

*One*HealthPort

WASHINGTON STATE STATEWIDE HIE HUB

APPENDIX D: VENDOR DEMONSTRATION OUTLINE

September 13, 2010

Vendor Demo for Washington State HIE HUB – OneHealthPort RFP

Virtual Vendor Demonstration Guidelines

This document outlines what the vendor is asked to demo to the Scoring Team, Technical Advisors and invited Observers. This demonstration will occur on a scheduled day via a Live Meeting session. Each vendor will have three hours to demo the requested services and answer questions.

The vendor is asked to build out in advance four demo scenario companies for use in all the demos. The purpose of the four demo companies is to demonstrate the needs and solutions for various size and IT sophistication and preferred transactions and message types.

Please reference the following demo company profiles for the demonstration use cases:

Dr. Kant – is a small practice that does not have an EMR and uses web browser or can send/receive a fax. Has minimal IT support and will do most trading manually

Dr. Able – has a qualified EMR and is able to transmit CCR and x12 transactions from practice management system (PMS) via FTP. IT support is through a service provider but is professional grade

General Hospital – is a large multi-facility healthcare organization with a substantial IT infrastructure. They use HL7 for most outbound transactions and x12 for business transactions via FTP

My Health Plan – is a large regional health plan who prefers x12 transactions for the HIPAA set, has their own clearinghouse, prefers to consume web services for all non x12 transactions, is not used to dealing with HL7 transactions but is very familiar with XML.

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Note: The numbering in parenthesis refers to the RFP question and is for reference purposes only.

1. (2.1.3) Does your solution provide built in self-managed registration and testing tools for trading partner setup? – Demo this solution in the following scenarios:
 - a. What does Dr. Kant's registration and testing process look like? Demonstrate how does Dr. Kant find trading partners to connect (healthplan, hospital, other practices, lab)
 - b. Dr. Able has a new practice management system (billing, scheduling, registration). What will registration and testing look like? Demonstrate how Dr. Able connects to Surescripts. Demonstrate how Dr. Able specifies the transactions and format he wants to receive.
 - c. General Hospital - What does registration and testing look like?
 - d. My Health Plan - What does registration and testing look like?

2. (2.7.12) Describe your ability to support protocol translation (e.g. to support the varying abilities of trading partners to handle multiple technical protocols such as web services, FTP, XML, etc.)
 - a. Dr. Able's office routes a CCR to Dr. Kant for a referred patient. Dr. Able's EMR FTP's the file to the HIE HUB. Dr. Able also needs to route a copy to My Health Plan for review. Demonstrate how the HUB engine supports protocol translation.
 - b. The Dept of Labor and Industries has a non-standard form used to collect qualifying information on L&I claims. Demonstrate how DLI would setup their proprietary format. What functionality does the HUB offer to map standard HL7 output to populate the custom forms?
 - c. Demonstrate how a standard transaction from Dr. Able is managed by the HUB when submitting information to CMS via NHIN? Does the HUB have built in NHIN tools/transformations?

3. (2.1.2) Explain how your solution supports browser, batch, real-time and web services transactions. – Demo these solutions in the context of the following use cases
 - a. Dr. Kant does not have an EMR but would like to receive lab results and other clinical transactions from other health care organizations. Dr. Kant has minimal IT support.
 - b. Dr. Kant has transcription files to share when referring patients to other providers.
 - c. Dr. Able is ready to send and receive transactions from the reference lab and other organizations.
 - d. Dr. Able would also like to send batch requests from the practice management system to the health plans for eligibility and benefits on all scheduled appointments.
 - e. General Hospital has ADT information it would like to share with Payers/Financially Responsible Parties (FRP) as a batch file.
 - f. My Health Plan would like to pick up ADT information from General Hospital as a web service.
 - g. My Health Plan would like to receive the batch of 270 eligibility requests from Dr. Able and respond with a batch of 271 responses.

