| AHCCCS | **Notice of Standardized Inquiry** | | **AHCCCS**<br>Arizona Health Care Cost Containment System |
|---|---|---|---|
| | STANDARDIZED INQUIRY (SI) NO.:<br>**YH09-0024** | PAGE<br>1 | 701 East Jefferson, MD 5700 |
| | | OF<br>64 | Phoenix, Arizona 85034 |

This document is being released to obtain information for the
**Purchasing Assistance Collaborative for the Electronic Health Record (PACeHR)**

**Contact Person:**


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Issue Date: February 24, 2009

**LOCATION:** **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM ADMINISTRATION (AHCCCS)**
Contracts and Purchasing Section (First Floor)
701 E. Jefferson, MD5700
Phoenix, Arizona 85034

DESCRIPTION: **Purchasing Assistance Collaborative for the Electronic Health Record (PACeHR)**

DUE DATE: **March 23, 2009, for first review. Offers may be submitted after this date, and review will occur, if and when additional vendors are needed.** **AT 3:00 P.M. MST**

**QUESTIONS CONCERNING THIS STANDARDIZED INQUIRY SHALL BE SUBMITTED TO THE STANDARDIZED INQUIRY CONTACT PERSON NAMED ABOVE, IN WRITING, VIA E-MAIL OR FAX BY MARCH 5, 2009, 5:00 P.M. M.S.T.**

SI and requested information must be in the actual possession of AHCCCS on or prior to the time and date and at the location indicated above to be reviewed in the first evaluation.

SI must be submitted in a sealed envelope or package the number YH09-0024 and the Offeror's name and address clearly indicated on the envelope or package. All submitted information must be typewritten. Additional instructions for submitting the requested information is included in this document.

Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the person named above. Requests should be made as early as possible to allow time to arrange the accommodation.

**PLEASE CAREFULLY READ THIS ENTIRE DOCUMENT.**

| AHCCCS | **Letter of Intent** | | **AHCCCS**<br>Arizona Health Care Cost Containment System |
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| | STANDARDIZED INQUIRY (SI) NO.:<br>**YH09-0024** | PAGE<br>2 | 701 East Jefferson, MD 5700 |
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**This Letter of Intent when signed and submitted with response to the Standardized Inquiry, confirms an understanding and commitment to the responsibilities of the recommended Offeror as noted in the Scope of Work section of this document, and summarized below.**

Offeror agrees it must deliver and maintain an affordable, interoperable, CCHIT-certified (or eligible), high-performing web-based electronic health record system, including support and maintenance. The product(s) recommended will be intuitive, flexible, modular, scalable, and designed to provide the structured reports needed to support the broad range of local and national quality, value, safety, transparency and population health initiatives. Successful responses will include a demonstrated understanding of and plan to engage in a productive collaboration with Purchasing Assistance Collaborative for Electronic Health Records (PACeHR) Program partners and stakeholders.

**Overview of Recommended Organization(s) Responsibilities**

- To execute a mutually agreed-upon standard agreement with each interested practice, clinic or organization for services and products in exchange for the agreed-upon monthly fee.
- To execute a separate agreement with interested providers for any optional or extra services that have been outlined in organization response and accepted by PACeHR.
- To provide a guaranteed monthly license fee for the specified time period(s) to interested providers for the EHR that is recommended by PACeHR.
- To provide a discounted pricing arrangement for the specified time period for students, part-time clinicians, etc. (as defined in the Exhibit F – Pricing Schedule) for the web-based CCHIT-certified EHR
- To provide a list of additional features to providers for a guaranteed price based on the web-based CCHIT-certified/eligible EHR.
- To provide PACeHR/agent with management and utilization reports specified in this Standardized Inquiry as mutually agreed upon, and upon request.
- To assist in getting signed an agreement permitting the transfer of mutually agreed upon data sets to the Health Plan(s), AHCCCS, and/or other entities and individuals as permitted by HIPAA (the Health Insurance Portability and Accountability Act).

The undersigned Offeror hereby agrees to provide all services in accordance with the terms and requirements stated herein, including all exhibits, amendments, and final proposal revisions (if any). Signature also acknowledges receipt of all pages indicated in the Table of Contents.

_____

Signature of Authorized Person Date

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|---|---|---|---|
| | STANDARDIZED INQUIRY (SI) NO.:<br>**YH09-0024** | | |



**See Background Information**

# OFFEROR'S CHECKLIST FOR THE STANDARDIZED INQUIRY (SI)

**Note to Prospective Offerors:** This document is a convenience to Offerors. It is believed to be a complete listing of all submission requirements pursuant to this Standardized Inquiry.; however, if a requirement is stated anywhere in the Standardized Inquiry text, yet does not appear in the Offeror's Checklist, the text statement takes precedence over the omission of that requirement in the Offeror's Checklist.

| **Requirement # / Document Reference Location** | **Description:** | **SI Page #** | **Offer Page #** | |
|---|---|---|---|---|
| 1 | Letter of Intent | 2 | | |
| 2 | Offeror's Checklist (i.e., page numbers entered in the *Offeror's Page #* column of this table), signed and completed | This Page | | |
| 3 | Offer submission in paper and electronic media per specifications:<br>7 (seven) paper copies of offer: 1 (one) marked "Original" and six (6) marked as Copy AND either 7 CDs or 7 USB drives | 19 | | |
| 4 | Exhibit E – Specifications and Requirements Questionnaire | 26 | | |
| 5 | Copy of CCHIT Certification | 26 | | |
| 6 | User interface design / style guidelines | 43 | | |
| 7 | System architecture diagram | 43 | | |
| 8 | Database model (record structure) | 44 | | |
| 9 | Sample reports for System Performance & Metrics | 44 | | |
| 10 | Service Level Agreement | 44 | | |
| 11 | Independently audited Financial statements | 48 | | |
| 12 | Detailed Implementation Plan | 48 | | |
| 13 | PACeHR Pilot Implementation Plan (if different from the above) | 48 | | |
| 14 | Training plans, guides, materials | 49 | | |
| 15 | Marketing Materials (Standard materials and those proposed specifically for this product) | 48 | | Please list titles of materials here |
| 16 | Sample Go Live Plan | 50 | | |
| 17 | Licensing and Maintenance Agreement | 50 | | |
| 18 | Support and Maintenance Agreement | 50 | | |
| 19 | Software Escrow Agreement | 50 | | |
| 20 | Exhibit A - Key Personnel | 21 | | |

| | | | |
|---|---|---|---|
| 21 | Exhibit B - Resumes of Key Personnel | 22 | |
| 22 | Exhibit C - Offeror's References | 23 | |
| 23 | Exhibit D - Offeror's Financial Disclosure | 24 | |
| 24 | Exhibit F – Pricing Schedule | 57 | |
| 25 | Exhibit G – Interface Matrix | 60 | |
| 26 | Practice and Clinic User Profile | 53 | |
| 27 | Any additional information (optional) | 19 | Please list titles of other attachments here |
| 28 | Test Plan | 50 | |
| 29 | Proposed subscriber contract for participants in the PACeHR. | 50 | |
| 30 | List of Demonstration Needs | 20 | |

**Contents reviewed and form completed by Offeror (name, initials and date)**

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Definition of Terms:

As used in within this Standardized Inquiry document, the terms listed below are defined as follows:

1. "AAFP" means American Academy of Family Physicians. Please see www.aafp.org.

2. "ACP" means American College of Physicians. Please see www.acponline.org.

3. "AHCCCS" means the Arizona Health Care Cost Containment System – a managed health care program which pertains to health care services provided pursuant to A.R.S. 36-2903 et seq., and is also the name of the State agency.

4. "Attachment" means any item the Standardized Inquiry requires an Offeror to submit as part of the Offer.

5 "CCR" means Continuity of Care Record. Please see www.centerforhit.org.

6. "CCHIT" means Certification Commission for Healthcare Information Technology. Please see www.cchit.org.

7. "Core Modules" include, but are not limited, to the following modules that AHCCCS defines as a minimum product offering:

   7.1 Clinical notes (medical history, problem list, SOAP notes)
   7.2 E-Prescribing (medication list, allergies, interactions, AHCCCS and other managed care formularies, refills)
   7.3 E-Referrals (Continuity of Care Record (CCR) export and import, attachments
   7.4 Interfaces with lab, radiology, hospital, and other mutually determined key service providers
   7.5 Standard and ad-hoc reporting modules (national and quality and efficiency measures, EPSDT, Medical Home) that enable the following standard reports to be created:
      7.5.1 HEDIS http://www.ncqa.org/tabid/855/Default.aspx
      7.5.2 CMS PQRI http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp
      7.5.3 EPSDT http://www.azahcccs.gov/Regulations/OSPPolicy/Appendicies/appx_b.asp
      7.5.4 Medical Home http://www.ncqa.org/tabid/631/Default.aspx)
   7.6 Practice management (integrated patient accounting/billing, management, and scheduling modules or interfaces with existing practice management systems)
   7.7 Eligibility verification for AHCCCS and others
   7.8 Patient portal

8. "Days" means calendar days unless otherwise specified.

9. "EHR" is an electronic health record defined by the Office of the National Coordinator as "Health-related information on an individual that conforms to nationally recognized *interoperability* standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

10. "Entity" refers to the organization AHCCCS is representing when issuing this Standardized Inquiry.

11. "Exhibit" means any item labeled as an Exhibit in the Standardized Inquiry or placed in the Exhibits section of the Standardized Inquiry.

12. "Health Plan" means an organization which contracts with the AHCCCS Administration to administer the provision of a comprehensive package of AHCCCS covered health care services to AHCCCS members enrolled with the health plan. Sometimes this term is expanded to include Program Contractors.

13. "May" indicates something that is not mandatory but permissible.

14. "Member" is the person receiving care that is either self paying or covered by an insurer, including AHCCCS.

15. Offer" means Offeror's written response.

16. "Offeror" means an Offeror who responds to a Standardized Inquiry.

17. "Organization" is a company or agency licensed or otherwise authorized to provide healthcare services in the State of Arizona.

18. "PACeHR" means Arizona Purchasing & Assistance Collaborative for Electronic Health Records, (PACeHR), pronounced "pacer" formerly known as the Electronic Health Record Collaborative Purchasing Program (EHR CPP). *AHCCCS CPP EHR"* and *"Arizona PACeHR"* are synonymous.

19. "Part-Time User" means a licensed provider employed by the Subscriber to this EHR, whose patient contact hours qualify him/her for part-time medical malpractice insurance rates.

20. "Participant" means subscriber and/or user of the Arizona PACeHR product offering(s).

21. "Patient Centered Medical Home' The Patient Centered Medical Home (PCMH) is a health care setting that facilitates partnerships between individual patients, and their personal physicians, and when appropriate, the patient's family. Care is facilitated by registries, information technology, health information exchange and other means to assure that patients get the indicated care when and where they need and want it in a culturally and linguistically appropriate manner. PCMH is the equivalent of a 'Medical Home.' See also http://www.ncqa.org/tabid/631/Default.aspx).

22. "Program Contractor" means an organization which contracts with the AHCCCS Administration to execute the provision of a comprehensive package of ALTCS covered acute care, behavioral health services and long term care services to ALTCS members enrolled with the program contractor.

23. "Provider" or "Primary Care Provider" means those licensed in Arizona as allopathic or osteopathic physicians and who specialize in family practice, internal medicine, obstetrics, gynecology or pediatrics; or physician assistants. A "Participating Provider" is a provider participating in the EHR program resulting from this SI.

24. "Scope of Work" means those provisions of this Standardized Inquiry which specify the work and/or results to be achieved by the Contractor.

25. "Shall, Must" indicates a mandatory requirement. Failure to meet these mandatory requirements may result in the rejection of an offer as non-responsive.

