, and results delivery." Please clarify what is meant by "clinical messaging" through a portal.

Resp: Clinical Messaging means secure messaging through a portal.

32. Is there a requirement to preload any data in the HIE (e.g. EMPI, clinical data) from provider systems?

Resp: This is not a requirement

33. What is the Commonwealth's expectation for number of primary care doctors listed in IV-2 who need the EMR Lite solution to connect to the HIE?

Resp: This information is unknown at this time.

34. What is the date the vendor will be notified of their selection?

Resp: DGS does not have a firm date at this time, but does refer you to Question #11 for a better idea of the expected timeline.

35. What is the project implementation start date?

Resp: Please refer to Question #11

36. In Appendix J, IV-3.3.B. Record Locator Service, the requirement states to provide robust search and matching technology for producing quick, complete and accurate searches. Please describe your expectations for a robust search to meet your requirement.

Resp: The Commonwealth prefers that the Offerors' make the case for the robust nature of their proposed solutions, as guided in large part by the requirement that they be quick, complete, and accurate.

37. Appendix J, IV-3.3.B. Record Locator Service, the requirement states to utilize identity verification during initial sign up. What level of authentication will be required? For example, Drivers License only, Social Security card, Retina Scan, or Palm Vein? Will there be a credentialing database provided by PA to authenticate against?

Resp: This should be part of the Offeror's solution. It shall meet all applicable federal and state regulations (including HIPAA, breach notification laws, etc.) addressing the protection and authentication of these types of data as well as employing industry best practices. Also, assume there will not be a credentialing database to authenticate against.

38. If Eligibility and Claims are eliminated from Meaningful Use requirements, will they also be pulled from the requirements of PA PHIX?

Resp: This has not been determined at this point in the process

39. What are the regional HIEs in Pennsylvania that PHIX is expecting would be connected and at what stage of RFP? What providers and payers are members of those HIEs? For example in Western Pennsylvania, in Philadelphia Metropolitan Area.

Resp: Please refer to Part IV, Section 3.2

40. Definition of "patient health information" Section VI-1.A Are PACS images (radiology, MRI, etc) included in the RFP's definition of patient health information outlined in VI-1.A? If so, will the exchange solution require adherence to the DICOM standard to align PACS images with electronic health records exchanged through PHIX? Will the PHIX solution require encryption of PACS images?

Resp: Yes, PACS images are included in the intended full scope of health information to be exchanged. Encryption requirements apply to all health information in transit or at rest. PACS images are not expected, at this time, to be stored by PHIX, rather they will be retained by originating data source and PHIX will enable the transport to occur. Additionally, the use of the term "patient health information" anywhere in the RFP should be considered to be synonymous with "health information," a term defined in Appendix A, Provision #3.

41. Controls for Data Loss and Breach. Section IV-3.3 Functional Component Requirements: C Privacy and Security Management #3, #7 The requirements call out role-based and data-element centric access defined by business rules. The security design must protect data in transit and at rest, and provide the ability to track, manage and report on user activity. Also, the requirements further states enforcement of all Health Information in transit and at rest is unusable, unreadable, or indecipherable to unauthorized individuals through use of a technology. Does the State expect IT security and privacy technical controls to manage and enforce how the sensitive information is transmitted, stored and used in accordance with Meaningful Use/HIPAA mandates?

Resp: To the degree possible, yes. Selected Offeror will work with the Commonwealth during the implementation to appropriately define roles and responsibilities within the legal framework requirements and enforcement entity procedures. Offeror technical capabilities will be an integral part of effectively managing the security and privacy of the system.

42. HIPAA Compliance Reporting. Section IV-3.3 Functional Component Requirements: C Privacy and Security Management #2, #8, #10 These sections describe requirements for annual reporting on security audits and compliance activities and reports needed to monitor system security and privacy compliance on demand. The proposed Meaningful Use Security & Privacy rules require a security risk analysis according to the HIPAA regulations and implement security updates as necessary. Does the State expect IT security and privacy technical controls for HIPAA automated risk assessment to deliver real-time, on-demand reports? Also, do requirements include technical controls to address system monitoring and log collection for system security and user accountability?

Resp: Offeror's are to provide their recommended solution for consideration in regards to report delivery. Yes, requirements include anticipated technical controls to address system monitoring and log collection for system and security and user accountability.

43. Does the Commonwealth require the PHIX solution to be secured by CoPA's existing network/proxy infrastructure?

Resp: No

44. Will the Commonwealth accept a cloud-based solution that allows end-users to leverage direct connectivity between the public Internet and the Offeror's hosting infrastructure?

Resp: Yes