4. (2.1.4) Does your solution provide full transaction visibility, audit logging, and monthly or aggregate reporting– Demo this solution in the following scenarios:

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- a. Dr. Kant is setup and receiving transactions from their Lab provider. They would like to be able to check on the delivery of a lab result that the lab says was sent. What message tracking and visibility do the Lab and Dr. Kant have through the HIE HUB?
 - b. Dr. Able wants to use their connection to deliver batches of claims to My Health Plan. What batch and detail tracking information do they have?
 - c. General Hospital sends nightly ADT batches to six different health plans via the HIE HUB, My Health Plan is not receiving their ADT transactions (via a web service) every other night. What visibility tools are available for both parties to problem solve the missing transactions?
 - d. My Health Plan receives nightly eligibility batch requests from Dr. Able's PMS and replies for each transaction, what options does My Health Plan have to track the batch file and its individual responses?
5. (2.7.4) Ability to route copies of transactions and audit all recipients
- a. Dr. Able wants to send a CCR record to a referring provider and copy the imaging center who will be managing the procedures. Dr. Able would like to know that both provider organizations received the CCR before the patient arrived
 - b. Dr. Able has a process to enroll patients who wish to have copies of their records sent to their Personal Health Record. Demonstrate if there are any differences in this process (routing and auditing) compared to a transaction routed to any other trading partner.
6. (2.7.6) Ability to specify delivery times on transactions sent in advance
- a. Dr. Able's office staff sends all referral records the day before a scheduled appointment to the referred to practice. They send the message as soon as they know the patient is scheduled but work with a number of practices who do not want the record until the day before the visit. Can the sending practice specify a delivery date and time for a message sent some time in advance?
7. (2.7.7) Ability to split or copy transactions based on trading partner defined routing rules
- a. Dr. Able utilizes Washington Vaccination Association supplied immunizations for insured children. When they administer an immunization they submit a claim to the payer and need the ability to set a rule based on the Immunization administration service code that triggers a copy of that claim be created and only the immunization serum line is split off to a second claim that is routed to the Washington Vaccine Associations processor. A third message should be created to notify the Child Profile Immunization registry of the encounter and required reporting detail. A fourth report would send a copy of the Payer acknowledgement to the Washington Vaccine Association to track overall immunization use across all commercial health plans
 - b. Local Imaging Center would like to route a copy of the imaging results report to Dr. Able as the referring physician and copy Dr. Kant as the surgeon (referred to physician) who will be performing a procedure on the patient.
8. (2.7.13) Describe your ability to support routing ADT, PIX and PDQ message segments to populate a hosted or outside Master Person Index or Record Locator Service(s)?

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- a. General Hospital sends HL7 transactions with ADT segments to My Health Plan with financial responsibility for the patient stay. A copy of the ADT segment is sent to the MPI/RLS database(s).
 - b. General Hospital sends HL7 transactions with ADT segments to Dr. Kant and Dr. Able. A copy of the ADT segment is sent to the MPI/RLS database(s).
 - c. Dr. Able's office sends HL7 transactions with PIX segments to an imaging center for referred services. A copy of the PIX segment is sent to the MPI/RLS database(s).
 - d. My Health Plan sends a 271 eligibility transaction to the RLS to populate a pointer for records for coverage information.
9. (2.7.8) Ability to globally set rules for repository population – registries, syndromic surveillance
- a. Route a copy of all documents with defined content
 - b. Ability to transform message copy to de-identify data before sending copy to a specified data repository
- The Dept of health has syndromic surveillance responsibilities to help protect the population health for Washington State residents and guests. Based on a defined criteria or CPT code, a copy of any record from any sender would be de-identified and sent to DOH.
10. (2.7.11) Explain error handling process that allows a sender to notify recipient(s) that a message was sent in error or the message contained the wrong patient record.
- a. Dr. Able's office routes a CCR for a patient they have referred to Dr. Kant. The staff realized they routed the wrong patient record. How can the staff notify Dr. Kant to destroy the record sent in error electronically with a routing number or identifier for ease of locating the record?
11. (2.7.10) Ability to support secure SMTP (email) transactions for "late adopter" communications. Demonstrate this capability.
12. (2.7.5) Change management for trading partner transactions.
- a. Dr. Able has been submitting claims batches using 4010. Dr. Able begins submitting 5010 batches. What inspection is performed by the Hub in order to ensure successful processing of this new transaction version by the trading partner? **Can the sender maintain two versions of transactions?**
13. (2.4.3) Central tracking of partner setup activities and campaign progress. Demonstrate the processes and tools you offer throughout the full lifecycle of recruiting, on-boarding, change management, and retiring trading partners accounts.
14. (2.3.1) Demo the ability of the management company (OneHealthPort or operating vendor) to monitor traffic and troubleshoot message delivery issues reported to Support.

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15. (2.3.2) Demo the ability to create billing statements and billing detail for customers using the HIE to be distributed by OHP or operating vendor. How do they count split transactions?

16. (2.3.3) Demo the ability to provide audit reports for an external audit of the overall service or an individual HIE Customer being audited.