

RFP Logistics

- 1) Will the companies responding to the RFP be made public?

We are not sharing proposing vendor information at this time; however, we may share vendor finalist information. Vendors should be aware that our grant requirements may dictate that vendor information be shared with the Federal Government.

- 2) If a vendor is awarded the contract for the National Institute for Medical Informatics (NIMI) Request for Bid (RFB) # 2011-002 Health Information/Health Information Exchange, Consulting Services to fulfill Project Management and Technical Lead Positions, will such vendor be precluded from being selected as the HIE Solutions and Services vendor to WISHIN under this RFP (dated 01/13/2011)?

Vendors can bid on both opportunities. The NIMI RFB is seeking resources to assist on several WISHIN initiatives, including HIE implementation projects stemming from this procurement. However, we will not allow resources from the selected HIE vendor to serve in any NIMI-requested roles related to oversight of the implementation process, since we must maintain proper checks and balances (i.e. the selected HIE vendor may not represent WISHIN in the management of its own resources).

- 3) The RFP does not contain any language regarding a protest process. Given that WISHIN is not a state agency, will WISHIN allow for a protest procedure for unsuccessful bidders? If so, can WISHIN provide a summary of the protest process and specifically address whether or not there will be a de-briefing to unsuccessful bidders?

There is no protest process. We will provide general vendor ranking information to those vendors that request it.

- 4) Are you expecting/welcoming Vendors to be onsite for bidder's conference?

No, the bidders' conference will be conducted via conference call. However, the selected vendor finalists will be required to conduct on-site demonstrations and discussions in the late March / early April timeframe.

Funding / Approval

- 5) Does the Governor's rejection of the \$38M in federal grants (I know it was more HIX than HIE) jeopardize HIE?

No. This action has no negative impact on our Health Information Exchange procurement plans. The State of Wisconsin is represented on WISHIN's Board of Directors and remains committed to implementation of statewide HIE services.

- 6) Section 1.1, page 4: WISHIN advises that their SOP has not been approved by the ONC. Is there a go forward plan should the ONC have a significant delay in that approval process?

Our initial SOP was approved by ONC in 2010. In addition, this RFP has been reviewed and approved by the ONC. We do not expect a delay in ONC's approval of our 2011 SOP Update to have an impact on our HIE procurement process; however, as with all grant-funded initiatives, the granting agency has ultimate authority.

Functionality

- 7) Can you please explain more about your image viewer?

WISHIN does not currently have an image viewer solution. As requested in the RFP, proposed solutions must include image viewing capabilities. The EHR Lite, provider portal, and patient portal components must support the ability to view images. The proposed image viewer must be capable of displaying high quality jpeg, tif, or gif formats (depending on the original image type). An alternative would be a system capable of viewing DICOM images using the XDS.i standard.

- 8) Pg 41 Proposed Implementation Sequence, See 2. Develop and implement a WISHIN sub-state HIE. Is that in function or form; i.e., configure SHIN with existing infrastructure to have a sub-state HIE, or deploy additional instance that is completely separate from SHIN?

The distinction of the sub-state "white space" HIE is in function. The key distinctions are that the "white space" HIE must make every effort to connect data sources and data consumers almost regardless of standards. In other words, the "white space" HIE should focus on functionality. Alternatively, the SHIN must strictly conform to standards for cross-community messaging, query response, and services delivery on the service bus. However, both sets of functionality can be provided by the same vendor on the same infrastructure.

- 9) Will the provider directory need to be pre-populated with state or gold index info?

WISHIN does not require pre-population of the requested Provider Directory. We welcome your perspective on this question.

- 10) What is the EMPI that WMS uses?

The WMS Provider Directory does not use a formal EMPI. The Provider Directory is a custom-developed solution using ASP.NET, C#.NET, and Microsoft SQL Server. Please contact WMS for any technical questions regarding its Provider Directory. Contact information is provided in RFP Section 1.6, page 10.

- 11) Is there a requirement to provide a HPD or an ELPD/ILPD footprint of the Provider Directory?

We expect any proposed Provider Directory solution to comply with any ONC-approved standards for provider query/response.

- 12) Do you have any requirements for federated administration of self registration for the provider solution?

We believe this could be a viable model. We are looking for proposing vendors to provide input and recommendations regarding the HIE participant on-boarding process (see Section J, question #12).

HIE Participants

- 13) At least one of your scenarios includes communication from and to Managed Care Organization(s) and their Care Managers. Is it correct to assume that these might include both commercial and Medicaid MCOs?

Yes, in HIE Scenario 1 - Coordination of Care - we anticipate that specific events would trigger a "push" of information to the authorized individuals involved in the patient's care, including Care Managers from commercial and/or Medicaid MCOs.

- 14) The diagrams offered in sections 1.14.3.1 – 1.14.3.5, prefaced with, "The following descriptions and diagrams depict the capabilities we want to make available for each of these data exchange functions/services" do not appear to include these organizations mentioned in our first question (commercial and Medicaid MCOs, Care Managers). Would you briefly discuss status of these organizations in your stakeholder group and their readiness to engage in this scenario?

The diagrams within sections 1.14.3.1 - 1.14.3.5 are intended to serve as conceptual designs only. The entities in the diagrams (e.g. hospitals, physician offices, other community providers, etc.) are intended to illustrate the overall network layers and types of representative HIE participants, but do not represent a finite set of actual HIE participants.

WISHIN has broad interest and participation from several stakeholder groups. We are looking for vendors to assist in assessing stakeholder technical and functional readiness during the implementation.

- 15) Section 1.31.4, page 19: The State Hospital Association advises that there are 130 acute care hospitals. Can WISHIN detail how many are Critical Access Hospitals? Also can WISHIN provide the total number of hospital beds in the remainder minus the CAH's?

See Appendix F - Estimated Counts and Assumptions - for information regarding the number of hospitals by type and size. There are 156 total hospitals in Wisconsin, 58 of which are Critical Access Hospitals. Total estimated bed count across all Wisconsin hospitals is approximately 18,822, with approximately 1,423 beds in the CAHs, and approximately 17,399 beds in non-CAHs.

- 16) How many payers are envisioned for connectivity?

We do not have estimated payer counts at this time.

- 17) What will be the number of Patients in the Patient Directory?

Wisconsin has a population of approximately 5.7 million. We would expect the patient directory to scale up to approximately 10 million to accommodate residents and non-residents.

- 18) What will be the number of Providers in the Provider Directory?

We do not have specific provider counts at this time. We anticipate the number of providers in the Provider Directory to gradually increase as participants join the HIE.

- 19) Are all entities in the Provider Directory users of the WISHIN HIE with similar roles and privileges? If not, what is the planned process to on-board WISHIN users?

We do not currently have a Provider Directory. We anticipate few different provider roles during the initial rollouts. Providers will connect to the SHIN through their current sub-state HIE or the new "white space" HIE. Provider on-boarding will be based on pilot projects, selected use cases, and other implementation factors, but not all at once. We are looking for proposing vendors to provide input and recommendations regarding the HIE participant on-boarding process (see Section J, question #12).

- 20) What is the projected count of Provider entries and WISHIN users as the solution is deployed (some yearly estimates would be best)?

We are looking for proposing vendors to provide input and recommendations regarding HIE implementation phasing (see Section G, question #2). Note: The various estimating assumptions included in the Cost Proposal worksheets are for cost comparison purposes only. Final implementation phasing and assumptions will be mutually developed with the selected HIE vendor.

Implementation

- 21) Section 1.15.6, page 44: WISHIN describes a phased approach to their HIE and then defers in later sections to listen to vendor suggestions for a different model or approach. This contradicts the verbiage the State uses as "pilot" throughout their RFP. Is the State clear and open to a more cost effective deployment schedule?

Please note: This procurement is being performed by WISHIN, not the State of Wisconsin.

Section 1.15.6 - Potential HIE Implementation Phasing - presents our tentative implementation approach, based on our current understanding of technical dependencies, our existing HIE assets and networks, and the goal of value-add services. As stated in the RFP, "we will work with the selected vendor to develop the most appropriate approach". Proposal Section G, Question #2, requests input and recommendations from bidding vendors regarding this proposed phasing. In summary, yes, we are willing to discuss alternative phasing approaches based on your proven approaches and experiences.

- 22) Pg 45-46 refers to a two-phase approach where the latter phase would utilize a statewide XDS document registry. Do you anticipate a situation where an XDS document repository would be used to store a duplicate copy of information for sub-state HIEs? e.g., we are trying to understand your interpretation of 'centralized'?

The idea is to create a domain at the SHIN level to improve the performance of patient and document discovery. Instead of just doing "broadcast" queries using XCPD and XCA, we intend to create a state-level index of patients (MPI) and a state-level index of documents (XDS.b registry). It is not our intention to duplicate the documents already stored at the HIE level; we just need to index them.

- 23) Regarding your statement, "WISHIN is looking to form a WISHIN Sub state HIE to address the Whitespace." Can this functionality be consolidated into a single implementation?

The "white space" HIE is intended to connect data sources and consumers to the HIE and the SHIN. The SHIN is intended for cross-community (inter-HIE) communications. But both functions could be provided in the same solution.

- 24) What is WISHIN's adoption rate during their 3 Phases?
- Estimated number of providers for each phase and phase segment?
 - Can WISHIN provide an estimated number of patients / data submitted to the HIE per phase?

We are looking for proposing vendors to provide input and recommendations regarding HIE implementation phasing (see Section G, question #2). Note: The various estimating assumptions included in the Cost Proposal worksheets are for cost comparison purposes only. Final implementation phasing and assumptions will be mutually developed with the selected HIE vendor.

Integration

- 25) Section 1.13.6.4.2, page 31: Does WISHIN desire or see value in providing clinical data into WHIO, if so where would this be on WISHIN's priority list?

To be clear, the SHIN will not be a source of data, but rather a conduit for messages across HIEs and a network to connect nodes. WHIO maintains a repository of health care claims data. We view WHIO as a potential node on the SHIN and, as such, WHIO could provide services to other participants or nodes. At this point we do not have any claims inquiry use cases in our list of priorities.

- 26) Section 1.13.6.1.2, page 28: Regarding WHIE, does WISHIN have a preference to replace WHIE or connect with it?

As is the case for all of the existing assets noted in the RFP, we are looking for vendors to address how and if each asset can be leveraged by their solutions. We are looking to do what is reasonable both financially and technically.

- 27) Please clarify the functional boundaries of WISHIN Direct and a desired SHIN solution.

WISHIN Direct will continue to be the preferred solution for certain use cases. These use cases will most likely be those where there is a need for point-to-point (user-to-user) communications, and there is limited use for this data outside this transaction. In the short term, there may be several use cases where WISHIN Direct is used that would eventually migrate to HIE or SHIN messaging. For example, sending a discharge summary in a CCD to a primary care provider might be done via WISHIN Direct initially, but will migrate over to being an HIE/SHIN function so that the CCD can be stored and indexed for future query-response. Vendors must propose how their SHIN/HIE solution can integrate with WISHIN Direct for the appropriate use cases.

- 28) Section 1.13.6.1, page 28: The new HIE solution must integrate with WISHIN Direct. WISHIN is asking vendors to propose how that integration would work, however, is there more specific use cases/ideas/plans that WISHIN has thought of as far as the two infrastructures working together and can WISHIN share those plans?

Please see our response to question 27. It is clear that ONC places a high priority on adoption and use of Direct and we want to make clear that in moving to a query-based HIE model we are not abandoning Direct. We view WISHIN Direct as a feature of the new SHIN that some HIE participants may use as appropriate. There are dozens of potential use cases where WISHIN Direct may be suitable for the type of exchange needed by HIE participants. In addition, we would expect any proposed EHR Lite or portal solutions to have a standards-based mechanism for connecting to WISHIN Direct either through a mail client solution or via XDR/XDM.

- 29) Will there be any connections to the WISHIN HIE by providers directly, or will all connections be through the current sub-state HIEs?

Users may connect through an existing sub-state HIE or through the "white space" HIE requested in the RFP.

- 30) Does Ability have POP/IMAP mailbox services our solution can directly pull email from?

Please contact Ability Network for any technical questions regarding their HISP services. Contact information is provided in RFP Section 1.6, page 10.

