

EHR STANDARDIZED INQUIRY - QUESTIONS & CLARIFICATIONS RESPONSES

Quest #	CATEGORY	SI SECTION NAME	SI SECTION PARAGRAPH #/ TITLE	SI PAGE NUMBER	OFFERORS' QUESTION	PACeHR RESPONSE
1	Format	Offeror's Checklist	Item 15 & 27	Page 49	Please articulate your preferred response format for our answers. In other words, would you prefer that we use your existing document and insert our answers within each section? Or would you prefer to receive the answers in standard RFP format?	Please use the SI document and insert your answers within each section. Documents can be appended to the SI response and itemized as instructed in the Offeror's Checklist. The final document can be submitted in RTF or MS Word form. Company headers and footers are allowed as long as it does not change the substantive formatting and numbering of the SI.
2	Timeline	Instructions to Offerors	Item 19	Page 20 (no dates specified)	In what date ranges do you expect to schedule demonstrations by the finalists?	At this time the EHR finalists' demonstrations are targeted for the end of April 2009. Finalists will be given approximately two weeks' notice for demonstration preparation.
3	Timeline	n/a	n/a	n/a	In what date ranges do you expect to select the preferred vendor?	At this time the vendor selection is targeted for the end of May 2009.
4	Timeline	n/a	n/a	n/a	How much time are you allocating for the contract negotiations and finalization?	Approximately two weeks are currently allocated for the contract "framework" negotiations between PACeHR and Offeror.
5	Timeline	n/a	n/a	n/a	When is the specific start date of the initial practices? When will the additional ones start up?	It is anticipated that the PACeHR pilots will begin in June 2009, and that PACeHR early adopters will begin implementation late summer to early fall 2009.
6	Requirements	Scope of Work	Item 7 Purpose and Deliverables Paragraph #3	Page 6 Page 10	"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 the first 30-60 days after the award." For a fast-launch, are you will to consider an out-of-the-box package with a minimally configured set of capabilities, knowing that follow-on releases would provide additional desired functionality?	Please describe this phased option in your response. Please include information regarding a "minimally configured set of capabilities" in your response.

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7	Requirements	Scope of Work	Background	Page 9	Is this RFI intended for both acute and ambulatory care environments?	This SI is only intended to address the ambulatory - physician practice sites. This SI is not intended to address the acute care environment.
8	Requirements	Scope of Work	Background Paragraph 3	Page 9	In Exhibit E, it asks if certain features can be viewed "on-line." Considering this is a web-based solution, can you please clarify the definition of on-line?	"On-line" refers to EHR that is accessible via a browser, URL solution.
9	Requirements	Scope of Work	Background	Page 9	Will there be any in-patient facilities that will need this system?	This SI is intended to address ambulatory practice sites. It is not intended to address acute care requirements.
10	Requirements	Scope of Work	Purpose and Deliverables	Page 11	Your requirements appear to combine the attributes of several different types of solutions: a) Web-based HIE/Portal, b) Ambulatory EMR, c) Inpatient EMR, d) doctor's office practice management system. Of the array, which category best fits what you are looking for?	Existing solutions do not appear to meet all identified stakeholder requirements, so we are seeking an innovative partner. The requirement would be best described as a combination of a and b: Web-based, Ambulatory EMR.
11	Requirements	Scope of Work	Role of AHCCCS in PACeHR	Page 11	Which vendors/solutions have been selected and/or implemented for the Arizona Medical Information Exchange (AMIE) ?	AMIE is an AHCCCS open source, in-house developed solution funded through a Medicaid Transformation Grant. http://www.azamie.gov/
12	Requirements	Scope of Work	Role of AHCCCS in PACeHR	Page 11	What will be the specifications for the integration with AMIE?	Detailed specifications for Arizona Medical Information Exchange (AMIE) integration with the Offeror(s) products will be jointly developed with Offeror. AMIE is an AHCCCS in-house developed solution funded through the Medicaid Transformation Grant. Also refer to the Power Point attachment for specifications. AMIE uses Web services to be interoperable with other systems/applications. The EHR will need to be able to support interoperability with the AMIE MPI and RLS to include, but not be limited to, patient lookup and record retrieval. Please describe your approach based on knowledge and experience with health information exchange.

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13	Requirements	Scope of Work	Roles and Responsibilities	Page 11	Will AHCCCS or PACeHR have a data center and host the products, or do you want the vendor to provide the hosting services?	EHR hosting must be provided by the Offeror or the Offeror may partner with a hosting service.
14	Requirements	Exhibit E Specifications & Requirements	All Sections	Pages 25 to 56	In Exhibit E, there are many questions that ask for just a yes/no answer. Will you accept additional verbiage / information that will enable a more complete answer?	Yes, please include any additional information that will help differentiate your company/ product.

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15	Requirements	Exhibit E Specifications & Requirements	Section A Several Sections	Pages 26 to 41	Your SI document covers several aspects of functionality not necessarily found within the CCHIT certification criteria. For example, EMPI's, PHR's, e-Discovery, do not fit within a particular certification category. Nor are these applications separately certified by CCHIT.	The other functionality requirements referenced are listed in the SI to identify additional desirable capabilities and functionalities that the Offeror's company or products may provide, but are not CCHIT elements at this time.
16	Requirements	Exhibit E Specifications & Requirements	Section A Item 1	Page 26	CCHIT certification is a "must" requirement. However, the follow-up questions imply that there may be reasons for an exception. Please articulate how and why you might accept a non-certified solution.	Only 2007 and/or 2008 Ambulatory EHR CCHIT certified products will be considered for this round of awards. No exceptions to the above are being considered for the initial offering.
17	Requirements	Exhibit E Specifications & Requirements	Section A Item 2	Page 27	"Offeror must deliver and maintain an affordable, interoperable CCHIT-certified (or eligible).." Please explain what specifically is meant by the phrase, "or eligible."	CCHIT website categorizes some vendors and products as "conditional," thus still under review by CCHIT. These products will be considered if certification is impending.
18	Requirements	Exhibit E Specifications & Requirements	Section A Item 2	Page 27	MPI: Who is going to pay for it Initially and Ongoing? Will there be a monthly fee for this in addition to the EMR pricing? Who is going to host and maintain it? How do they want us to bid that separately from the group pricing? What do they want the MPI to include? Are they looking to have demographics and basic history, or are they wanting progress notes, etc., out there?	The physicians, maybe with help from the ARRA or other sources, will pay all costs. Please bid separately for initial payment and monthly fees for MPI hosting. We anticipate the MPI Offeror will provide MPI ASP hosting option. MPI offering should minimally include basic demographics and history, with expansion capacity. Other options for alternate EMPI systems are not available at this time.
19	Requirements	Exhibit E Specifications & Requirements	Section A Item 4	Page 28	What specifically do you mean by the statement, "Support automatic clinical documentation updates to the database?"	This statement means that once the clinical documentation is entered into the EHR, signed/verified, that it automatically writes to the EHR database and there is no lag time to have this information readily accessible to query/view.

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20	Requirements	Exhibit E Specifications & Requirements	Section A Item 4k	Page 28	What would be the definition of an electronic visit?	E-visits refer to any type of online patient-provider consultation where electronic information is exchanged, particularly involving the transmission via secure servers. Among many others, services such as patient portals and patient-provider e-mail systems fall into this category. This information is retained as part clinical documentation and audit trails. http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_022164.hcsp?dDocName=bok1_022164
21	Requirements	Exhibit E Specifications & Requirements	Section A Item 12	Page 31	Please articulate how important it is for the vendor to provide "integrated practice management" capabilities such as: charge capture, eligibility, claims processing, financials, etc..	The SI is purposed primarily for selection of an EHR solution, however an integrated Practice Management Solution is desirable. Offerors without a Practice Management Solution need to clearly identify interface capabilities and experience with PMS.
22	Requirements	Exhibit E Specifications & Requirements	Section A Item 22	Page 36	More clearly define Interoperability requirements.	Interoperability is the ability of health information systems to work together within and across organizational boundaries in order to advance the effective delivery of healthcare for individuals and communities. http://www.himss.org/asp/topics_integration.asp Interoperability requirements are primarily addressed in Exhibit E - Functional Specifications and Requirements; Section 22, Interfaces, Pages 36 to 37; and Exhibit G - Interface Matrix
23	Requirements	Exhibit E Specifications & Requirements	Section A Item 32	Page 41	Please describe in detail what is meant by e-Discovery?	Electronic discovery involves the access, use, and preservation of information, data, and records created or maintained in electronic media (Federal Rules of Civil Procedure). http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031860.hcsp?dDocName=bok1_031860
24	Requirements	Exhibit E Specifications & Requirements	Section B Item 1	Page 49	In this paragraph it states web accessible, but in other areas the term web-based is used. How will the state define web-based or web-accessible versus remotely hosted client server EHR program?	Web-based implies that no local client is needed and that it is browser based.

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25	Requirements	Exhibit E Specifications & Requirements	Section C Item 5	Page 42	Are you interested in a "train the trainer" type program, so they can offer those services later to physicians (and recognize that revenue for themselves)?	Please describe all training and implementation options applicable. PACeHR is particularly interested in approaches that integrate local resources, e.g. Train the Trainer and web-based, self-paced modules, etc.
26	Requirements	Exhibit E Specifications & Requirements	Section C Item 7	Page 50	What would be the duration of a contract?	Two year term with option to extend to five years.
	Pricing	Exhibit F Pricing Schedule	Pricing Instructions	Page 57		
27	Requirements	Exhibit E Specifications & Requirements	Section D Item 1	Page 55	Practices ("90% of the primary care in Arizona is delivered through small and medium-sized practices"): * How many physician does this represent? * Small practices are defined as 1-5 physicians: Medium practices are defined as 6-50 physicians. We need to get a firmer grasp on how many small practices we are looking at and if possible, a narrowing of the range for medium practice. * They only mention primary care. Will the group pricing be offered to specialty practices as well? If so, what are those breakdowns.	Small practices are 1-5 clinicians; Medium practices are 6 - 50; Large practices are greater than 50. There are approximately 7000 primary care providers in AZ, and over 90% are in small practices. Less than 25% have an EHR system. Our goal is to have over 98% PCPs using an EHR in 3 years. Recent passage of the American Recovery and Reinvestment Act (ARRA) has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment. The Offeror's pricing should also apply to specialty practices should they be interested in obtaining the EHR solution.
28	Requirements	Exhibit E Specifications & Requirements	Section D Item 1	Page 55	What is your long-term estimated, total possible scope of practices and users?	There are approximately 7000 primary care providers in AZ, and over 90% are in small practices. Less than 25% have an EHR system. Our goal is to have over 98% PCPs using an EHR in 3 years. Recent passage of ARRA has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment.
29	Requirements	Exhibit E Specifications & Requirements	Section D Item 1	Page 55	How many practices are committed to implement twelve (12) months post completion of PACeHR pilot?	Recent passage of ARRA has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment.