26. "Should" indicates something that is recommended but not mandatory. If the Offeror fails to provide recommended information, the State may, at its sole option, ask the Offeror to provide the information or evaluate the offer without the information.

27. "Standardized Inquiry" means this document that was created to compare various Electronic Health Records Products in a standardized manner.

28. "Standardized Inquiry Amendment" means a written document that is authorized by the Contracting Officer and issued for the purpose of making changes to the Standardized Inquiry.

29. "State" means the State of Arizona.

30. "Subscriber" means the corporate entity (e.g., medical practice or clinic) that is committed via Offeror contract for EHR software and services as defined in this SI.

31. "User" means the person accessing the web-based EHR through the user interface.

**Scope of Work for the EHR Standardized Inquiry**

Arizona **P**urchasing & **A**ssistance **C**ollaborative for **E**lectronic **H**ealth **R**ecords (**PACeHR**)

## BACKGROUND

The Arizona **Purchasing Assistance Collaborative for Electronic Health Records** (PACeHR), sponsored by AHCCCS, was established as a strategy to foster rapid adoption of a common EHR at a per provider cost that is affordable to the average provider office practice. The entity is known as the **Purchasing & Assistance Collaborative for Electronic Health Records** (**PACeHR**), pronounced "pacer." Acting on behalf of the participating medical practices, clinics, facilities, and other stakeholders, PACeHR will leverage web-based technologies, economies of scale and strategic partnering to foster EHR adoption, improve quality, safety and efficiency, and promote a community of information sharing.

Over 90% of primary care in Arizona is delivered through small and medium-sized medical practices, and an estimated quarter or less of these practices use an integrated electronic health records system. National and local studies have clearly documented the barriers to physician adoption of electronic health records. In particular, small practices often find that the espoused benefits of electronic health record (EHR) adoption are not clearly outweighed by the initial costs. Hardware and software, support, connectivity, and losses in productivity make it difficult to invest the time and resources needed to confidently plan, select and implement an EHR. Research conducted through the Arizona medical board reveals that physicians are willing to make an investment in a quality EHR system that performs consistently, is interoperable, has reasonable and predictable training and support costs, and can be readily adapted to practice style, environment, and office workflows.

Therefore, with the aid of the stakeholder organizations listed in Table 1, Arizona clinician interest in participating in such a collaborative purchasing program featuring a web-based EHR was gauged by completion of an online questionnaire. In less than 2 months, registered responses from over 1,000 interested clinicians representing over 400 Arizona practices, were received.

To accompany the electronic health record product(s), PACeHR will facilitate group purchase discounts and other incentives programs to make hardware, software, training, and other services more affordable. AHCCCS, through its Medicaid Transformation Grant, will provide start-up funding to PACeHR to help develop and support program infrastructure. Program collaterals, located at the end of this document, outline the main components* of the PACeHR EHR:

- Affordable monthly subscription through a standard contract
- Tiered rates for part time providers, students and clinicians in training
- Interfaces with core services providers
- Planning, selection, set-up, training, and implementation aid
- Facilitated user forum and peer assist program
- Discounted hardware, software and other support arrangements

*Note: Although the PACeHR Program intends to provide the above functionalities, only the items specified as Deliverables (see Offeror's Checklist) in this document are required. The description of the PACeHR Program is intended to provide context and to stimulate the identification of possible value added services.

**PURPOSE AND DELIVERABLES**

**Standardized Inquiry (SI)**

This purpose of this SI is to identify an Offeror(s) to provide a web accessible EHR(s). Offeror must provide a written response in the designated format (by completion of the **Checklist** and corresponding **Exhibits** and by attaching the requested documentation) and present (if selected as a finalist) a demonstration of the products(s) being offered to PACeHR that best fulfill the requirements of this Standardized Inquiry (SI.) **Offeror must deliver and maintain an affordable, interoperable, CCHIT-certified (or eligible), high-performing web-based electronic health record system, including support and maintenance. The product(s) recommended will be intuitive, flexible, modular, scalable, and designed to provide the structured reports needed to support the broad range of local and national quality, value, safety, transparency and population health initiatives. Successful responses will include a demonstrated understanding of and plan to engage in a productive collaboration with Purchasing Assistance Collaborative for Electronic Health Records (PACeHR) Program partners and stakeholders.**

The PACeHR Program will be structured to **support the expansion, scaling and /or integration of/with other HIT and quality incentive pools, scholarships, tax credits, grants and any other purchasing programs**. The EHR product(s) offered will **support reporting modules and tools to support and/or integrate with existing and planned public and private initiatives**, including but not limited to:

- Patient Centered Medical Home programs http://www.ncqa.org/tabid/631/Default.aspx)
- Electronic Prescribing incentive programs
  - Medicare http://www.cms.hhs.gov/EPrescribing/ ,
  - EazRx http://www.azhec.org/ePrescribingAZ.jsp
- Quality, value, safety, transparency initiatives reporting programs, including, but not limited to
  - CMS PQRI http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp
  - EPSDT http://www.azahcccs.gov/Regulations/OSPPolicy/Appendicies/appx_b.asp
  - HEDIS http://www.ncqa.org/tabid/855/Default.aspx
  - AHCCCS http://azahcccs.gov/Regulations/OSPpolicy/Appendicies/appx_b.asp
- Loans, grants, and partial subsidy programs for EHR adoption sponsored by facilities (e.g. hospital purchase programs), government (local, state and federal), and private organizations and foundations.

The solution, support and services must support deployment and operations for a **minimum of 500 practices** during the next 12 months. It is expected that the recommended Offeror will launch **3-5 mutually selected PACeHR Pilot practices within 30-60 days after award.**

The EHR solution to be delivered by the recommended vendor(s) will include, at minimum, the functionalities listed below as 'core modules,' specifically:

- Clinical notes (medical history, problem list, SOAP notes)
- E-Prescribing (medication list, allergies, interactions, AHCCCS and other managed care formularies, refills)
- E-Referrals (Continuity of Care Record (CCR) export and import, attachments)
- Interfaces with laboratory, radiology, hospital, and other mutually determined key service providers
- Standard and ad-hoc reporting modules (national and local measures)
- Practice management (integrated financial and administrative modules or interfaces with existing practice management systems)
- Health plan eligibility inquiry
- Patient portal

Note: Other functionalities may be considered 'core-eligible' if sufficient information and justification are provided by Offeror; however, the reference to 'core modules' in this document will remain consistent with the "Instructions" definition provided.

**Role of AHCCCS in PACeHR**

Support for **Purchasing Assistance Collaborative for Electronic Health Records** (**PACeHR**) **Program** start-up is provided by AHCCCS. This includes communications with interested providers and logistical support for the training and user group facilitation though PACeHR. It is anticipated that the recommended electronic health record (EHR) solution(s) will be integrated with Arizona's first operational health information exchange (HIE), the Arizona Medical Information Exchange (AMIE), which was launched as a Proof of Concept on September 29, 2008 (http://www.azamie.gov/). Implementing this integrated utility will significantly transform the quality, efficiency and effectiveness of healthcare delivery in Arizona by creating a foundation upon which to build a Patient Centered Medical Home (http://www.pcpcc.net/content/patient-centered-medical-home and http://www.ncqa.org/tabid/631/Default.aspx).

**ROLES AND RESPONSIBILITIES**

**Overview of Purchasing Assistance Collaborative for Electronic Health Records (PACeHR) Program Responsibilities**

- To identify Offeror(s) that can provide, maintain and support a hosted web-based EHR, meeting the requirements outlined in this document.
- To facilitate the process by which provider enters into contract with EHR Offeror(s).
- To approve deliverables and to facilitate issues resolution, including user ombudsman representation through PACeHR.
- To engage, maintain, facilitate and empower key stakeholders (including, but not limited to the organizations listed below) to participate in the selection, promotion and implementation of the recommended web-based EHR solution through PACeHR.

- To assist in the dissemination of recommended Offeror (s) information to providers, local chapters of the stakeholder organizations listed in Table 1, and to other stakeholders and collaborators, by mutually agreed upon means.
- To assist subscribers and members with maximizing availability of the health care Stimulus (American Recovery and Reinvestment Act) package.

**Table 1. Stakeholder Organizations in the Purchasing Assistance Collaborative for Electronic Health Records (PACeHR)**

| | |
|---|---|
| • Arizona Medical Association | • Arizona Osteopathic Medical Association |
| • American College of Physicians-AZ Chapter | • Arizona Academy of Family Physicians |
| • American Academy of Pediatrics- AZ Chapter | • Arizona Latin-American Medical Association |
| • Arizona Health Care Association | • Arizona Public Health Association |
| • American College of Obstetricians and Gynecologists- AZ Chapter | • Arizona Nurse Practitioners Council |
| • Arizona State Association of Physician Assistants | • Arizona Dental Association |
| • Arizona Health-e Connection | • Arizona Partnership for Implementing Patient Safety |
| • Medical Group Management Association-AZ Chapter | • Arizona Hospital and Healthcare Association |
| • Health Services Advisory Group | • Pima County Medical Society |
| • Maricopa County Medical Society | • AHCCCS health plans and contractors https://azweb.statemedicaid.us/healthplanlinks/searchresults.asp?type=2 |
| • | • Arizona Health Care Cost Containment System (AHCCCS) |

**Overview of Recommended Offeror(s) Responsibilities**

- To execute a mutually agreed-upon standard agreement with each practice, clinic or organization for services and products in exchange for the agreed-upon monthly fee.

- To execute a separate agreement for any optional or extra services that have been outlined in Offeror response and accepted by PACeHR.
- To provide a guaranteed monthly license fee for the specified time period(s) to interested providers for the EHR that meets SI specifications.
- To provide a discounted pricing arrangement for the specified time period for students, part-time clinicians, etc. (as defined in the Exhibit F – Pricing Schedule) for the web-based CCHIT-certified EHR.
- To provide a list of additional features to providers for a guaranteed price based on the web-based CCHIT-certified/eligible EHR.
- To provide PACeHR/agent with management and utilization reports specified in this Standardized Inquiry as mutually agreed upon, and upon request.
- To assist in getting signed an agreement permitting the transfer of mutually agreed upon data sets to the Health Plan (s), AHCCCS, and/or other entities and individuals as permitted by HIPAA.

**Overview of Provider's Responsibilities**

[Practice or Physician name] shall:

- Enter into the required contract with the recommended vendor for the EHR product offered through participation in this PACeHR.
- Pay the required EHR monthly licensing fees and any agreed upon customized acquisition and implementation costs for the product.
- Participate in a local health information exchange, e.g. Arizona Medical Information Exchange (AMIE).
- Sign an agreement permitting the transfer of mutually agreed upon data sets (reports) at mutually agreed upon intervals to the Health Plan (s), AHCCCS, and/or other entities and individuals as permitted by HIPAA.

PACeHR is interested in alternative pricing arrangements (e.g. per practice), and incentives for pilot practices and early adopters. Please provide as much detail as possible for any alternative and incentive proposals.

**1. Inquiries:**

1.1 Duty to Examine: It is the responsibility of each Offeror to examine the entire Standardized Inquiry, seek clarification in writing, and check its Offer for accuracy before submitting the Offer.

1.2 Standardized Inquiry Contact Person: Any inquiry related to standardized Inquiry, including any requests for or inquiries regarding standards referenced in the Standardized Inquiry shall be directed solely to the Standardized Inquiry Contact Person. The Offeror shall not contact or direct inquiries concerning this Standardized Inquiry to any other State employee.

1.3 Submission of Inquiries: The Standardized Inquiry Contact Person may require that an inquiry, to include exceptions, be submitted in writing. Any inquiry related to a Standardized Inquiry shall refer to the appropriate Standardized Inquiry number, page and paragraph. Do not place the Standardized Inquiry number on the outside of the envelope containing that inquiry, since it may then be identified as an Offer and not be opened until after the Offer due date and time.