- 31) Does Ability support XDR or web services which allow bridging from STMP to XDR?

Please contact Ability Network for any technical questions regarding their HISP services. Contact information is provided in RFP Section 1.6, page 10.

- 32) Does WISHIN already currently have a portal or portal technology to integrate our solution into the work flow of on boarding and making provider changes?

WISHIN has basic portal functionality to support the on-boarding process for WISHIN Direct. However, we will eventually need one on-boarding solution for all HIE participants. We are looking for proposing vendors to provide input and recommendations for the on-boarding process (see Section J, question #12).

- 33) What is the preferred connectivity method/standard for WISHIN?

The various connectivity methods and standards are presented throughout the RFP.

- 34) Does WISHIN have a database of all statewide licensed providers? If yes, how does WISHIN envision their on-boarding process?

No, WISHIN does not currently have a database of all statewide licensed providers. We are looking for proposing vendors to provide input and recommendations for the on-boarding process (see Section J, question #12).

- 35) Would you expect to use the WISHIN Provider Directory as a source for data for your current Direct solution?

Yes, we anticipate the proposed WISHIN Provider Directory will serve as a provider data source for WISHIN Direct.

- 36) Please indicate if any interfaces with PACS systems will be required and if so,
- i. What is the number of systems?
 - ii. What phase(s)?
 - iii. What is the expected exchange standard, ie DICOM, XDSi, etc?

We currently do not have specific plans or requirements for PACS integration. We anticipate the initial ability to view images, but would expect later phases to include integration based on DICOM and XDS.i standards. Our initial thoughts regarding image sharing are presented in RFP Section 1.13.5.2: HIE Scenario 2.

Standards

- 37) Section 1.13.6.2, page 29: WISHIN lists current sub state HIE's. It is not clear if these HIE's meet current standards to connect to the new WISHIN network. Will WISHIN require that these sub-state HIE's upgrade to required technology standards to make such a connection if they do not meet current published standards? If WISHIN is not requiring connectivity standards to be followed, would WISHIN want help in doing this and where would WISHIN want these costs identified in our responses?

WISHIN will require each HIE to develop a gateway based on the WISHIN standards; they must conform to XCPD and XCA in the early phases and PIX/PDQ and XDS.b in the later phases. If you have capabilities for assisting HIEs in developing a standards-based gateway then we would like to understand how this works and the associated costs.

Initial cross-HIE messaging and query-response functions are included in our proposed implementation Phase II. As such, cost estimates related to establishing cross-HIE exchange should be included in the "Phase II Costs" worksheet within the Cost Proposal workbook. Fixed costs for the initial SHIN-based HIE-to-HIE interoperability core service should be included in the "Fixed Costs / Core Services" section, and variable costs for connecting with each sub-state HIE should be included in the "Variable / Incremental Costs" section. Use the "Estimating Basis / Assumptions" column to indicate the level of support you are proposing to assist each sub-state HIE. The "Estimated Time-phased Costs" worksheet should then include your cross-HIE exchange cost estimates by calendar quarter, assuming six HIE's to connect in total.

- 38) Section 1.13.6.1.1, page 28: WISHIN Direct is listed as the HISP / NwHIN messaging services vendor with Ability Network. Is Ability Network contractually obligated to WISHIN to adhere to all recent or new ONC standards for NwHIN messaging services?

Ability Network provides Direct secure messaging (HISP) services for WISHIN but does not provide other NwHIN Messaging Services. Ability Network must stay compliant with NwHIN Direct standards.

- 39) Section 1.15.1, page 42: With HIE Messaging, the messages are sent to the HIE where they can be translated, normalized, and sent to one or more recipients. Should the word "normalized" in the above statement be changed to "standardized?"

We use the term "normalized" to mean converted to a standard. WISHIN will adopt certain standard nomenclatures and we will expect the HIE to normalize these terms. For example, if a site sends a local term for a lab test, the HIE will normalize this term to the LOINC code and save both values.