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30	Requirements	Exhibit E Specifications & Requirements	Section D Item 5e	Page 56	Clarify the term, "customizable."	The EHR offering should allow the subscriber organization the ability to configure a limited number of specific parameters and tables within the system. The language was not meant to imply technical customization of Offerors' source code at this time. As expected, future enhancements may be requested of the EHR Offeror and product that may require source code additions and/or modifications.
31	Requirements	n/a	n/a	n/a	Are there a minimum guaranteed number of practices that will sign up for the selected EHR? Over what time frame?	Recent passage of ARRA has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment. PACeHR offers no guaranteed minimum number of practices.
32	Requirements	n/a	n/a	n/a	How many practices are committed to implement twenty-four (24) months post completion of the PACeHR pilot?	Recent passage of ARRA has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment.
33	Requirements	Exhibit E Specifications & Requirements	Section D Item 3	Page 55	What is the total number of patients served by the anticipated subscribing practices?	Recent passage of ARRA has created heightened interest in EHRs, thus we do not have specific marketing information to reflect this very recent change in the environment.
34	Requirements	Exhibit E Specifications & Requirements	Section D Item 3	Page 55	How many practices fall into each of the small, medium, and large size bands?	Of AHCCCS' nearly 20,000 professional providers over 6000 are AHCCCS registered primary care providers. 98% of these registered primary care providers are organized in practices of less than 8 physicians. 92% of these registered primary care providers are organized in practices of less than 3 physicians. Recent passage of ARRA has created heightened interest in EHRs through Medicaid incentives.

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35	Requirements	Exhibit G Interface Matrix	Exhibit G	Page 60	Is there a specific plan, budget, and time allocation for addressing local interfaces. Example: a rural MD who uses a local laboratory or diagnostic imaging service. Is there funding for the development (and maintenance) of such interfaces? If not, please describe why you think the rural MD would be motivated to use the EHR without such interfaces?	We anticipate that Offeror will have available interfaces previously installed in its customer base, so "budget" will be based on the Offerors' experience. Interface development in the rural and frontier environments will be addressed on a need basis. Resources will be available via collaborative, PACeHR. Please note assistance for interfaces is anticipated to be available through ARRA. We agree that an EHR with lack of interfaces would decrease optimal benefits for clinician.
36	Requirements	Exhibit G Interface Matrix	Exhibit G	Page 60	If the rural clinician has associations with the community hospital, is there funding for the development (and maintenance) of ADT/REG (and CCD) interfaced between the EHR and the local hospital's EMR? If not, please describe why you think the rural MD would be motivated to use the EHR without such interfaces and/or who will pay for such interfaces.	Interface development in the rural and frontier environments will be addressed as above. Please note assistance for interfaces is anticipated to be available through ARRA. Additional interfaces to the acute care hospitals in the rural environment may be a joint investment. Please describe these additional costs based on your experience. We agree that an EHR with lack of interfaces would decrease optimal benefits.
37	Award	n/a	n/a	n/a	Who is on the selection committee for the finalists? Does the committee include physicians?	The individuals on the final selection committee are not available for public release. The committee composition will represent clinicians, office administrators, and other subject matter experts.
38	Award	Cover Memo	Mid-Page	Page 1	On the Notice of Standardized Inquiry, there are several references to a 'first review.' Are there subsequent reviews for offers received after March 23, 2009?	There is currently one scheduled review for which responses must be received by March 30, 2009. Responses submitted after this time will not be considered for this scheduled award. No additional award dates have yet been determined.
39	Award	Scope of Work	Roles and Responsibilities	Bottom of Page 12	Will multiple vendors be awarded a contract for this bid.	A minimum of one Offeror's product will be selected; however, based on the needs of the provider community, multiple awards are possible.
40	Offeror	Letter of Intent	Paragraph 1	Page 2	Is there a separate due date for the LOI ?	No, there is not a separate date for the Letter of Intent submission. Please submit the LOI with your overall SI response.

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41	Offeror	Scope of Work	Role of AHCCCS in PACeHR	Page 11	AHCCCS, through its Medicaid Transformation Grant, will provide start-up funding to PACeHR to help develop and support program infrastructure. Specifically how much of those start-up funds will be paid to the vendor upon contract signature between AHCCCS and the vendor?	This includes communications with interested providers and logistical support for the training and user group facilitation through PACeHR. AHCCCS funds are not eligible for direct payment to the Offeror. AHCCCS will not sign any contract with the vendor. PACeHR will recommend vendors to its community.
42	Offeror	Instructions to Offerors	Section C Item 6	Page 17	How will proprietary financial information be protected?	Bear in mind that per the SI, Instructions to Offerors, Page 17, paragraph 6, Confidential Information: No information submitted by the Offeror in this Standardized Inquiry will be held confidential. Any patient information must be de-identified.
43	Offeror	Instructions to Offerors	Section C Item 11	Page 18	How is the point system broken down for the evaluation of the proposal? (i.e., 20% References, 30% Cost, etc.)	Pages 17 & 18, paragraph 10, lists the relative order of importance of the evaluation criteria. The policy of the agency is to release specific points after the award(s) has been made.
44	Offeror	Instructions to Offerors	Item 14	Page 19	Since the program appears geared towards small and medium size practices, do references have to be from these same size practices? If we have references that meet your criteria but are from large or multi-practice implementations, will those references be accepted?	While it is acceptable to include references that are from practices larger than 49, please include a description of the practice size (number of providers and end users) and structure (single clinic, multi-facility practice, etc.) of each reference.
45	Offeror	Instructions to Offerors	Item 19	Page 20	If the demonstrations will only be three hours and you want the option to interview offerors, will these interviews be outside the three hour demonstration time?	The time allocated for the demonstrations will be separate from interview questions. Once the finalists are selected, the demonstration scripts and final time allocation and agenda will be disseminated to those finalists.
46	Offeror	Exhibit E Specifications & Requirements	Section C Item 6	Page 49 & 50	What are the practices - small, medium, and large implementation expectations for these groups?	Please provide recommendations tailored to your customer-based implementation experiences. We are looking for creative, streamlined approaches to implementation.

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47	Offeror	Exhibit E Specifications & Requirements	Section C Item 10	Page 52	To be clear, you would like our Organizational info (on a separate document or in labeled Exhibits) and then all the responses to the questions to be included in the tables on the response form. Correct?	Your company's organization chart can be included within the content of the SI response or as a separate attachment.
48	Subscriber	Definition of Terms Scope of Work	Item 20 Item 23 Background Paragraph 1	Page 7 Page 8 Page 9	Is this program open to non-profit FQHC, CHC entities that wish to purchase an EHR through the PACeHR or is this program primarily for an average for-profit provider office practice?	This EHR will be offered to providers for any licensed Arizona provider for whom this is the appropriate solution.
49	Pricing	Scope of Work	Background Paragraphs 2 & 4	Page 9	Is PACeHR proposing \$500.00 a month per physician with unlimited staff to be trained at no cost to the physician? A single provider office with 5 staff will generally pay anywhere from \$18,000.00 to \$25,000.00 in training to learn how to properly use a system. This translates into about 10 total days of training with additional web training prior to and after the go live. Is PACeHR proposing that the vendor absorb these training fees or has this just not been considered?	PACeHR is requiring an all inclusive monthly core hosting fee which includes: software, hosting services, & ongoing web-based training modules. The goal is to provide a robust product at an affordable monthly subscription fee for the small and medium size practices. The market industry research demonstrates that \$500 is affordable. Assumption is the following of initial implementation training: a. Offeror should provide their pricing if they are requested to provide the initial practice implementation training. b. PACeHR or partner may also elect to provide initial implementation training to practices for which their Offeror would not be responsible for costs.
50	Pricing	Scope of Work	Background	Page 9	If we are selected as Vendor of Choice, what marketing options do we have to the physicians of Arizona? Co-marketing campaign with AHCCCS? Membership list with marketing collateral from both... etc?	As a purchasing collaborative through PACeHR it is not expected that individual provider marketing and communications will be needed. The savings from the streamlining of the Offeror's marketing and communications will allow the Offeror to reduce the overall EHR cost.
51	Pricing	Scope of Work	Background	Page 9	Will sales presentations, demonstrations, reference checks, site visits, and other sales activities need to take place at the individual practice/provider for the practice/provider to make a buying decision?	As a purchasing collaborative it is not expected that individual provider marketing and communications will be needed. The savings from the streamlining of the Offeror's marketing and communications will allow the Offeror to reduce the overall EHR cost.