1.4 Timeliness: Any inquiry, to include exceptions, shall be submitted as soon as possible and no later than the date noted on the cover page of this document. Failure to do so may result in the inquiry not being considered for a Standardized Inquiry Amendment.

1.5 No Right to Rely on Verbal Responses: Any inquiry that results in changes to the Standardized Inquiry shall be answered solely through a written Standardized Inquiry Amendment. An Offeror may not rely on verbal responses to its inquiries.

1.6 Standardized Inquiry Amendments: The Standardized Inquiry shall only be modified by a Standardized Inquiry Amendment.

1.7 Pre-Offer Conference: If a Pre-Offer Conference has been scheduled under this Standardized Inquiry, the date, time and location shall appear on the Standardized Inquiry cover sheet or elsewhere in the Standardized. An Offeror should raise any questions they may have about the Standardized Inquiry or the procurement at that time. An Offeror may not rely on any verbal responses to questions at the conference. Material issues raised at the conference that result in changes to the Standardized shall be answered solely through a written Standardized Amendment.

1.8 Persons with Disabilities: Persons with a disability may request a reasonable accommodation, such as a sign language interpreter, by contacting the Standardized Inquiry Contact Person. Requests shall be made as early as possible to allow time to arrange the accommodation.

**2. Offer Preparation:**

2.1 Forms: No Facsimile or Telegraphic Offers: An Offer shall be submitted either on the forms provided in this Standardized Inquiry or their substantial equivalent. Any substitute document for the forms provided in this Standardized Inquiry will be legible and contain the same information requested on the forms. A facsimile, telegraphic, mailgram or electronic mail Offer shall be rejected.

2.2 Typed Offer; Corrections: The Offer shall be typed. Erasures, interlineations or other modifications in the Offer shall be initialed in ink by the person signing the Offer. Modifications shall not be permitted after Offers have been opened except as otherwise provided under applicable law.

2.3 Evidence of Intent to be bound: The Letter of Intent from within the Standardized Inquiry shall be submitted with the Offer and shall include a signature by a person authorized to sign the Offer. The signature shall signify the Offeror's intent to be bound by the Offer and the terms of the Standardized Inquiry and that the information provided is true, accurate and complete. Failure to submit verifiable evidence of intent to be bound, such as an original signature, may result in rejection of the Offer.

2.4 Subcontracts: Offeror shall clearly list any proposed subcontractors and the subcontractor's proposed responsibilities in the Offer.

2.5 Cost of Offer Preparation: PACeHR will not reimburse any Offeror the cost of responding to a Standardized Inquiry.

2.6 Standardized Inquiry Amendments: Each Standardized Inquiry Amendment shall be signed with an original signature by the person signing the Offer, and shall be submitted no later than the Offer due date and time. Failure to return a signed copy of a material Standardized Inquiry Amendment may result in rejection of the Offer.

2.7 Disclosure: If the Offeror, business or person submitting this Offer has been debarred, suspended or otherwise lawfully precluded from participating in any public procurement activity, including being disapproved as a subcontractor with any federal, state or local government, or if any such preclusion from participation from any public procurement activity is currently pending, the Offeror shall fully explain the circumstances relating to the preclusion or proposed preclusion in the Offer. The Offeror shall include a letter with its Offer setting forth the name and address of the governmental unit, the effective date of this suspension or debarment, the duration of the suspension or debarment, and the relevant circumstances relating to the suspension or debarment. If suspension or debarment is currently pending, a detailed description of all relevant circumstances including the details enumerated above shall be provided.

2.8 Standardized Inquiry Order of Precedence: In the event of a conflict in the provisions of this Standardized Inquiry, the following shall prevail in the order set forth below:

2.8.1 Statement or Scope of Work
2.8.2 Exhibit E - Specifications and Requirements Questionnaire
2.8.3 Exhibits A, B, C, D, F, and G
2.8.4 Instructions to Offerors
2.8.5 Attachments

2.9 Delivery: Unless otherwise stated in the Contract, all prices shall be F.O.B. Destination and shall include all delivery and unloading at the destination.

**3. Submission of Offer:**

3.1 Sealed Envelope or Package: Each Offer shall be submitted to the submittal location identified in this Standardized Inquiry, in a sealed envelope or package that identifies its contents as an Offer and the Standardized Inquiry number to which it responds. The appropriate Standardized Inquiry number shall be plainly marked on the outside of the envelope or package.

3.2 Offer Amendment or Withdrawal: An Offer may not be amended or withdrawn after the Offer due date and time.

3.3 Public Record: Under applicable law, all Offers submitted and opened are public records and must be retained by AHCCCS. Offers shall be open to public inspection after Contract award.

3.4 Non-collusion, Employment, and Services: By signing the Letter of Intent or other official contract form, the Offeror certifies that:

3.4.1 It did not engage in collusion or other anti-competitive practices in connection with the preparation or submission of its Offer.

3.4.2 It does not discriminate against any employee or applicant for employment or person to whom it provides services because of race, color, religion, sex, national origin, or disability, and that it complies with all applicable federal, state and local laws and executive orders regarding employment.

**4. Evaluation:**

4.1 Unit Price Prevails: Where applicable, in the case of discrepancy between the unit price or rate and the extension of that unit price or rate, the unit price or rate shall govern.

4.2 Taxes. Arizona transaction privilege and use taxes shall not be considered when evaluating Offers.

4.3 Late Offers: An Offer submitted after the exact Offer due date and time shall not be reviewed with the initial offers.

4.4 Disqualification: The Offer of an Offeror who is currently debarred, suspended or otherwise lawfully prohibited from any public procurement activity shall be rejected.

4.5 Offer Acceptance Period: An Offeror submitting an Offer under this Standardized Inquiry shall hold its Offer open for the number of days from the Offer date that is stated on the Letter of Intent.

4.6 Waiver and Rejection Rights: Notwithstanding any other provision of the Standardized Inquiry, AHCCCS reserves the right to:

4.6.1 Waive any minor informality
4.6.2 Reject any and all Offers or portions thereof
4.6.3 Cancel the Standardized Inquiry

**5. Award:**

5.1 Number of Recommendations: Where applicable, this entity reserves the right to make multiple recommendations.

5.2 Acceptance: An Offer does not constitute a Contract nor does it confer any rights on the Offeror to the award of a Contract. A Contract is not created until the Offer is accepted in writing as a recommended offer.

5.3 Effective Date: The effective date of the recommendations shall be stated in the recommendation.

**6. Confidential Information:**

No information submitted by the Offeror in this Standardized Inquiry will be held confidential. Any patient information must be de-identified.

**7. Electronic Documents:**

AHCCCS, on behalf of entity, may provide an electronic version of this procurement document. Any unidentified alteration or modification to the original document (or to any Exhibit contained therein) issued by entity shall be null and void. In those instances where modifications are identified, the original document issued by the State shall take precedence.

**8. Offer Opening:**

Offers shall be opened on the date and time, and at the place designated on the cover page of this document, unless amended in writing by the state agency issuing the Standardized Inquiry.

**9. Offeror's Contacts:** All questions concerning this Standardized Inquiry, including technical specifications, offer process, etc. shall be directed to the Standardized Inquiry Contact Person, identified on the first page of this Standardized Inquiry document. All questions shall be in writing and submitted either via e-mail (preferred) or telefax. **Questions should be submitted using this Standardized Inquiry's Question and Response form that is available on the AHCCCS website at: http://azahcccs.gov/Contracting/RFI.asp**

Contact information is found on the front page of this Standardized Inquiry. Offerors may not contact other AHCCCS employees concerning this Standardized Inquiry.

**10. Evaluation Criteria/Summary:** Listed below is a summary of the requirements and specifications identified in this document for the PACeHR, in order of importance for evaluation purposes (most to least). The evaluation process will consider the degree to which each response meets/exceeds these

requirements/specifications and will follow a pre-determined evaluation process. The award(s) will be made to the responsible Offeror whose offer is determined to be the most advantageous to PACeHR.

10.1 Functional Requirements
10.2 Pricing
10.3 Presentation/Demonstration *
10.4 Technical Specifications
10.5 Implementation Plan and/or Project Work Plan
10.6 Training Plan
10.7 Corporate Experience
10.8 Key Personnel Experience
10.9 Other Value Added Services

* Only finalist Offerors will be required to deliver an oral presentation and demonstration and be subject to reference checks.

**11. Evaluation Factors**

11.1 **Functional Requirements**: Points will be awarded based on an evaluation of the quality of the products and services proposed and upon the thoroughness, and applicability of the response to the specifications.

11.2 **Pricing**: Points will be awarded based on the components identified on the Pricing Schedule.

11.3 **Presentation/Demonstration**: Points may be earned by an Offeror selected to present their offer and demonstrate the proposed software to the Evaluation Panel. The quality and breadth of the system functional capabilities and ease of use as well as the demonstrated knowledge and ability of key personnel will be the primary evaluation factors.

11.4 **Technical Specifications**: Points will be awarded based on an evaluation of the quality of the products and services proposed and upon the thoroughness, and applicability of the response to the specifications.

11.5 **Implementation Plan and/or Project Work Plan**: Points will be awarded based on the quality of Offeror's Implementation Plan (refer to the "Implementation Plan" component of the "Offeror's Specifications and Requirements" portion of the Questionnaire), how well organized and detailed the plan is, how it addresses contingencies, the degree of the Offeror's staff support, the efficiency of the plan, the use of contractor and agency resources, and quality control.

11.6 **Training Plan**: Points will be awarded based on an evaluation of the thoroughness and applicability of the response to the specifications (refer to the "Training Plan" component of the "Offeror's Specifications and Requirements" portion of the Questionnaire) including the thoroughness of the plan and the quality of the proposed materials and examples provided in the offer.

11.7 **Corporate Experience**: Points will be awarded based on evaluation of the Offeror's experience, and their success in providing a system that meets the specifications of the system outlined in this SI.

11.8 **Key Personnel Experience:** Points will be awarded for relevant experience of key personnel based upon the resumes and experience narratives submitted. Documented work experience on similar systems will be evaluated more favorably than experience with non-related systems.

11.9 **Other Value Added Service**: Points will be awarded based on an evaluation of the applicability and merit of the Offeror's proposed value added services or options.

**12. Offer Information:** Offeror is to submit their offer with one (1) original and six (6) copies [for a total of SEVEN (7) sets] in the format as contained in this SI. **The original of the offer should be clearly labeled "ORIGINAL."** The binders submitted shall be clearly identified on the **front and spine** of each binder.

**Offeror shall also submit seven (7) C.D.s or seven (7) USB flash drives of their entire offer. The material should be in sequence and related to the SI.** AHCCCS will not provide any reimbursement for the cost of developing or presenting offers in response to this SI. Failure to include the requested information may have a negative impact on the evaluation of the Offeror's offer.

**13. Additional Information**: The Offeror may submit any other pertinent information which would substantiate the Offeror has the experience, expertise and capability to provide the required services. Please list these on the "Offeror's Checklist."

**14. Offeror's References**: References should be verifiable and be able to comment on the Offeror's related experience. The Offeror should submit, at a minimum, three (3) professional services references (Exhibit C, "Offeror's References") which would demonstrate the Offerer possesses an understanding and the experience in providing the required service. Since the references of the finalists may be checked, insure all information is current, accurate and prior permission to use is obtained from each reference. This information may be shown on the form attached in the Exhibit Section of this document, or in a similar manner.

**15. Offeror's Financial Disclosure**: The Offeror must complete the Exhibit D, "Offeror's Financial Disclosure."

**16. Offeror's Checklist**: The Offeror must complete the "Offeror's Checklist."

**17. Offeror's Responsibility:** The Offeror is cautioned that it is the Offeror's sole responsibility to submit information related to the evaluation categories. Failure of the Offeror to submit such information may cause an adverse impact on the evaluation of the Offeror's offer.

**18. Clarifications:** Clarifications may be requested from Offerors at any time after receipt of offers. Clarifications may be requested orally or in writing. If clarifications are requested orally, the offeror shall confirm the request in writing. A request for clarifications shall not be considered a determination that the Offeror is susceptible for award.

**19. Offeror Demonstrations**: Offerors who are finalists must demonstrate their product in Phoenix, AZ to the Evaluation Panel at a site specified. Any special equipment configuration requirements, including Internet connections, webex links, conference/dial-in phone lines, or other Offeror needs must be stated in the Offeror's offer and must be listed in the List of Demonstration Needs noted in the Offeror's Checklist.

Each Offeror will be given a maximum of one (1) hour for setup, and each presentation and demonstration will be limited to three (3) hours in duration.

To ensure that Offerors have an equal opportunity for adequate preparation, the demonstration agenda will be distributed to all finalists prior to the demonstrations. Scenarios to be presented will be based on AHIC Use Cases for Medical Home and Prior Authorization which can be found at http://www.hhs.gov/healthit/usecases but may also contain independent questions raised by the Evaluation Panel during the demonstration. The Evaluation Panel may, at its option, request that an Offeror demonstrate any function, product, or system capability included in the Offeror's Standardized Inquiry (SI).

In addition, Offerors agree to provide the Evaluation Panel the opportunity to interview proposed staff members identified by the Evaluation Panel in the finalist notification letter at the session. The Offerors proposed project manager is expected to conduct the session.

Offerors are not permitted to bring any marketing items or raffle any items during these Offeror demonstrations.

The evaluation committee and AHCCCS reserve the right to negotiate with any Offeror. Upon conclusion of negotiations, the Offeror must submit a best and final offer.

**20. Additional Information for Submittal of Offer:**

20.1 It is the responsibility of each Offeror to insure their offer is delivered to AHCCCS by the due date and time.

20.2 AHCCCS is not responsible for supplying boxes, envelopes, tape, etc. to Offerors at time of offer delivery.

20.3 When submitting your offer to AHCCCS, insure your Offeror name and the Standardized Inquiry number is clearly marked on the outside of the envelope/package.

Complete the following table with information on your key organizational personnel.

- For those individuals who will be primary leaders for this account, indicate by placing an 'X' in the Key Organizational Leader column.
- For those individuals who will be key implementation resources, indicate by placing an 'X' in the Key Implementation Resource column.

- *Resumes for the key implementation team resources should be submitted with Exhibit B.*

- *Also, the project manager must adhere to the rules noted in the Instructions to Offerors.*

| NAME OF KEY OFFEROR RESOURCE | KEY ORGANIZATIONAL LEADER | KEY IMPLEMENTATION RESOURCE | TITLE |
|---|---|---|---|
| | | | |
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Offers must provide resumes and experience narratives of each key person **who will be assigned to the project, if awarded**. Key personnel include the project manager, lead subject matter expert(s), lead technician(s) and lead trainer(s). They may be Offeror employees or employees of subcontractors. The document experience should specifically include a description of work in the implementation of similar projects. Each resume should, at a minimum, contain the following information:

1.1 Name of person

1.2 Proposed position for offered service

1.3 Position currently held in Offeror's organization

1.4 Number of years with Offeror's organization

1.5 Number of years experience providing services being requested by this Standardized Inquiry

1.6 Job related training

1.7 Education

1.8 Qualifications

1.9 Previous related experience with large local, state or federal government agencies

1.10 Certifications

1.11 Membership in professional organizations

1.12 Primary functions person will fulfill under this Contract

1.13 If person will not be assigned exclusively to this Contract, what percentage of time will person are assigned to this Contract

1.14 Any additional information which would substantiate the key person possesses the experience, expertise, and knowledge to provide the proposed services

Offers must include a minimum of three external subscriber references from subscribers who received similar services within the last five years. One reference must be a customer site that has been in production use for two – three years. One reference must be a customer site that has been a recent implementation in the past six to twelve months. References should be verifiable and should be able to comment on the Offeror's experience as it relates to the product and information requested in this document. Each reference should provide at least the following information:

- Name, address (email and mailing) and telephone number of Contracting Agency or Organization
- Contact Person's name, address (email and mailing), and telephone number for verification of all information submitted
- Location, type, and dates of services provided
- Name of all key personnel and sub-contractors used
- Start and completion date of work performed
- Detailed written narrative of the specific services included

Offeror is encouraged to include additional references that they believe the Evaluation Panel would find helpful in thoroughly evaluating their Standardized Inquiry (SI) offer.

| AHCCCS | Exhibit D – Offeror's Financial Disclosure | | AHCCCS<br>Arizona Health Care Cost Containment System |
|---|---|---|---|
| | NO.: **YH09-0024** | PAGE 24 | 701 East Jefferson, MD 5700 |
| | Standardized Inquiry | OF 64 | Phoenix, Arizona 85034 |

Complete each item, using attachments where necessary. If attachments are used, indicate the item number and question being referenced as it appears below.

| | | YES | NO |
|---|---|---|---|
| A. | Does the Offeror's organization prepare a public annual financial statement? | | |
| B. | Is your organization audited by an independent auditor?<br>IF YES, ANSWER 1 through 4. | | |
| | 1. How often are audits conducted? | | |
| | 2. By who are they conducted? | | |
| | 3. Are management letters or internal controls issued by the auditing firm? | | |
| | 4. Does your organization have any uncorrected audit exceptions? | | |
| | 5. Are there any suits, judgments, tax deficiencies or claims pending against your organization? **IF YES, ANSWER a AND b.** | | |
| | a. What is the dollar amount? | | |
| | b. In which state(s)? | | |
| C. | Has the Offeror's organization ever gone through bankruptcy? | | |

D. Please provide additional Offeror's organizational history and background of the company, including year or incorporation, years in business, other major dates/info (such as acquisitions, mergers).

E. Describe the ownership of the company, identifying significant owners, investors or stockholders. List the parent company and address.

F. Provide a financial overview of the company for the past three fiscal years, including audited financial statements. Included what is available for the current year (such as public company forward-looking forecasts).

G. Provide the number of unit sales for the last three fiscal years for each of the products covered in this [information query].

H. Provide the names and brief biographies (including company tenure) for the firm's senior management team.

I. Describe the company's vision over the next several years, market base, product mix and direction.

1. Instructions: This section of the request contains the questions Offerors are required to answer, in the context of the Scope. Questions must be answered in the format requested. **Unless otherwise specified, Offerors must respond in a concise narrative form explaining how they meet the specifications/requirements.** Please answer each question completely, concisely, and accurately. Submission of literature or responses in a different format will be deemed unresponsive. Failure to provide appropriate data in appropriate format will eliminate the evaluation of this Standardized Inquiry (SI).

**This exhibit is divided into 4 sections:**

**A. Functional Specifications and Requirements;**
**B. Technical Specifications and Requirements;**
**C. Offeror Specifications and Requirements; and**
**D. Special Specifications and Requirements.**

## *A. FUNCTIONAL SPECIFICATIONS AND REQUIREMENTS*

### 1. Certification Commission for Healthcare Information Technology (CCHIT) ( http://www.cchit.org/)

**Certification status and plans:**

The proposed product offering must be CCHIT certified in 2007 and/or 2008 and must at all times maintain a CCHIT certification within the most recent two years for the duration of the contract (e.g. if the contract is extended, during calendar year 2013, the offering must have CCHIT certification at least as recent as 2011).

a. Is your product CCHIT certified?

   If yes, when was the CCHIT certification received in 2007 and/or 2008? (Please provide a copy of the CCHIT certification from 2007 and/or 2008 in your response.)

b. If no, what are your plans to become CCHIT certified? What is the anticipated date for receipt for your product's CCHIT certification?

c. If you have no current plans to become CCHIT certified, please specify why certification is not being pursued?

**2. Master Patient Index:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

.

a. Does your product support an Enterprise Master Patient Index to track a patient across an integrated or disparate group of health providers and clinics?
   If yes, please respond to the sections below.
b. Specify the Enterprise Master Patient Index matching logic.
c. Specify the Enterprise Master Patient Index ability to capture and update patient information easily.
d. Specify the support of standard demographic information as well as user-defined fields.
e. Does the Enterprise Master Patient Index use online checks to verify information is accurate?
f. Does the Enterprise Master Patient Index include the ability to record eligibility information and insurance coverage?
g. Does your product support third party Enterprise Master Patient Indexes and if so, which ones have you deployed in production environments?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**3. Order Entry and Results Reporting:**

*Does your product meet the following requirements? Respond with 'yes' or 'no' next to each requirement.*

.

a. Support of order entry for diagnostics, including laboratory tests, radiology, and others is integrated with the patient's medical record and the practice workflow?
b. Support user's entry of orders online and ability to view results online?
c. Support the notification of the availability of results, abnormal results, or late results with automatic routing of the notifications to the appropriate user?
d. Support the use of order status updates in a bi-directional mode?
e. Is there a limit to the number of user-defined fields?
   If yes, specify the number of user-defined fields allowed.
f. Support the configuration and on-line viewing of orders and associated rules and compliance factors?
g. Support the ability to enter orders to support the various practice workflows for primary and referring care providers. Please specify the order notification process for primary and referring care providers?
h. Support the configuration of Order Sets that can easily be identified (e.g. Favorites) and executed?
i. Support the entry of current and future orders?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**4. Clinical Documentation:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Support the use of multiple documentation modes of entry options (e.g., templates, free text, menus/drop downs and macros, dictation, voice recognition, handwriting recognition)?
b. If yes, please specify the document modes of entry that your product supports.
c. Support the use of clinical documentation entry through various modes:
    1. Structured text?
    2. Menus and/or "drop-downs"?
    3. Lists with options and ability to check options that apply?
d. Support automatic clinical documentation updates to the database?
   Specify the requirements and process for the occurrence of the automatic updates.
e. Support clinical documentation updates to the product's database initiated by a manual save, sign, or commit?
f. Support the integration of biomedical devices and medical devices (defined as patient data would automatically be sent from the biomedical/medical device to the product's database)?
g. Does the product require end user intervention (e.g. Accept or Acknowledge) to commit the biomedical and medical device patient data to the product's database?
h. If manual intervention of biomedical and medical device patient data is not required, please specify the rationale for this design.
i. Does the product support configuration of clinical documentation screens, templates, forms, and clinical content by the end-user or analyst?
j. Support audit capabilities for clinical documentation data elements:
    1. By function or menu selected?
    2. By end user?
    3. By date and time of the initial entry or update?
k. Support electronic visit (e-visit) communication and documentation? Please describe.
l. Describe your product's audit capabilities and process.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**5. Specialized Clinical Applications:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

**a.** Does your product support specialized applications or clinical content, or have such applications in development, including, but not limited to: pediatrics (child health), obstetrics, gynecology, dental (oral health), case management, long term care, and behavioral health, any medical and surgical subspecialties?

Describe the status and history of each specialty application (development or acquisition, certification, including CCHIT specialty modules, and status of any in process).

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**6. Evaluation and Management (E&M) Coding:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does the product support automatic calculation of E&M code based on clinical documentation and current guidelines?
b. Does the product support ability for clinicians to override the calculated code if necessary?
c. Does the product support e-visit coding and billing?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**7. Electronic Prescribing:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product meet Centers for Medicare and Medicaid) CMS criteria (http://www.cms.hhs.gov/EPrescribing/) including integrated ability to electronically prescribe medications and receive refill requests from pharmacies using generally accepted interfaces (e.g. RxHub/SureScript?
b. Does your product include:
    1. Configurable drug–interaction alerts?
    2. Real-time formulary information? Tiers, co-payments and/or co-insurance information?
    3. Eligibility checks?
    4. Prior authorization criteria (including step therapy and other edits that impact prescribing)?
    5. Display of prior authorizations?
    6. Complete medication history from retail and mail order pharmacies, including unrestricted display of information at the prescriber level?
    7. Ability to print patient prescriptions (for scheduled medications and if e-prescribing connectivity is not operational)?
    8. Ability to print patient prescriptions on tamper-proof paper if required?
c. Does your product provide the capability to implement e-Prescribing with the initial deployment of the product for practices using e-prescribing as a bridge to full EHR deployment? If no, please provide detailed explanation.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**8. Online Tracking:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Are laboratory results, vital signs, and growth parameters available to view online?
b. Can patient information be viewed over selected date ranges or filtered by user-selected criteria? Please specify the filtering criteria available.
c. Can patient information and data be compared with standard parameters, such as normal values?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**9. Referral Ordering and Tracking:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product generate and track referrals online, including CCR extract and attachments?
b. Does your product provide the ability to check and verify the status of referrals?
c. Does your product provide the process for maintenance and integration of health plan preferred providers and prior authorization processes?
Please specify how this works.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**10. Continuity of Care Record (CCR):**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product provide standard CCR import and exports, problem lists, medication lists, vital signs, health maintenance goals?
b. Does your product integrate notes, images, test results and related information from other source systems via interfaces/integration?
Please specify examples of these interfaces.
c. Does your product support Continuity of Care Document (CCD) capabilities?
Please provide examples.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**11. Document Management:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support document management including the ability to scan, store, and index images and information?
b. Does your product support the ability to integrate these documents as part of the continuity of care record (CCR)?
c. Describe the document management indexing capabilities for scanned documents and images. What are the primary indexing and selection criteria for retrieval of documents?
d. Does your product support nationally accepted standards for viewing images and digital film?
e. Does your product support the integration of digital documents and images?
f. Describe how the scanned images and documents are routed based on the workflow procedures of the practice.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**12. Practice Management System (PMS):**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support seamless integration between the EHR modules and the PMS modules?
b. Describe how your product integrates the databases between the EHR and PMS modules, including presence or absence of one, common, unified database architecture.
c. Does your product support integration of the EHR with foreign PMS systems? Describe how the integration of these products works.
d. Does your product support common reporting capabilities with your EHR and foreign PMS systems? Describe how this works.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**13. Scheduling:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support integrated, rules-based scheduling features?
    1. For patient appointments?
    2. For scheduling of resources, e.g., exam rooms, equipment?
    3. For e-visits?
b. Does your product allow, at subscriber's option, automatic blocking of "double booking"?
c. Does your product provide the ability to configure practice-specific rules governing scheduling?
d. Does your product support patient self-scheduling for traditional visits and procedures, as well as other Patient Centered Medical Home models such as group visits, open access appointments, and virtual or e-visits?
e. Does your product allows viewing of patient and provider schedules, by:
    1. Current day?
    2. Monthly views?
    3. Other options – please specify?
f. Does your product provide scheduling utilization and patient monitoring and surveillance reports?
    1. To follow patient treatment plans?
    2. To track patients keeping their appointments? No Shows?
    3. Please provide examples of standard reports.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**14. Patient Portal and Personal Health Records (PHR)**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support a uni or bi-directional secure messaging system for patients ("patient portal") that permits secure notification, communications and self-help functions, e.g. patient is provided access to reviewed and appended laboratory and other test results, patient reminders, and patient appointments/schedules? If so, specify the types of information your product is capable of providing through a patient portal?
b. Does your product support a patient-accessible, electronic personal health record (PHR)?
c. Does your product provide a secure method:
    1. For patients to view their medical records?
    2. For patients to contact their physicians?
    3. For patients to receive their diagnostic test results?
    4. For patients to add additional health information.
d. Does your product support the HIPAA privacy and security requirements?
   Please specify compliance with HIPAA privacy and security requirements? Provide examples.
e. Does your product support audit capabilities for tracking updates to the Personal Health Record?

1. For patient viewing?
2. For patient record updates? Specify the level of audit tracking:
   a) At the patient record level?
   b) At the patient function level?
   c) At the patient discreet data element level?
3. Are all updates date and time stamped for audit tracking purposes?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**15. Automated Charge Capture:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support for online capture of charge information and transmission to a central billing system through the clinical documentation function?
b. Does your product support for online capture of charge information and transmission to a central billing system through the order entry function?
c. Does your product support the manual entry of patient charge information and transmission to central billing systems?
d. Does your product transmit charges individually or in batch on a real-time basis?
e. Does your product transmit charges on a batch basis as well?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**16. Billing and Payment:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support the ability to accept payment (cash, check, credit card) at time of service?
b. Does your product support:
   1. Patient receipts generation?
   2. Tracking of co-pays?
   3. Tracking of insurance payments?
   4. Tracking of patient balances?
c. Does your product support the tracking of all activity on a patient's account:
   1. Including history?
   2. Insufficient payments?
   3. Overdue payments?

4. Payment adjustments?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality. and timeframe for availability.*

**17. Claims Processing:**

*Does your product meet the following requirements? Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support management of third party claims?
b. Does your product support the tracking of third party claims?
c. Does your product support the tracking of third party reimbursements?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**18. Claims Posting:**

*Does your product meet the following requirements? Respond with 'yes' or 'no' next to each requirement.*

a. Does your product allow for the posting of real time payments?
b. Does your product allow for the posting of batch payments?
c. Does your system provide reporting capabilities on the posting of payments?
    1. Scheduled payments?
    2. Late Payments due?
    3. Others – please specify.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**19. CAQH ( www.CAQH.org) CORE Standards:**

*Does your product meet the following requirements? Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support and adhere to CAQH CORE standards (www.CAQH.org)?
b. If yes, please describe.
c. If no, please describe plans for participation and adoption of CORE I standards.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**20. Eligibility and Coverage:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

Ability to request, verify and track health plan eligibility.

a. Does your product support on-line eligibility and coverage queries with third party health plans?
b. Does your product support on-line eligibility and coverage verifications with third party health plans?
c. Does your product support on-line eligibility and coverage queries with AHCCCS?
d. Does your product support on-line eligibility checking through the AHCCCS existing eligibility clearing house provider, Emdeon?
e. Does your product support on-line eligibility checking with other eligibility clearinghouse providers? If yes, provide a list of existing eligibility clearinghouse providers
f. Describe how your product handles AHCCCS eligibility checking for AHCCCS providers and those providers not permissioned to query for AHCCCS eligibility, i.e. non-AHCCCS providers.
g. Can your product incorporate hyperlinks to AHCCCS websites (see https://azweb.statemedicaid.us/LearnMore.asp) to provide access to AHCCCS Medicaid eligibility and benefits information?
h. Describe how your product integrates logic for health plan requirements such as:
    1. Prior authorizations?
    2. Referrals?
    3. Electronic prescribing?
    4. Clinical decision support?
i. Does your product support AHCCCS on-line eligibility and coverage verification? If yes, please describe the proposed process.
j. Does your product support real-time integration of eligibility tracking between your EHR and the third party health plan?
    1. Does your product support active integration?
    2. Does your product support passive integration?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**21. Messaging:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement*

a. Does your product capture and route messages based on user-defined rules and practice policies?

b. Does your product automatically document:
    1. Messages?
    2. Phone consultations?
    3. Electronic visits?
    4. Other items requiring a user's attention?
c. Does your product support proxy notifications?
d. Does your product support interfaces with electronic messaging systems, including e-mail (e.g., Microsoft Outlook)? Describe how this integration functions, including standard protocols and specifications.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**22. Interfaces:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement*

a. Does your product support nationally recognized interface and messaging standards:
    1. CCOW
    2. DICOM
    3. HL7 V2
    4. HL7 V3
    5. X12
    6. XML
    7. Others – specify any other integration standards that your product supports

b. Does your system support the ability to exchange data reliably and securely with outside entities?

Please complete Exhibit G - Interface Matrix to include current interfaces and the name, address and telephone and/o r email contact for the interface target liaison with your organization.

Type of interface, e.g.

- Laboratory systems
- Laboratory services providers
- Radiology systems
- Radiology service providers
- Hospital Information Systems (HIS)
- Biomedical and medical devices
- Pharmacy benefits managers (PBM)
- Practice management systems
- Educational media
- Other EMRs

- Other systems

- Name of interfaced system – Offeror source system, product/solution name, and version level
- Is the interface bi-directional or uni-directional?
- Specify the other interface details:
  - Type (standard HL7, XML, other?
  - Liaison Contact information (name, address, phone, email address)

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**23. Remote Access:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product allow licensed users remote access?
   1. For viewing patient records?
   2. For updating patient records?
b. Define your products remote access devices supported?
   1. Handheld devices – specify brand and model number?
   2. Other devices – specify?
c. Does your product support remote wireless and web access?
d. Does your product's remote access meet HIPAA privacy and security requirements?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**24. Electronic Fax:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product provide the ability to generate and send patient information faxes electronically through the EHR?
b. Does your product provide the acknowledgement of receipt of faxes? Batch and/or individual?
c. Does your product provide non-acknowledgement for errors with fax transmissions?
d. Provide a list of fax machines supported by your e-faxing functionality.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality. and timeframe for availability.*

**25. Automated Rules and Alerts:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product provide abnormal value notifications?
b. Does your product provide alerts with appropriate notifications?
c. Does your product provide follow up reminders? Does your product provide the ability to configure practice and/or patient-specific alerts?
d. Does your product provide the ability for alerts to be sent via email, printer, fax, or pager?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**26. Other Clinical Decision Support Tools:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement*

a. Does your product provide evidence based medicine content for decision support tools and other needs? E.g., Zynx, others – please specify.
b. Does your product provide for the use of real-time decision support tools at the point of clinical documentation and/or order entry?
   Describe the process and skills required to develop the various decision support rules and alerts.
c. Does your product provide flexible reporting tools, including standard reports and the ability to create and store customized reports?
d. Does your product provide the ability to develop queries using menu-driven options or other automated tools?
   Please specify the tools or capabilities provided.
e. Does your product provide the ability to analyze:
   1. Practice populations?
   2. Quality of care and resource utilization?
   3. Benchmarks according to mutually agreed upon parameters?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**27. Metrics and Reports:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product provide the ability to generate standard reports based on standard quality, safety and efficiency measures? Please specify a list of your standard quality and safety measures reports based on health plan, state, and other relevant patient sub-populations?
b. Does your product support national and mutually agreed upon local standard reports for the following:
    1. E-Prescribing incentive programs (AHCCCS, EAZRx and Medicare)? (http://www.cms.hhs.gov/EPrescribing/)
    2. Patient Centered Medical Home programs? (http://www.ncqa.org/tabid/631/Default.aspx)
    3. Quality, safety and efficiency reporting programs? CMS PQRI (http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp)
    4. EPSDT (http://www.azahcccs.gov/Regulations/OSPPolicy/Appendicies/appx_b.asp)
    5. HEDIS (http://www.ncqa.org/tabid/855/Default.aspx)

c. Does your product provide the capability to extract a pre-determined set of clinical data and deliver to authorized entities?
d. Does your product provide the capability to generate custom defined measures and outcome reports?
e. Describe your product's report writer tool and skills needed to generate reports.
f. Does your product allow for reports to be generated on:
    1. On-demand basis?
    2. Scheduled basis – manual reports?
    3. Scheduled basis – automatic transmission? (e.g., FTP to recipient on a scheduled basis)?

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**28. Provider Dashboard:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement*

a. Does your product support a customized task list to assist users in tracking and managing:
    1. Daily activities?
    2. Outstanding tasks?
    3. Clinical events?
    4. Communications?
    5. Priorities?
b. Does your product provide workflow management tools?
    1. Describe the workflow methodology and tools available.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**29. Financial Reporting:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product provide standard and ad hoc tools to track:
    1. Financial status of clinician or provider?
    2. Financial status of the practice?
    3. Financial status of the multi-entity practice?
    4. Financial status of the enterprise (if applicable.)?
b. Does your system provide the ability to summarize accounts receivable and revenues based on:
    1. Practice service lines?
    2. Practice historical trends?
    3. Other criteria – please specify and/or provide examples.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**30. Security:**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Describe HIPAA compliance overview.
b. Does your product require the use of user names and passwords for user authentication and structured access privileges?
c. Does your product provide role-based user access?
d. Does your product support the logging of access to patient information and financial information?
e. Does your product provide data access audit trails?
    1. For inquires?
    2. For record updates?
f. Does your product support multiple authentication mechanisms?
    1. Biometrics?
    2. Identification/Swipe cards?
    3. User-defined PINs (personal identification numbers)?
    4. Other mechanisms – please specify.
g. Does your product support for data encryption:
    1. At the database level?
    2. At the user level?

3. At the device level?
4. At the data transmission level?
5. Other levels – please specify.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

**31. Electronic Discovery (e-discovery):**

*Does your product meet the following requirements*? *Respond with 'yes' or 'no' next to each requirement.*

a. Does your product support e-Discovery capabilities for Holds on patient, financial, or other data? For patient restricted information, e.g. behavioral health, HIV, etc.?
b. Does your product support tracking of Holds once the organization has received the Hold notifications?
c. Does your product support sequestering of data once a hold has been required?
d. Does your product support sequestering of data:
    1. Within your product solution?
    2. Provide solutions external to your product?
        a. If, yes, please specify the solutions.
        b. If yes, how is the data extracted to the external solutions?
    3. Describe the level of data available for sequestering?
e. Provide any additional information related to your product's e-discovery capabilities.

*If your system does not meet the above requirements, please specify why your product does not meet these requirements or if there are plans to develop this functionality and timeframe for availability.*

***B. TECHNICAL SPECIFICATIONS & REQUIREMENTS***

**For each item noted in this section, please provide a succinct but complete response that addresses each point / specification. For those items that cannot be met at the time of the Offeror's response, please identify the timeline and plan for development to meet that item.**

**1. Deployment Requirement:**

a. Does your product provide web-enabled applications and support technology?
b. Does your product offer a hosted web-based model?
c. Define the hardware configurations and requirements for both PCs and peripherals (printers, scanners, mobile devices, etc.).
   Provide specifications for all hardware required or optional.
d. Define internet access requirements (include uploading and downloading recommended speeds) based on user volume.
e. What other deployment requirements for a provider's practice to achieve optimal performance of your web-based product?
f. Define the versions for the following software required and/or supported:
   i. Required Operating System: Microsoft xx
   ii. Supported Operating Systems: Microsoft Windows
   iii. Required Internet Explorer Version
   iv. Supported Internet Explorer Version
   v. Define any other software required for practices and/or remote access.

g. Does your product support Microsoft Vista?
   i. If yes, provide a list of requirements.
   ii. If minimum requirements are not met, specify the list of issues and impacts anticipated.

h. Does your product provide remote workstation and peripheral device monitoring, troubleshooting and problem resolution for subscriber's devices?

   If no, please provide the best practice examples of how subscribers manage their device environments for monitoring, troubleshooting, and problem resolution.

   If no, does your organization recommend any alternative solutions to assist subscribers in their device management?

i. Please specify other hardware, software, third party, other technical requirements including third party applications (product and version) not indicated.

j. Include acquisition recommendations for above required products included justifications and expected capital (one-time) and operating (ongoing support) costs.

k. Specify the technology requirements for remote access:

i. Device and peripherals requirements
ii. Wireless connectivity to laptops, workstations, PDA's (personal digital assistants)
iii. Provide specifications and/or requirements for access security provisions and encryption.
iv. Provide specifications and/or requirements for compliance with HIPAA privacy and security needs.
v. Provide specifications and/or requirements for performance monitoring – application, system, and network (if applicable).
vi. Provide specifications and/or requirements for capacity monitoring – application, system, and network.

Please reference the FAQ response provided in the Attachment for information previously provided to practices regarding the AZ EHR CPP system requirements.

**2.** The collaterals disseminated to the provider community included system requirements (Attachment FAQs). If your system requirements exceed these, please specify those additional requi**rements.**

| | |
|---|---|
| *Internet Browser:* | *Internet Explorer 7; Mozilla Firefox 2.0; Safari 3.0* |
| *Broadband Internet access* | *Cable or DSL)* |
| *Computer Processor:* | *Intel® Pentium® 4 Class* |
| *Operating Systems:* | *Microsoft XP; Apple OS X* |
| *Memory:* | *1 GB (RAM); 30 GB hard drive* |
| *Display:* | *Super VGA (800 X 600)* |
| *Network Interface:* | *10 / 100 Mbps Ethernet card* |
| *Peripherals/Other:* | *Pointer device, printer; video accelerator card; USB port* |

**3. User Interface:**

**a.** Provide your product's usability requirements with design guidelines.

b. Do you provide usability subscriber configuration at the:
i. Application/practice level
ii. Clinician or provider level
iii. Others – please specify.

**4. System Architecture:**

Provide your product's system architecture in narrative and schematic. Describe current state and future direction. Include the following:

i. Technical design and requirements
ii. Performance capabilities
iii. Availability results (scheduled and unscheduled)
iv. Scalability capacities

a. Describe your product's strategy for high availability and redundancy.
b. Define any additional solutions or products required to achieve optimal performance, availability, and scalability.
c. Define any common constraints, challenges, and dissatisfiers current users have noted.
Provide common solutions or workarounds to above constraints, challenges, and dissatisfiers.

**5. Patient Portal and Personal Health Records (PHRs):**

a. Provide your organization and product direction, design, and/or architecture for:
    i. Portals
    ii. Personal Health Records (PHRs)
        1. Are PHRs available and supported?
        2. Are PHRs included in the EHR? Separate product?
        If separate product, please include with pricing.
b. Provide specifications and requirements for authentication management and security provisions for:
    i. Portals
    ii. Personal Health Records (PHRs)

**6. Database Architecture:**

Provide your product's database architecture and product used (e.g., Oracle, MS SQLServer, others).

a. Provide your product's data model.
b. Provide your product's scalability and list requirements.
c. Is your database scalable and extendable?
d. Please describe how your product scales.

e. Describe your plan to process and store the volume of data needed to accommodate 500-1,000 providers over the next year while meeting the performance standards requirements referenced below.

**7. Performance Metrics and System Availability Measures**.

a. Provide your product's standard, contractual Service Level Agreements (SLAs) for Product Availability – Amount of Scheduled/Planned and Unscheduled/Unplanned Downtime:
    i. Amount of planned, scheduled downtime per month (a not to exceed number of hours)
    ii. Minimum requirement is 99.9%.
        i. If 99.9% is not contractually achievable, please specify your product's availability metric.
    iii. System Availability will be based on the following formula:

i. Number of Actual Available Hours in the Month divided by the Number of Available Hours in the Month (less planned, scheduled downtime)
Example: Month is April, 30 days with 24 hours per day or 720 Available Hours.
No scheduled downtime planned for April.
1 hour of unscheduled downtime occurred in April, thus actual Available are 719 hours.
Formula: 719 / 720 = 99.86%, therefore Availability Goal of 99.9 % would not be met.

iv. Provide the process and/or methodology for subscriber's notification of scheduled and/or unscheduled downtime and return to operations.

v. Provide monthly availability reports that will be provided to subscribers, by the 10th of each month, for the prior's month's availability.
    i. Product will provide consolidated and subscriber specific availability reports.

b. Provide your product's standard, contractual Service Level Agreements for Product Performance.
    i. Amount of time for system to respond for the following functions:
        a. User Logon
        b. Patient Select
        c. Patient Order Entry – updates/commits to the database
        d. Patient Clinical Documentation – updates/commits to the database
        e. Patient e-Prescribing – updates/commits to the database
        f. Patient Results Inquiry – query only
    ii. Other functions – please specify. Provide the process and/or methodology for subscriber's notification of any performance issues and return to normal operations
    iii. Provide monthly performance reports to the subscribers, by the 10th of the month for the prior's month's availability
        i. Product will provide consolidated and subscriber specific availability reports.

c. Specify the product's daily, monthly, or other interval for routing maintenance for backups, data recovery, or other purposes.
    i. Will the product be operational during the routine maintenance?
    ii. If no, specify the hours of the day and amount of time required for the routine maintenance.

d. Specify the Offeror's and/or product's disaster recovery and business continuity methodology and procedures. Include survivability of the organization hosting center and processes the user/provider needs to adopt in order to ensure business continuity.

    i. List fault tolerance provisions, data recovery process and level of user/provider involvement in those tests.
    ii. What level data center will you use for disaster recovery and business continuity? Specify the contractual recovery time for restoring the product's operational use:

i. Hot Site?
ii. Cold Site?
iii. Others – please specify.

iii. Specify the data center and disaster recovery data center following information for each:
i. Location?
ii. Length of time in operation?
iii. Current organizations or subscribers hosted?
iv. Any other relevant information regarding operations and security of these data centers?

**8. Security:**

a. Specify the various features, levels, and procedures related to product security:
i. System
ii. Data

b. Specify in a shared data center or ISP hosted environment, how multiple subscribers' data will be segregated and secure.
iii. Does your product have multi-facility logic?
iv. Specify how your product has been architected to prevent data and system security breaches, e.g., hackers, unauthorized personnel.

c. Specify your product's current login and authentication processes, including role-based access.

d. Specify your product's capability for system and data logging, monitoring, tracking, and reporting.

e. Specify the procedures or best practices regarding the loss of a laptop or device with confidential patient information and recovery or reporting of this loss?

f. Specify the procedures or best practices regarding inappropriate access of confidential patient information by an unauthorized person.

**9. Standard Nomenclatures:**

a. Specify your product's use of standards for:
i. Evidence-based medicine (e.g., Zynx)
ii. ICD-9
iii. LOINC
iv. SNOMED
v. Others

b. Specify your organization and product's plan to transition to ICD-10 and HIPAA 5010 for the required implementation date of October 2013.

**10. Data Conversion, Data Migration, and Data Downloads:**

a. Does your product support data conversions and/or uploads of patient demographic information from source systems (e.g., AHCCCS system) during the initial, implementation and conversion/go-live.
If yes, provide a list of data conversions previously performed.
Examples:
- Patient demographics
- Master Patient Index

b. Specify your product's ability to convert existing patient records (paper and electronic) to your EHR system.

c. Specify your product's ability to convert archived records (paper and electronic) to the EHR s**yst**em.

d. Specify your organizations, products, or best practice for a hybrid implementation model – some patient records will reside in the EHR and others will remain in the paper-based model.

e. Does your product allow integration of patient data from external source systems into the EHR?
e.g. Integrate/accept data from an acute-care based system (Cerner, Meditech, others) into the EHR database for continuity of care?

## *C. OFFEROR SPECIFICATIONS AND REQUIREMENTS*

**For each item noted in this section, please provide a concise and complete response that addresses each item and specification. For those items that cannot be delivered at the time of the Offeror's response, please identify the timeline and plan for submission of that item.**

1. **Financial Stability:** Offerors must submit one copy of their most recent years independently audited financial statements, as well as those for the preceding three years if they exist. The submission must include the audit opinion, the balance sheet, and the statements of income, retained earnings, cash flows, and the notes to the financial statements. If independently audited financial statements do not exist for the Offeror, the Offeror must state the reason and, instead, submit sufficient information to enable the Evaluation Panel to determine the financial stability of the Offeror.

2. **Standard Marketing Materials**: Please attach your standard marketing material for product. Provide organization and product website and any required passwords so that Evaluation Team can access an online demonstration of your product.

3. **Marketing Material Models for PACeHR:** Please attach a mock-up of a subscriber's marketing materials recommended for use with the PACeHR implementation.

4. **Implementation Plan:**
    a. Provide a detailed Implementation Plan that outlines a general standard practice or clinic implementation.
    b. Provide the detailed PACeHR Early Adopter Implementation Plan (if different from the above) for 3 to 5 practices/clinics to be operational by the proposed completion date of Summer 2009 that includes:
        i. **Task Level:** The plan must include all activities necessary for a successful project at multiple levels – primary activity, task level, and sub-task levels as needed.
        ii. **Identification of all resources:** The plan must clearly identify all Offeror (including subcontractors), subscriber, and other resources required to successfully complete the project. The Offeror must provide job descriptions and the number of personnel to be assigned for all Implementation activities – needs assessment, design, build/configuration, testing, training, procedure development, conversion to production use, and ongoing operations.

    c. **Plan Progress Charts:** The plan must include appropriate progress/Gantt charts that reflect the proposed schedule and all major milestones.
        i. What is your current monthly implementation capacity?
        ii. How many active implementations are in progress?
        iii. How many implementations are pending based on availability of company resources?

Include what, if any, subcontractors or consultants are used to fulfill this capacity.

iv. What is your strategy and timeframe for transitioning up to 500 practices to your EHR product for the PACeHR program?

**5. Training Plan:** The Offeror's offer must include a Training Plan and Sample Training and User Guides. Materials must be modifiable by the subscriber and the subscriber must be licensed to reproduce them as needed for the life of the contract. Materials and information provided should include the following:

a. Training Methodology and delivery mode: e.g., on-site, corporate, online). Include the length and scope of the training classes.

b. Description of minimum computer skills needed for users and any pre-training assessments.

c. On-line, on demand/self-service modules description and access to on-line training demonstration (if available).

d. Provide a list and examples of your product's training materials.

e. Training curriculum must be stated by job category or role (list each job category or role included in your training – physicians, nurses, front and back office support staff, etc).

f. Training strategy for the following scenarios:

i. Small practice is 1-5 users/practice
ii. Medium practices include 6-50 users per practice
iii. Large number of small practices that are geographically centralized
iv. Large number of small practices that are geographically dispersed across the state
v. Small number of medium practices that are geographically centralized
vi. Small number of medium practices that are geographically dispersed across the state
vii. Combination of small and medium practices that are geographically centralized
viii. Combination of small and medium practices that are geographically dispersed across the state.

g. Describe and itemize any additional training options which may be provided for an additional fee.

**6. Implementation Services**: Describe standard implementation services that are included in your offer**.**

a. Specify the standard implementation services that are included in your offer.
b. Specify the roles, experience, and qualifications you recommend for each practice team.
c. Specify the tools and/or services you offer subscribers for current workflow analysis and redesign using your EHR.

d. Specify tools and/or services you offer subscribers for identifying and resolving site network and infrastructure needs.
e. Specify the level of system design and build that is required from the subscriber (e.g., menus, user security, order and documentation templates, code sets/dictionaries, alerts).
f. Specify the process used with external parties to negotiate and test interfaces, including each party's role.
g. Provide examples of functional and integrated test plan (include your testing stages).
h. Provide examples of mock downtime drills scenarios – scheduled and unscheduled.
i. Provide examples of subscriber downtime procedures.
j. Provide test plans for how backup and recovery processes are tested.
k. Provide a sample go-live plan. Include all prep, during, and post-conversion activities.
l. Specify the organization and subscriber's support staff required for the pilot go-live by June 2009:
    1. Number of staff required
    2. Skill sets needed
    3. Duration of staff and skill sets
    4. Provide an example of a go-live staffing schedule

**7. License Agreement:**

a. Please attach a copy of your Licensing and Maintenance Agreement which will be used for subscribers using this product through the PACeHR.
b. Describe your organization's policy regarding the source code escrow agreements for this product. Please attach your software escrow agreement.

**8. Support and Maintenance Agreement**

a. Please attach a copy of the Support and Maintenance Agreement which will be used for providers who will be using this product through the Subscriber.

   Please describe your approach to deploying support/maintenance for:
    i. 1-500 users
    ii. 501-1000 users
    iii. >1000 users

b. Please list any additional support maintenance offered by your Offeror but not included as part of the PACeHR.

c. Specify the frequency of your products updates for:
    i. Major release levels.
    ii. Minor release levels.

d. Describe your Subscriber service/support process for reporting issues and requesting services.

e. Provide your subscriber issue escalation process or procedure.

f. Describe the methods and tools used for subscribers to contact your Subscriber support team (e.g. 800 number, email, web-based, etc.).

g. Specify whether the support line is answered by a human or is automated and provide all associated service level agreements.

h. Provide the hours of operations, including time zone for Subscriber support;

   i. Include average wait times for responses during peak (Mon. – Fri. 8 AM – 5 PM) hours.
   ii. Include the First Call Resolution (FCR) rate (percentage of 100%)
   iii. Include the First Call Resolution (FCR) average time from call initiation to resolution

i. Describe the ongoing, post-live system support provided.

j. Software upgrades are part of the software maintenance contract. How often might updates and upgrades be applied?

k. Describe how subscriber requests for enhancements and customizations are handled pre-implementation and post-implementation.

l. List the last year's history of system enhancements (major releases, minor releases, and single problem fixes).

m. Indicate how your organization facilitates a formal user group or online community forum, etc. Specify what tools you have available today that you will use to support a user community.

n. What services do you offer for post-implementation optimization of the system?

o. Describe your method of remote monitoring of subscribers' systems. Will your monitoring tools include access to viewing the same screen as the end user?

p. How does your organization maintain current ICD-9, CPT, HCPCS, etc. code bases?

q. Specify the process by which clinical content (i.e., evidence-based tools, drug interactions) and patient education material are updated.
   i. When this content is updated, are the subscribers' rules maintained?
   ii. Define the level of subscriber's effort to ensure these rules are maintained.

r. Please describe any network products and/or services that PACeHR participants may receive as part of their monthly subscription.

s. Please describe other network products and/or services that PACeHR participants may purchase for additional cost.

**9. References:** Offers must include three external subscriber references from subscribers who received similar services within the last five years. The references must be sites where the system has been installed and is in current operation. References should be verifiable and should be able to comment on the firm's experience as it relates to the product and information requested in this document. To meet this requirement, please refer to Exhibit C, "Offeror's References."

**10. Offeror Experience:** The Offeror must thoroughly describe, in the form of a narrative, its structure (single or part of larger organization), vision, short and long-term goals, experience and success. Please include the year your organization was founded, core business activities, primary market, number of FTEs including those dedicated to the EHR by role (e.g. development, sales, etc.), and the number and location of the subscriber server and web-hosted installations by year over the past 4 years (2005, 2006, 2007, 2008).

Please describe your the experience, challenges and success (including major subcontractors) in providing a system that meets the specifications in this request.

**11. Product History:** The Offeror must thoroughly describe, in the form of a narrative, the history of its EHR and practice management product, including if native or acquisition (if acquired, name of previous owner and internal systems integrated with the EHR); date of first installation; number of de-installations in last 3 years and reason(s).

Include information about the following:

- Frequency of updates: Major releases, minor release (dot releases), single problem fixes
- Based on the planned general availability dates for releases, have your Offeror's releases been delivered on time?
- Include any major issues with previous releases?
- Have the releases had to be called/rolled back or general availability dates delayed to the customer base due to issues experienced with the alpha, beta, and/or pilot sites?
- Have the releases once in general production use within the customer based experienced any of the following issues:
    - Patient care or safety issues
    - Functionality does not work as designed
    - System performance issues with system slowness (e.g., hanging, freezes, etc.)
    - System availability issues with unscheduled or scheduled downtime

12. **Offeror's Current Customer User Profile:** The Offeror must specify its user profiles, including current physician users by group size (e.g., individual/solo, small, medium, and large size clinics and practices [>50 physicians]), and breakdown of product use (web-based vs. subscriber server) by the specialty per the table below. (You may use this table to provide your responses or attach a separate document. Title the document Offeror's Current Customer/User Profile.

| | | |
|---|---|---|
| Allergy/Immunology | Hospitalists | Pediatrics |
| Cardiology | Infectious Disease | Podiatry |
| Dental | Intensive Care | Pulmonary Medicine |
| Dermatology | Internal Medicine | Psychology/Psychiatry |
| Emergency Medicine | Nephrology | Rheumatology |
| Family Practice | Neurology | Sports Medicine |
| Gastroenterology | Obstetrics/Gynecology | Urology |
| General Surgery | Occupational Medicine | Other |
| Geriatrics | Oncology | |

13. **Organization's User Profiles:**
    Please describe organization by:
    a. Total organizations
    b. Type of organization:
        i. Community hospitals
        ii. Tertiary care hospitals
        iii. Community care centers
        iv. Long-term care facilities
        v. Behavioral health facilities

14. **Value Added Resellers:**
    Do you use value added resellers (VARs)? If yes, please answer the following questions:

    a. Can subscribers in small practices purchase your product directly or only from your VARs?
    b. How many VARs do you work with?
    c. How are they monitored by your organization?
    d. Do you allow VARs to market configurations of your product that have reduced functionality or fewer add-ons than your organization typically markets?

e. Can subscribers who have purchased your product through a VAR contact you for support if they are dissatisfied with their relationship with their VAR?
f. Have you dropped any VARs in the past 2 years? Which? Why?

**15. Key Personnel Experience:**

Offerors must provide resumes and experience narratives of key personnel who will be assigned to the project, if awarded, (refer to Exhibit B, "Resumes of Key Personnel"). Key personnel include the project manager, lead subject matter expert (s), lead technician (s) and lead trainer (s). They may be Offeror employees or employees of subcontractors. The document experience should specifically include a description of work in the implementation of similar projects.

**16. Other national initiatives:**

Describe (in narrative form) if your organization, using **the product offered in this offer, is currently or has recently participated in** national connectivity initiatives, and if so, in what capacity (e.g., Integrating the Healthcare Enterprise (IHE ) http://www.ihe.net/; National Health Information Network (NHIN http://www.hhs.gov/healthit/healthnetwork/background/) or Healthcare Information Technology Standards Panel (HITSP) http://www.hitsp.org/ ).

**17. Awards, Honors, "Connectathons, "etc.**

The Offeror must thoroughly describe, in the form of a narrative, any distinctions received in the past 3 years and specify those applicable to your web-based product. If IHE experience exists, please provide copies of integration statements as an attachment.

**18. Data Conversion Cost:**

Offerors must specify on Exhibit F, "Pricing Schedule," their price, per megabyte or other defined metric for performing data conversion(s).

**19. Other Value Added Services or Options**

Offerors are encouraged to thoroughly describe any other consulting or value-added services they feel that may contribute to the success of the project. The response to this specification may include optional offerings (e.g. EMR lite products, incentive plans, partnerships.) or other capabilities not included elsewhere in offer.

***D. SPECIAL SPECIFICATIONS AND REQUIREMENTS***

**For each item noted in this section, please provide a concise but complete response that addresses each item. For those items that cannot be met at the time of the Offeror's response, as appropriate, please identify the timeline and development plan to address that item.**

1. Future Vision.

   As a narrative, please describe how your corporate vision, and this collaborative purchasing program enriched by your product availability and company collaboration synergizes with the current United States Stimulus Package and Healthcare Reform: Healthcare Information Technology and/or Medicaid/Medicare to impact HIT, HIE, and care delivery in Arizona. Be specific and limit your response to 500 words or less.

2. As noted in the Scope of Work, Arizona provider organizations, health plans, and others have interest, expertise and capacity to provide assistance in planning and implementation with their respective provider members. How might the availability of such community support as orchestrated through PACeHR factor into optimization of the monthly subscription fee and breadth of offerings?