- 40) What exchange standards is WISHIN planning to use for the following:

- WHIE
- Epic Care Everywhere
- KCIN
- HIE-BRIDGE (CHIC)
- Marshfield Clinic/Ministry Health Care Exchange
- WIR
- WSLH
- DPH
- Biosense
- WCHQ
- WHIO

These entities will likely adhere to different standards, since they provide different services. However, all of them must conform to WISHIN standards which will be based on national standards. The technical standard details will be worked out during implementation.

Operations

- 41) Does WISHIN have a sustainability model/ramp up schedule?

WISHIN is currently developing its HIE sustainability model and operations ramp-up schedule and assumptions. However, we are looking for proposing vendors to provide input to these plans.

- 42) How many resources will WISHIN have to perform the on-boarding and day to day operations?

We are looking for proposing vendors to provide input and recommendations for staffing the on-boarding process and general HIE operations (see Section J, questions #10 and #12). Final staffing levels will be dependent upon the implementation approach and phasing.

Hosting

- 43) Is WISHIN looking to have this hosted? Or will this be cloud-based?

The solution can be either hosted or cloud-based. WISHIN does not intend to host this internally.

Costs

- 44) Section 1.12, page 16: Please explain in detail - Total estimated costs of proposed solution must not be greater than 100% above the average total estimated costs of the other proposed solutions. What does the aforementioned mean?

This item represents one of the 10 "initial filtering criteria" intended to establish a short-list of proposing vendors for detailed evaluation. We reserve the right to eliminate any vendor proposal from consideration based on the initial filtering criteria.

We acknowledge that total estimated costs will be difficult to obtain. However, if a given vendor's cost estimates for particular components or in total (using the assumed estimating factors in the Cost Proposal worksheets) are more than double the cost estimates from other vendors, then that given vendor will likely be eliminated from consideration. For example, if several vendors bid \$10 for a viable solution, and you bid \$21, you may be excluded from further consideration.

- 45) Section 1.12.5, page 17: Please explain what WISHIN's intent and thoughts are regarding costs in this statement, "Vendor's willingness to make investments to help WISHIN and Wisconsin establish a sustainable HIE model"

The manner in which WISHIN pays for vendor services and the phasing of those payments can materially affect WISHIN's cash flow and sustainability. We view this procurement as the beginning of a long-term partnership, not just a technology purchase. As such, we wish to partner with firms that are willing to share in the risks associated with the HIE implementation.

Contract

- 46) What are the expected SLAs for Image and record retrieval?

We do not have specific Service Level Agreement (SLA) verbiage at this time. Contract negotiations with the final selected vendor will include the development of agreed upon SLAs. Proposals should include your standard contract, including any standard SLAs, as requested in Section K - Contract - #1.

We acknowledge that overall HIE performance will be impacted by several factors, including the infrastructure within a participant's organization. However, for those functions within the control of the selected vendor, we will develop formal SLAs, with agreed upon metrics, for system response times, system uptime, issue resolution times, and other measures. That said, if we exclude participant organization network response time, we would expect HIE query-response document retrieval in less than five seconds, and image retrieval in less than 10 seconds, and local retrieval (EHR Lite, Portal) in less than two seconds.

- 47) Please describe your response time SLAs for each of the components (i.e., EHR Lite, PHR Portal, Physician Portal, Edge servers and Virtual Edge Servers Record Locator, XDS Server)

Please see our response to Question 46.

- 48) Section 1.11.1.5 (page 12) of the RFP requires bidders to agree to accept the “specific contractual terms and conditions set forth in Section 2.11 this RFP”, however, Section 2.11 of the RFP (page 61) allows a bidder to provide an explanation for any issues or concerns that it has with a term or condition that it is not willing to commit to. These two provisions in the RFP appear to be in conflict with one another. Can WISHIN clarify whether or not bidders are able to take exceptions to the proposed terms and conditions in Section 2.11?

Section 2.11 includes selected terms and conditions we will be requesting as we enter into contract negotiations with the vendor finalist(s). For Section 2.11, #2, we are requesting feedback from the proposers regarding each listed item a. through q., indicating whether you agree with the item, or if not, providing an explanation of your issues or concerns.

- 49) Other than Ability Network, Inc., are there any additional vendors that WISHIN has already contracted with for services?

Yes, but we will not share such information due to contractual confidentiality requirements.