

Introduction

DRAFT

The Wisconsin Statewide Health Information Network, Inc. is requesting applications from Health Information Service Providers (HISPs) to participate in WISHIN Connect—a resource that gives Wisconsin health care entities and individuals options for HISP services to facilitate Direct messaging and other HIT/HIE value-add services. HISPs enable providers to exchange patient health information in a secure, simple, and inexpensive manner over the Internet.

Based on the information provided by respondents, WISHIN will evaluate applicants as they relate to Minimum Specifications Requirements identified for WISHIN Connect. Vendors that satisfy or exceed the requirements and successfully execute an agreement WISHIN will be deemed “WISHIN Connect” qualified. Generally, HISP vendors will be selected based on:

- Alignment with WISHIN and Direct Project Best Practices for HISPs, as well as state and national regulations, including WI state laws; Centers for Medicare and Medicaid Services (CMS) regulations, etc.
- Ability to offer core HISP services and additional value-added services beyond the core specifications to Wisconsin health information exchange (HIE) participants
- Strength of their services, technology systems, and processes

Once a HISP vendor is qualified for WISHIN Connect, the vendor will be listed on WISHIN’s Web site.

Submission Timeline and Requirements

Interested vendors must complete and submit an application by **noon (EST) on [Insert Date]** to WISHIN via email at wishin@wishin.org and a printed, signed copy via mail to WISHIN, 5510 Research Park Drive, Fitchburg, WI 53711.

The vendor application process will follow the schedule below:

Date	Description
[2 week process – insert date]	Application to participate is released and sent to vendors
	Open application period
	Vendor Conference Call to answer application questions
	Applications due by 12 p.m. (CST)
	Application evaluation period and vendor follow-up
	Contract review period
	WISHIN Connect qualified vendor list published

Please note: WISHIN must receive an electronic copy of the application by noon (CST) on [Insert Date]. WISHIN will contact all respondents who submit applications when the evaluation process is complete.

START of Application (* Required)

I. Basic Business Information

1. Org. Name: *
2. Contact: *
3. Address: *
4. Telephone: *
5. Website: *

6. Email:*

7. How long have you been in business: *

8. How long have you been in the secure communication line of business: *

9. Describe the products/services in your secure communication line of business: *

10. Number of Employees: *

11. Is there any material litigation, arbitration or other legal proceedings to which your organization is currently subject, or any other litigation, arbitrary or other legal proceedings that has been threatened against your organization in the past (2) years? * Yes No

If yes, please explain:

12. Indicate the type(s) of technical support that you provide. *

Phone

Email

In-person

Other:

13. Describe your support processes in more detail. *

II. Financial Information

14. Is your organization owned: * Publicly Privately

15. % owned by other entity:

16. Entity Name:

17. Number of current customers in your secure communication line of business:*

18. Revenue, Growth:

Total Annual Revenue over past 5 years:

2006 2007 2008 2009 2010

19. FTE Growth (Annual, previous fiscal year, %):

III. Direct Project Contribution

20. Did your organization contribute to the Direct Project Implementation/Workgroups?*

If yes, describe in which areas:

Yes No

21. Did your HISP participate, or is it currently involved, in any of the Direct Project pilots?*

If yes, which one(s):

Yes No

22. Are you working with any other state, region, Regional Extension Center (REC), HIE network?*

If yes, which one(s):

Yes No

IV. Minimum HISP Specifications

23. Select the following functions that your HISP fulfills:*

- HISP is able to securely route messages from sender's address to intended recipient's address
- HISP is able to perform authentication, encryption, and trust verification
- HISP supports a method for discovering recipient certificates
- HISP is able to associate a Direct address with its corresponding certificate
- HISP supports multiple edge protocol connections (e.g. Direct SMTP, Direct Web Service, XD*)
- HISP supports a webmail interface and various connection mechanisms (e.g. IMAP-S, POP-S) for accessing Direct Project messages

24. Does your HISP meet Direct Project Best Practices guidelines (e.g., HIPAA and legal agreements, security) defined at <http://wiki.directproject.org/Best+Practices+for+HISPs>*

- Do you issue a BAA with HIPAA covered entities or a similar agreement when the sender or receiver is not a covered entity? Yes No
- Does your HISP hold itself to the provision of the HIPAA Security rule? Yes No
- If your HISP manages private keys, do you perform specific risk assessment and risk mitigation to ensure that the private keys have the strongest protection? Yes No
- If your HISP manages trust anchors on behalf of your customers, are the policies for evaluating the certificate issuance policies of those trust anchors clearly defined and publicly available? Yes No
- If your HISP handles PHI, do you follow the recommendations listed under *Transparency and Data Handling* section in Best Practices for HISPs? Yes No

25. Do you use MIME (or XDM) for packaging message content and S/MIME encryption and signatures to handle confidentiality and integrity of content?*

If no, what do you use?

