



WASHINGTON STATE
STATEWIDE HIE HUB

REQUEST FOR PROPOSAL

August 11, 2010

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1. INTRODUCTION & BACKGROUND

This RFP is being issued by OneHealthPort on behalf of the Washington State Health Information Exchange (HIE). It is important for respondents to understand the strategic context of the HIE, the technical architecture and the roles of OneHealthPort and other related organizations, as explained in the following sections.

Washington State is looking for the first component of the Statewide HIE infrastructure. While the major focus of this RFP is on the technical capabilities of the HUB engine, the vendor will also be asked to comment on their ability to provide and/or interface with future services of the HIE including: a Master Person Index/Record Locator Service and a Provider Directory. The vendor will also be asked about their ability to provide and/or interface with other services that could be offered outside the Statewide HIE by community organizations or other vendors including; data repositories, data transformation and web applications. The RFP will help identify vendors who have options for the next layers of components and potentially eliminate vendors who are not able, at a minimum, to interface with the other component services from other vendors. Ideally the architecture is a Service Oriented platform that would allow easy integration of any additional services.

1.1. Strategic Context

The work we are about is improvement of patient and population health. At the federal, state and local level, in the public and private sectors, the goals are to make patient care safer, communities healthier, and the delivery of health services more efficient and effective. The key players in bringing this change about are those who deliver, receive and pay for health services. All other stakeholders are in service to these individuals, organizations and systems. Health Information Exchange (HIE), the ability to share information efficiently across organizational and geographic boundaries, is a necessary-but-not-sufficient condition to bring about this desired future state. The Washington State HIE will not be all things to all people. The HIE will be optimized to link, to leverage, to support, and to accelerate the important work of those who, by their own actions and investments, demonstrate a commitment to building a better-performing health services delivery system.

In both the public and private sectors, Washington State has a long history of engagement and collaboration dating back twenty years to the beginning of health information exchange efforts and continuing through to the present day. Public and private stakeholders in the state are very familiar with collaborative HIE initiatives and have built the current HIE model on a foundation of hard lessons learned from past work.

The key design elements of Washington State's HIE are shaped by three key guiding forces:

- **SSB 5501** – In April 2009, the Washington State Legislature passed Substitute Senate Bill 5501 to accelerate the secure electronic exchange of high value health information within the state. SSB 5501 established the Washington State Health Care Authority (HCA) as the public sector oversight organization for HIE. The bill directs the HCA to designate a private sector organization to lead implementation of the act and to oversee the work of the lead organization. In October 2009, the HCA designated OneHealthPort to serve as the Lead HIE Organization for the State of Washington. The bill grants the Lead Organization and participating stakeholders significant discretion relative to architecture, technology and business models

- **ARRA** – Like many other states, Washington State has entered into a cooperative agreement with ONC to use ARRA funds to develop a sustainable HIE for the state. Governor Gregoire designated the HCA as the recipient of the Cooperative Agreement funds and Richard Onizuka, Ph.D., the HCA's Director of Policy, as the State Government Health IT Coordinator. The HCA determined that OneHealthPort's lead role would apply not only to SSB 5501, but also in support of the Cooperative Agreement with ONC.

- **The Market** – Achievement of the SSB 5501 and ARRA objectives require public and private enterprises to adopt and use the HIE's services. It is important to note that the orientation of the Washington State HIE is NOT to figure out how best to spend ARRA funds and then hope for the best. Washington state's long-term sustainability strategy is predicated on HIE service fees from paying customers. As such, the HIE must make business sense to a critical mass of health care enterprises. In working closely with these enterprises OneHealthPort has identified the following high level requirements for the HIE:
 - **Leverage existing investments** – The HIE must add value to existing enterprise investments, not seek to replace these investments. Washington State has a number of local health information organizations and enterprises with HIT/HIE capabilities already in place. We see this as an advantage and an opportunity, not competition.
 - **Scalability** – The market for clinical HIE is immature. There is great hope for the future, but the expectation should be conservative: volume will build slowly. The technical components must be able to start small and scale up to meet demand as industry interest and readiness expands.
 - **Flexibility** – In Washington State, enterprises that are likely to participate in the Statewide HIE have a wide range of capabilities, sophistication and need. In the course of our research it is clear that diverse participants will use different elements of the HIE in different ways and at a different pace. One size does not fit all.
 - **Modest cost** – Even the most enthusiastic proponents of HIE will prioritize their enterprise infrastructure and applications higher than the Statewide HIE.

Budgets are tight, and because of a “gray” business case, the “R” in ROI is questionable; as such the “I” needs to be of modest size.

These core business requirements linked to the policy objectives embedded in ARRA and SSB 5501 influenced key stakeholders and OneHealthPort to develop a “thin-layer” technical architecture.

1.2. Technical Architecture

The Washington State HIE architecture, illustrated below, is a “thin-layer” model built to harness and leverage the existing HIT/HIE capabilities in the state. The modest scope of the HIE also enhances sustainability of the HIE and reduces privacy and security barriers to information exchange.

The shared services to be centralized in the statewide HIE include:

- Hub for secure exchange of HL7 and X12 transactions
- Master Person Index (MPI) to match patient identities
- Record Locator Service (RLS) to find where patient data resides
- Provider Directory/Database to identify and locate trading partners
- Standards and conventions to support trusted and efficient exchange
- Management organization to operate the HIE

The services to be decentralized outside the statewide HIE and offered in the marketplace by other parties include:

- Data repository for storing patient information
- Data transformation to edit and translate information
- Applications for viewing, storing and using information

Figure 1: View 1 of Washington State “Thin-layer” HIE

Washington State HIE HUB – OneHealthPort RFP

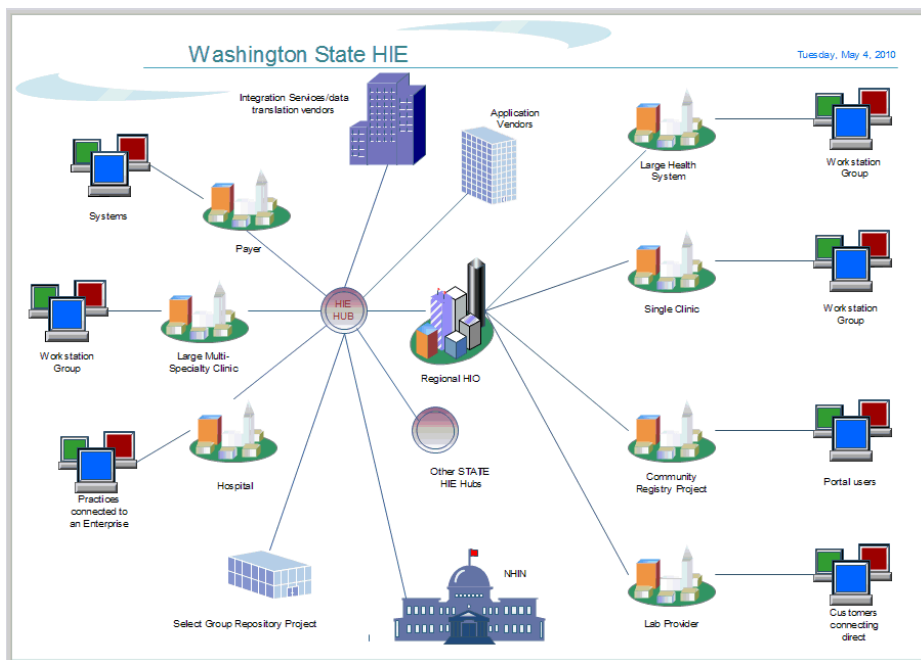
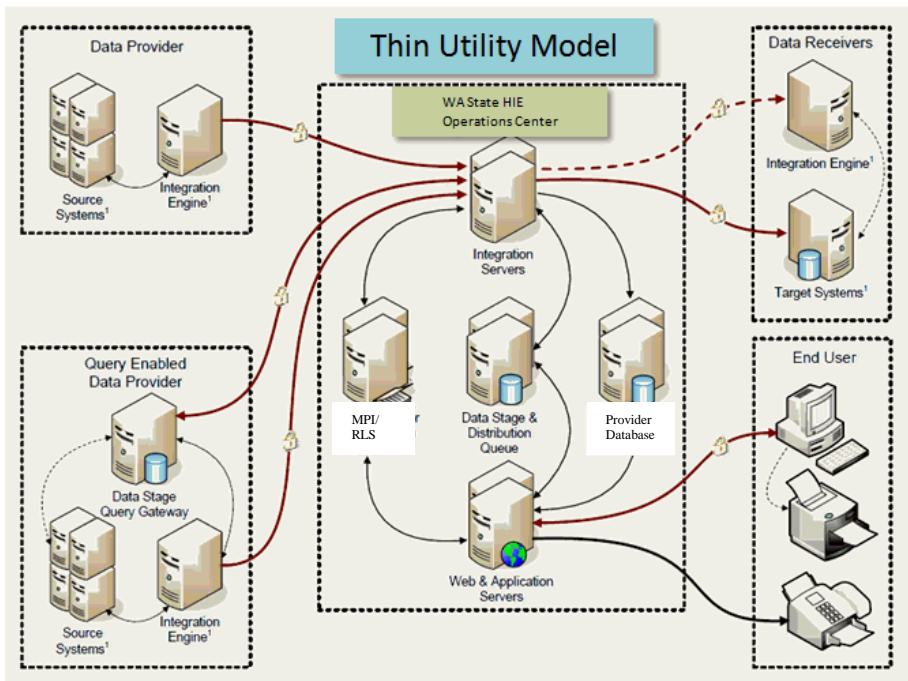


Figure 2: View 2 of Washington State “Thin-layer” HIE



1.3. Organizational Overview and Roles

As described above, Washington state has a unique model for its HIE. The HCA has public sector oversight and serves as the ARRA coordinating organization. OneHealthPort is the lead organization. These two organizations and the ongoing governance arrangement are described below:

The HCA

The HCA is a cabinet-level agency responsible for managing and purchasing health benefits for more than 400,000 Washingtonians, including state and public employees and low-income individuals. The HCA has long been a source of public policy innovation and entrepreneurship. Since its creation in the late 1980s and affirmed with recent legislation, the HCA has played a central role in the Governor's health improvement and health reform efforts. The agency oversees a mix of health care programs and provides leadership and coordination for numerous state and federal legislative and federal grant initiatives

Based on its skilled work force, diverse experience and familiarity with HIT/HIE issues Governor Gregoire designated the HCA to head up the state's ARRA work in the electronic health information arena. Recently, The Governor has also proposed to merge HCA with the state's Medicaid program, in order to consolidate the state's health care purchasing leverage. This consolidation further strengthens the agency's capacity to oversee HIE activities in Washington State. HCA also houses the public sector point person for HIT/HIE in state government, Richard Onizuka, Ph.D., the State Government HIT Coordinator. His deputy, Juan Alaniz is also an HCA employee.

OneHealthPort

Based in Seattle, WA, OneHealthPort is a Health Information Technology Management Organization incubated by the CEOs of the Washington Healthcare Forum and incorporated as an independent Washington State for-profit corporation in 2002. The company was founded by seven Forum stakeholders that elected to capitalize OneHealthPort and assume an ownership role. The OneHealthPort investors are a mix of leading northwest health care companies including:

- The Everett Clinic
- First Choice Health
- Group Health Cooperative
- Health Services Northwest (a Swedish Health Services and Providence Health & Services joint venture)
- Premera Blue Cross
- Regence Blue Shield

OneHealthPort was created to assume operating risk and take shared health information services to market. The decision to structure this entity as a for-profit rather than the more traditional not-for-profit Regional Health Information Organization (RHIO) model was predicated on Washington State's experience with grant-funded HIE initiatives in the past – when the grant goes away, so does the service. The founders of OneHealthPort envisioned the company delivering mission critical services to their enterprises and others. They believed it was vital for the company to be self-sustaining over the long term. Their belief was that to be self-sustaining, the company had to run itself “like a business,” and offer services that a critical mass of enterprises would pay for and use. Sustainability was embedded in the company's operating model from the start.

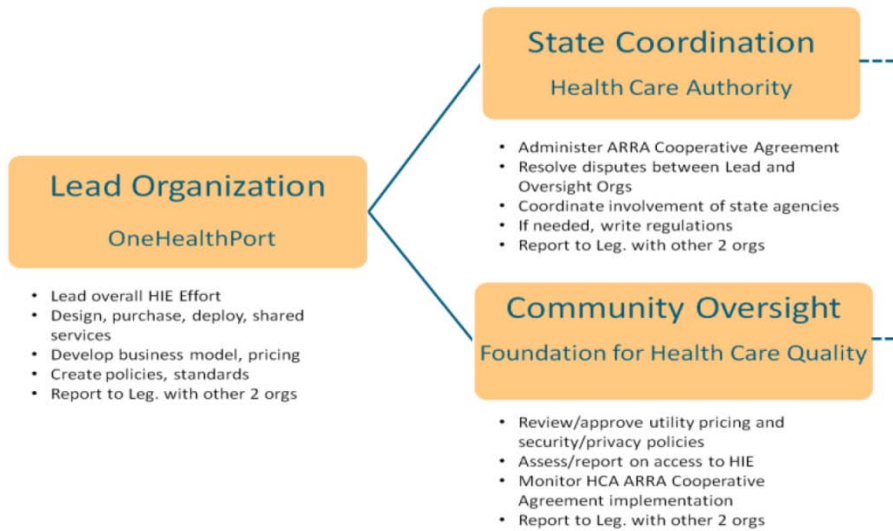
In this context, OneHealthPort's initial effort was a common security service designed to simplify and protect access to provider portals. OneHealthPort deployed the security service to its first customer in 2003. The service was rapidly adopted in Washington State and across the northwest, with more than 36,000 provider organizations and more than 85,000 individuals within those organizations enrolled in the security service today. The service supports over 500,000 secure visits to provider-facing portals each month. Over the course of the last three years, OneHealthPort has complemented the security service with the deployment of additional offerings including:

- A browser-based claim tool targeted at smaller practitioners with well over a million electronic claims processed to date
- A medication information exchange that provides authorized access to medication history and detailed formulary information on 60- 70 percent of privately insured patients in Washington State
- A National Provider Identifier (NPI) database with over 17,000 local entries

OneHealthPort complements these commercial ehealth services with strategic services focused on process improvement, administrative simplification and health information exchange. In this capacity OneHealthPort serves as the lead organization for the state in implementing SSB 5501 focused on HIE and SSB 5346 focused on administrative simplification.

Ongoing Governance

Early in the design process HIE stakeholders expressed a preference to shift some of the oversight responsibility from the public sector to the private sector. In this context, the Foundation for Health Care Quality, a local 501 c-3 was designated to service as the community oversight organization. The HIE governance structure that has emerged is illustrated in the figure below:



For RFP respondents, the key facts to understand about Washington State’s HIE governance relative to this procurement are as follows:

- OneHealthPort is the accountable party. OneHealthPort will create and distribute the RFP, score the responses, select the winner and negotiate and execute the final operating agreement. As such, this will be a private sector procurement conducted as described within. It is NOT a public sector procurement conducted under the contracting rules of state government. All contact should be with OneHealthPort and its designated representatives from Deloitte Consulting (see instructions within). Respondents should not contact the HCA or the Foundation for Health Care Quality.
- While this is a private sector procurement, it is being conducted in support of SSB 5501 and ARRA. As such, OneHealthPort will be transparent in our work. We will provide complete visibility to the HCA and the Foundation for Health Care Quality throughout the process. In addition, we have engaged representatives of over 30 leading public and private sector health care enterprises to guide us in our work. It is our intent to conduct an efficient, crisp and decisive process in an open and transparent manner that meets the key needs of a critical mass of leading local health care organizations.
- The ultimate relationship between OneHealthPort and the successful bidder will be determined based on the final HIE operating model that emerges from this process.

1.4. Existing OneHealthPort Technical Landscape

The current OneHealthPort technical landscape may have bearing on some of your responses. The following background is provided to assist with responses that may refer to integration with OneHealthPort systems or projects.

Single Sign-On

OneHealthPort manages a Single Sign-On security service with identity verification of shared healthcare workers. The current system has been in operation for more than eight years and has over 85,000 users and 36,000 organizations registered to access twenty two secure sites accepting the federated identity from OneHealthPort as the Identity Service Provider. This SAML 2.0 based authentication service is available if an application or portal offering requires user logins for a broad population of healthcare workers or practitioners. This service offers second factor authentication options and utilizes FIPS certified appliances at the core of the security service.

Provider Data Service

OneHealthPort is deploying the Provider Data Service in August 2010. This service will provide data management web applications to the provider community to input information for all credentialing and privileging data collection of practitioners in Washington State. Based on SSB 5346, this service will become the primary source of data for a variety of provider trading partner needs. This database may provide a substantial portion of the data needed about a practitioner and their provider organization. This data source may be coupled via web services or data transfers to any HIE systems needing contact, demographics and other basic “setup” information.

Medication Information eXchange (MIX)

MIX is a project that OneHealthPort started in 2006 with a goal of identifying the best solution to support ePrescribing in Washington State. Secondary goals included making medication history, patient specific medication benefits, and drug formulary information available to ePrescribing, EMR and HIS systems based on a majority of the health plans making their data available through a single source. Instead of re-inventing this work, OneHealthPort worked with RxHUB/Surescripts to leverage their existing infrastructure. In the State of Washington the data for seven local health plans and a number of national health plans covering more than 60% of the lives in Washington State are available to certified applications connecting to Surescripts. While OneHealthPort promotes this as the most efficient way to gain access to this aggregated information, it is possible that the ARRA funding requirements or Washington State Medicaid may require e-prescribing traffic to flow through the State HIE infrastructure in order to measure and track Meaningful Use measurements. The vendor should be able to traffic NCPDP transactions with SureScripts if needed.

For additional background information please refer to our website:

<http://onehealthport.com/HIE/index.php>

2. *VENDOR RESPONSE GUIDELINES*

2.1. *Scope of the Request for Proposal*

Washington State is looking for the first component of the Statewide HIE infrastructure. While the major focus of this RFP is on the technical capabilities of the HUB engine, the vendor will also be asked to comment on their ability to provide and/or interface with future services of the HIE including: a Master Person Index/Record Locator Service and a Provider Directory. The vendor will also be asked about their ability to provide and/or interface with other services that could be offered outside the Statewide HIE by community organizations or other vendors including; data repositories, data transformation and web applications. The RFP will help identify vendors who have options for the next layers of components and potentially eliminate vendors who are not able, at a minimum, to interface with the other component services from other vendors. Ideally the architecture is a Service Oriented platform that would allow easy integration of any additional services.

Capabilities of the State HIE successful bidder include:

- Message handling
 - Transport of healthcare standard data transaction/formats (EDI, HL7,XML, CCD, CCR, images, any document format, HITSP standards)
 - Batch and real-time transactions
 - Browser access to data and data sharing
 - Web services support for trading partners
 - Transformation tools to assist the trading partner to meet standard formats
- B2B transaction gateway
 - EDI transactions (ASC x12, documents, etc)
 - Self-provisioning tools for trading partners
 - Auto-registration of new users
 - Software or black box endpoints management tools as options where needed
 - Content based routing options
 - Automated routing options

Message handling will focus on clinical and business transactions in the meaningful use areas with an emphasis in the first year on getting trading partners connected to the HIE, getting transactions tested for compliant formats, and routing messages between trading partners in a “push” fashion. Initially the service may not include a Master Person Index or Record Locator Service so trading partners will need to send enough information with the transaction to assist the receiving trading partner in identifying the record and matching it with an existing patient record if they were a previous patient. This might look like populating an ADT, PIX or PDQ segment of a message with as much detail as the sending trading partner can share. The vendor solution should be able to demonstrate how it supports clinical messages with these segments today.

Trading partner setup should allow the trading partner to identify what transactions and versions they are able to share with partners and what they are able to accept. The trading partner may need to be able to identify if they have a Master Person Index in their enterprise and if that in any way impacts what they want from trading partners to simplify record matching.

The longer term vision for the Washington State HIE is to host a Master Person Index or record matching logic that would assist provider organizations in matching records to reduce fragmented records for individual patients. The Record Locator Service like the MPI is seen as a future phase based on business and technical requirements being developed separate from the HIE HUB requirements. Today there is little consensus on the model and lower critical demand for these services as a part of the initial offering. While this phase may be 6 months or longer after the initial implementation, the vendor should offer options for how ADT, PIX and PDQ transactions can be supported to populate a statewide MPI or what options the vendor supports today for populating and supporting integrated or interfaced MPI and RLS options.

Note: OneHealthPort is aware that the BCIN group in Washington is also engaged in solicitation of HIE services. At this time, please treat the BCIN and OneHealthPort selection processes separately. We are in communication with BCIN and hope to realize the proper synergies between our two processes going forward.

2.2. Vendor Qualification

To be considered for this contract, vendors will first be evaluated against the following list of qualifying criteria. Vendor responses that adequately meet these minimum requirements will proceed to the next steps in the selection process. Vendors who fail to meet the requirements will be eliminated from consideration. *It is not necessary to respond directly to these criteria, as they are included in the response format contained in Appendix A.*

Vendor Qualifying Criteria:

1. Minimum of 5 years in business
2. Has specific requested HIE HUB capabilities, at a minimum:
 - a. Hub for secure exchange of HL7 and X12 transactions
 - b. Support for browser, batch, real-time and web service transactions
 - c. Provide customer self-managed registration and testing tools for trading partner setup
 - d. Full message visibility and audit logging
 - e. Trading partner tools for message routing rules management
3. Ability to segregate HIE Hub functionality from the optional HIE capabilities that may be part of the vendor's product offering. (e.g. RLS, MPI, etc.)

4. Minimum of 6 current healthcare clients, including at least 3 with inter-enterprise exchange occurring among diverse constituents (e.g. hospitals, pharmacies, clinics, payers, labs, etc.)
5. At least 3 operational HIE sites, using the requested HIE HUB capabilities
6. Solid financial position including cash flow & reserves
7. Available optional capabilities, or ability to integrate with partners, for the following additional potential functions:
 - a. MPI
 - b. RLS
 - c. Provider Directory
 - d. Data Repositories
 - e. Web Viewers and Applications
 - f. Data Translation
8. Vendor indemnifies OHP in the event of a breach associated with a defect in their product or service.

Note: Vendors meeting the qualifying criteria must also have the ability to deploy the requested HIE Hub capability by 3/31/2011 (assuming a start date of 11/1/2010).

2.3. Response Submission Instructions & Communications

To facilitate timely response and review by OHP, we require that you submit your proposal in two parts. Part 1 consists of a limited number of questions focused on answering the qualification criteria outlined in 2.2. See Appendix A for details. Part 2 includes additional detailed questions. See Appendix B for details.

- Submit your Intent to Bid by **5:00 p.m. PDT August 16, 2010** by filling out the form at: <http://www.onehealthport.com/HIE/bidform.php> (Required in order to receive a bidders conference invitation)
- Part 1 “Qualifying” proposal responses must be submitted no later than **5:00 p.m. PDT August 20, 2010**.
- Part 2 “Full” proposal responses must be submitted no later than **5:00 p.m. PDT September 2, 2010**

Responses should be submitted via email to info@onehealthport.com No printed hard copies are required, nor requested.

The subject line of your submission email should read “[Vendor Name] – Statewide HIE HUB Proposal Response”

Washington State HIE HUB – OneHealthPort RFP

Vendors are directed not to initiate contact with any representatives of OHP, the Deloitte team or any staff or consultants working on the selection with OneHealthPort outside the specified process for questions and clarifications.

Vendor questions and requests for clarification concerning this document should be submitted via the RFP questions form at: <http://www.onehealthport.com/HIE/RFPform.php> .

- Questions submitted to the OHP mailbox by 8/16 will be aggregated, and addressed during bidder’s web conference #1 on 8/18 @ 9:00-11:00 a.m. PDT.
- Questions submitted to the OHP mailbox by 8/23 will be aggregated, and addressed during bidder’s web conference #2 on 8/25 @ 9:00-11:00 a.m. PDT. This will be the final opportunity to ask questions prior to submitting the full proposal.
- Vendors will also have the ability to submit live questions in writing during the web conferences.
- Vendors submitting proposals will receive further information regarding phone and web meeting connections prior to the above dates.

2.4. Evaluation Timetable

OHP with assistance from community participants will review vendor responses. Vendors whose responses meet the evaluation criteria may be invited to further demonstrate their products at OHP.

The expected evaluation timetable is as follows:

Milestone	Date
RFP to vendors	8/11
Initial questions and intent to bid due from vendors	8/16
Bidder’s web conference #1	8/18
Part 1 “Qualifying” Proposals due	8/20
Final questions due from vendors	8/23
Bidder’s web conference #2	8/25
Notices to vendors not meeting qualifying criteria	8/30
Part 2 “Full” Proposals due	9/2
Notices to vendors invited to demo their bid package	9/21
Product demonstrations for selected vendors	9/22 – 9/28 (anticipated)
Final discussions with vendor finalists	10/7-10/14 (anticipated)

Notice to all vendors after the primary vendor of choice has been selected and a terms sheet has been agreed upon	10/29 (anticipated)
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2.5. Response Conditions

OHP specifies the following conditions:

- Any and all information provided to vendors by OHP is proprietary information and is to be used solely for the purpose of responding to this RFP.
- Vendor responses will be the sole property of OHP.
- As indicated previously, OHP will be conducting this RFP process in a transparent manner. There will be stakeholder observers engaged in the review process and they will have access to vendor responses solely for the purpose of participating in the review. No competing vendors will be allowed to participate in this stakeholder review process. OHP will not be releasing copies of the vendor responses to any parties outside of the review process. However, OHP reserves the right to summarize components of the responses and share such information publically in order to provide transparency into the selection process. Vendors with concerns about stakeholders participating in the review process having access to their responses should not submit a response to this RFP. Vendors with specific concerns related to summarization of components of their response should submit questions along those lines as indicated in 2.3.
- The response received from the successful vendor within this RFP, either in whole or in part, at OHP’s option, will become part of the contract between OHP and the vendor.
- By issuance of this RFP, OHP is not obligated to award a contract.

OHP reserves the right to amend the contents of this RFP or due dates during the response solicitation, evaluation and selection process. Any changes will be communicated to vendors in writing.

3. **REQUESTED VENDOR PROPOSAL**

Please refer to Appendix A and B for the requested vendor proposal questions. Please answer each question completely, concisely, and accurately.

- Use Appendix A and B as the specific structure for your response, utilizing the space below the questions and the tables provided for your answers. Utilize Appendix C for applicable portions of your cost proposal.
- Technical or promotional materials may be referenced as attachments or appendices but are not to be used in lieu of answering the question. Do not include these materials in the body of the response.
- Please keep the numbering convention in Appendix A and B intact within your response.

4. APPENDIX

Appendix A: Part 1 Qualifying - RFP Questions & Vendor Response Template

Appendix B: Part 2 Full Response - RFP Questions & Vendor Response Template

Appendix C: Cost Proposal Template