3. Please describe any expertise your organization possesses specific to working with Medicaid and/or AHCCCS plans. Please describe organization's experience and the functionality of your system with AHCCCS systems an information, e.g. claims, eligibility, etc.

4. Please provide the associated average number of clicks to complete the following tasks:

   a. Patient search by name __
   b. Enter a set of vital signs __
   c. Retrieve an external (PDF) narrative document __
   d. Retrieve a radiology image __
   e. Create a 5-problem list __
   f. Create a 6-medication list __
   g. Create a 3-allergy list with reactions __
   h. Enter a prescription__
   i. Find the most current lab results for a patient__
   j. Cancel an order__
   k. Complete a previously started note__
   l. Create a new consult note for referring physician, incorporating latest set of lab results__

5. Please provide access to a web site that would allow the Evaluation Team to test the following functionality of your system and describe how your application allows customization of the following items. For each application, discuss at what level (e.g., site, role/group, individual user) the customization occurs:

    a. Create favorite lists (e.g., meds, order sets, documentation).

    b. Re-arrange the application desktop (e.g., display, content and menus) from turnkey, "out of the box."

    c. Modify templates to individual needs.

    d. Level of alerts displayed (e.g., CDS).

    e. Other: please describe up to 3 other customizable features.

6. Please provide a screenshot of what the provider receives when the following situations occur.

    a. Drug interaction is identified when clinician prescribes a new medication.

    b. Clinician tries to order a test and fails to enter required information.

    c. System crashes while clinician is documenting a note.

7. Describe your patient portal and provide an overview of the functionality it provides. Indicate if the functionality noted is included as part of the 'core' offering as previously defined in this request document.

8. Please list all the steps involved in creating a report of all of the diabetic patients seen by the practice in the last year.

**PRICING INSTRUCTIONS**

We ask that you be thoughtful and thorough in your response as partial completion of this section may be cause for elimination from consideration.

PACeHR is interested in alternative pricing arrangements (e.g. per practice), and incentives for pilot practices and early adopters. Please provide as much detail as possible for any alternative and incentive proposals.

All Offerors are required to detail the costs of their proposed system and services, including line item details for each component and pricing methodology used to compute the cost. Costs noted should include the complete cost of implementation of your system in a practice environment, including but not limited to, the functionality (or modules), on-going services and support, interfaces, data conversion(s) required and optional, training venue and methods, initial configuration/development work, practice-specific workflow analysis, , software maintenance and upgrades, and any other required or optional services or products that will be part of the core pricing.

If there are additional services and/or functionalities you wish to offer, please list those separately.
Clearly state these additional services and specify their cost. Also indicate the average costs for changes requested including the (i.e. addition of two new interfaces or 100 hours of programming/system development work, etc.). Specify the costs for additional development work not included in the quoted pricing (e.g., list the price and pricing methodology for development for additional interfaces, if requested, and any other services not included above.

**Pricing should reflect a flat, two year price structure with an option to add on five subsequent years at the end of the initial two year period.**

**Please complete BOTH pricing models below to allow complete evaluation of pricing options.**

**1. Pricing by Practice**

Please provide detailed pricing in the table below. (Please add as many rows as necessary to accurately reflect your pricing):

| Practice Size<br>(may be a range) | Monthly Fee<br>For a 2 year flat price | Monthly Fee –<br>Optional 5 subsequent years. |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**2. Pricing by Full-Time Employee (FTE)**

Please provide detailed pricing in the table below. Additionally, provide any discount structure for part-time employees and/or students. (Please add as many rows as necessary to accurately reflect your pricing):

**a. 2-year Flat Fee Pricing::**

| Option | Practice FTE Count (Indicate if a Range) | Monthly Fee Per FTE | Part-Time Employee and/or Student Count (Indicate if a Range) | Monthly Fee Per Part-Time Employee and/or Student | Total Monthly Fee for Pricing Option |
|---|---|---|---|---|---|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |

Use the space below to provide the line item details and pricing methodology for the above pricing strategy (as requested in the 'Instructions' section above).

**b. Optional 5 Subsequent Years Pricing:**

| Option | Practice FTE Count (Indicate if a Range) | Monthly Fee Per FTE | Part-Time Employee and/or Student Count (Indicate if a Range) | Monthly Fee Per Part-Time Employee and/or Student | Total Monthly Fee for Pricing Option |
|---|---|---|---|---|---|
| A. | | | | | |
| B. | | | | | |
| C. | | | | | |
| D. | | | | | |
| E. | | | | | |

Use the space below to provide the line item details and pricing methodology for the above pricing strategy (as requested in the 'Instructions' section above).

**3. Alternative Pricing Strategy**

a. Please describe this strategy and include the pricing information.
b. Do you provide a tiered pricing strategy based on number of practices or end-users:
e.g., 1 – 100 Practices Tier 1 Pricing
101-500 Practices Tier 2 Pricing
500 – 1,000 Practices Tier 3 Pricing

Use the space below to provide the line item details and pricing methodology for the above pricing strategy (as requested in the 'Instructions' section above).

**4. Outline the terms for validating the product after implementation and the refund policy.**

**5. Specify your price for performing data conversion.**

a. Patient demographic conversions
b. Paper patient records scanning and conversions
c. Other standard and best practice data conversion – please specify.

**6. Specify your policy and associated penalty pricing for no fault, early withdrawal from the PACeHR if a subscriber opts out prior to the two years. Penalty pricing should reflect a tier-penalty structure based on the timing of the early opt out.**

The Interface Matrix below must be completed as part of the Offerors' Standard Inquiry (SI) response. Offer may submit the matrix in an attachment to this SI; however, all fields included in this matrix must be completed for Offeror recommendation consideration.

If the Offeror submits a separate attachment for the Interface Matrix, that attachment must be indicated on the Offeror's Checklist with a reference to Exhibit G.

| # | NAME OF INTERFACE | BRIEF DESCRIPTION OF INTERFACE | INTERFACE STANDARD CCOW, DICOM, HL7, XML, Other - Specify | TYPE OF INTERFACE Inbound (IB) Outbound (OB) Bi-directional (BD) | SOURCE SYSTEM Vendor Name Product Name Release/Version Level | RECEIVING SYSTEM Vendor Name Product Name Release/Version Level | CUSTOMER WITH THIS INTERFACE IN PRODUCTION | # OF INTERFACES IN PRODUCTION | OTHER INFORMATION |
|---|---|---|---|---|---|---|---|---|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |
| 11 | | | | | | | | | |
| 12 | | | | | | | | | |
| 13 | | | | | | | | | |
| 14 | | | | | | | | | |
| 15 | | | | | | | | | |

SI Exhibit G - Interface Matri...

This Addendum is made part of this Contract between Entity or Organization and the Contractor, referred to as "Business Associate" in this addendum.

Entity or Organization and Business Associate agree that this Contract shall comply with the Administrative Simplification requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as set forth in Title 45, Parts 160 and 164 of the Code of Federal Regulations (the "CFR"), as amended. In the event of conflicting terms or conditions, this Addendum shall supersede the Contract.

1. Definitions. Capitalized terms not otherwise defined in the Contract shall have the meanings given to them in Title 45, Parts 160 and 164 of the CFR, as amended, and are incorporated herein by reference.

2. Use and Disclosure of Protected Health Information. Business Associate shall use and/or disclose Protected Health Information ("PHI") only to the extent necessary to satisfy Business Associate's obligations under the Contract.

3. Prohibition on Unauthorized Use or Disclosure of PHI. Business Associate shall not use or disclose any PHI received from or on behalf of Entity or Organization, except as permitted or required by the Contract, as required by law or as otherwise authorized in writing by Entity or Organization. Business Associate shall comply with:

   (a) Title 45, Part 164 of the CFR, as amended;
   (b) State laws, rules and regulations applicable to PHI not preempted pursuant to Title 45, Part 160, Subpart B of the CFR, as amended, or the Employee Retirement Income Security Act of 1974 ("ERISA") as amended; and
   (c) Standard health information privacy and security policies and procedures.

4. Business Associate's Operations. Business Associate may use PHI it creates or receives for or from Entity or Organization only to the extent necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities. Business Associate may disclose such PHI as necessary for Business Associate's proper management and administration or to carry out Business Associate's legal responsibilities only if:

   (a) The disclosure is required by law; or
   (b) Business Associate obtains reasonable assurance, evidenced by written contract, from any person or organization to which Business Associate shall disclose such PHI that such person or organization shall:

      (i) Hold such PHI in confidence and use or further disclose it only for the purpose for which Business Associate disclosed it to the person or organization or as required by law; and

      (ii) Notify Business Associate (who shall in turn promptly notify Entity or Organization) of any instance of which the person or organization becomes aware in which the confidentiality of such PHI was breached.

5. Data Aggregation Services. Business Associate may use PHI to provide Data Aggregation Services related to healthcare operations.

6. PHI Safeguards. Business Associate shall develop, implement, maintain and use appropriate administrative, technical and physical safeguards to prevent the improper use or disclosure of any PHI received from or on behalf of Entity or Organization.

7. Electronic Health Information Security and Integrity. Business Associate shall develop, implement, maintain and use appropriate administrative, technical and physical security measures in compliance with Section 1173(d) of the Social Security Act, Title 42, Section 1320d-2(d), as amended, of the United States Code and Title 45, Part 142 of the CFR, as amended, to preserve the integrity and confidentiality of all electronically maintained or transmitted Health Information received from or on behalf of Entity or Organization pertaining to an individual. Business Associate shall document and keep these security measures current.

8. Protection of Exchanged Information in Electronic Transactions. If Business Associate conducts any Standard Transaction for or on behalf of Entity or Organization, Business Associate shall comply, and shall require any subcontractor or agent conducting such Standard Transaction to comply, with each applicable requirement of Title 45, Part 162 of the CFR, as amended. Business Associate shall not enter into or permit its subcontractors or agents to enter into any Trading Partner Contract in connection with the conduct of Standard Transactions for or on behalf of Entity or Organization that:
   (a) Changes the definition, Health Information condition or use of a Health Information element or segment in a Standard;
   (b) Adds any Health Information elements or segments to the maximum defined Health Information set;
   (c) uses any code or Health Information elements that are either marked "not used" in the Standard's Implementation Specification or are not in the Standard's Implementation Specification(s); or
   (d) Changes the meaning or intent of the Standard's Implementation Specification(s).

9. Subcontractors and Agents. Business Associate shall require each of its subcontractors or agents to whom Business Associate may provide PHI received from, or created or received by Business Associate on behalf of Entity or Organization to agree to written contractual provisions that impose at least the same obligations to protect such PHI as are imposed on Business Associate by the Contract.

10. Access to PHI. Business Associate shall provide access, at the request of Entity or Organization, to PHI in a Designated Record Set, to an individual to meet the requirements under Title 45, Part 164, Subpart E, Section 164.524 of the CFR, as amended and applicable state law.

11. Amending PHI. Business Associate shall make any amendment(s) to PHI in a Designated Record Set that Entity or Organization directs or agrees to pursuant to Title 45, Part 164, Subpart E, Section 164.526 of the CFR, as amended and in the time and manner set forth in Entity or Organization's health information privacy and security policies and procedures.

12. Accounting of Disclosures of PHI.

(a) Business Associate shall document such disclosures of PHI and information related to such disclosures as would be required for Entity or Organization to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with Title 45, Part 164, Subpart E, Section 164.528 of the CFR, as amended.

(b) Business Associate agrees to provide Entity or Organization or an individual, in the time and manner set forth in Entity or Organization's health information privacy and security policies and procedures, information collected in accordance with Section 11 above, to permit Entity or Organization to respond to a request by an individual for an accounting of disclosures of PHI in accordance with Title 45, Part 164, Subpart E, Section 164.528 of the CFR, as amended.

**Intentionally left blank.**