Yes No

26. At what level can the trust store be manipulated via a black list/white list at your HISP?*

- For certain providers
- For CAs
- For certificates signed by a certain entity (like WISHIN)

27. Do you use X.509 digital certificates to establish authenticity of sender and receiver?*

Yes No

28. Which of the following Direct Project edge protocols¹ do you support?*

- Direct SMTP
- Direct web service
- XD* connection

Others:

29. Indicate all of the connection mechanisms that you provide for accessing Direct Project messages:*

- Web-based email client that supports SMTP/TLS protocols
- POP-S interface for integration with existing email clients and email compatible programs
- IMAP-S interface for integration with existing email clients and email compatible programs

30. Does the security of the user mailboxes conform to standard HIPAA privacy rules defined at 45 CFR [Part 160](#) and Subparts A and E of [Part 164](#), which may also be found at*

<http://www.hhs.gov/ocr/privacy/hipaa/administrative/privacyrule/index.html>

Yes No

31. As best practices and policies emerge at the ONC and WISHIN level, are you willing to adapt your offering to meet them?*

Yes No

¹ Reference implementations code repositories are defined at: <http://code.google.com/p/nhin-d>

32. Please describe any additional services or advanced HISP functionalities that are currently offered by your organization or that will be available in the near future.

V. Technology Systems Specifications

33. Please describe your disaster recovery/backup plan:*

34. Has a security audit been performed on your data center and infrastructure? Who performed your security audit and what were the findings? Is your data center physically secure?*

35. Please describe your policies and procedures related to technology management and hosted solutions:*

36. Please describe your development, integration, and production testing methodologies:*

37. Please describe your product release schedule and processes:*

38. Please describe your service uptime and Service Legal Agreement (SLA):*

39. Please describe your Business Associate Agreements or other legal instruments:*

VI. Additional Information

40. Please share with us any additional information that might be relevant to this application:

VII. Client References

Please provide the following information for up to four (4) client references:

<p>1. Organization Name: <input type="text"/></p> <p>Contact Name: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>Engagement Timeframe: <input type="text"/></p> <p>Product/ Services Provided:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div>	<p>2. Organization Name:</p> <p>Contact Name: <input type="text"/></p> <p>Telephone: <input type="text"/></p> <p>Engagement Timeframe: <input type="text"/></p> <p>Product/ Services Provided:</p> <div style="border: 1px solid black; height: 80px; width: 100%;"></div> <p>3. Organization Name: <input type="text"/></p> <p><input type="text"/></p>
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Contact Name:

Telephone:

Engagement Timeframe:

Product/ Services Provided:

4. Organization Name:

Contact Name:

Telephone:

Engagement Timeframe:

Product/ Services Provided:

VIII. Conditions of Application

Vendor agrees to abide by the terms and conditions of the Uniform Vendor Agreements if selected by a Wisconsin health care entity or individual for HISP services. Vendor acknowledges that if qualified to participate in WISHIN Connect, WISHIN will list Vendor among its pre-qualified WISHIN Connect Vendors. WISHIN has made no representations about the amount of business generated by being WISHIN Connect qualified, and there is no guarantee that any particular health care provider will select Vendor or that Vendor will generate any business whatsoever from participating in WISHIN Connect.

WISHIN will not be a party to any agreement between Vendor and the Wisconsin health care entities or individuals to which it provides products and services. Vendor agrees to and does hereby indemnify, defend and hold WISHIN harmless of and from any claim, loss, or liability, known or unknown, which may arise as a result of Vendor's participation in WISHIN Connect. The indemnification described herein shall be available to WISHIN upon notice to Vendor that any claim indemnified hereunder has been made or proposed to be made against WISHIN, and Vendor has failed to cure said claim within a reasonable period of time.

Vendor agrees that the parties are independent entities and nothing in this Application will create or imply any agency relationship between the parties, nor will the Application be deemed to constitute a joint venture or partnership between the parties. Neither party will have authority to bind or otherwise obligate the other in any manner whatsoever.

IX. Signature of Authorized Representative

Please include the following certification from an authorized representative of your organization.

As a duly authorized representative of Vendor, I hereby certify that the information contained in this Application is complete and accurate and that the terms contained herein will remain in effect for 60 days from the date of this Response.

I certify that Vendor is a duly organized, validly existing corporation in good standing under the laws of the State of Wisconsin and is qualified to do business in the State of Wisconsin. I certify that I have all the requisite corporate power to sign this Application on behalf of Vendor.

I acknowledge that it is within WISHIN's sole discretion whether to approve this Application and that the filing of this Application does not obligate WISHIN to qualify Vendor for WISHIN Connect. Vendor agrees to hold WISHIN with regard to any decision not to qualify Vendor for WISHIN Connect.

Signature of Authorized Representative:

Date:

Printed Name of Authorized Representative:

