CHAN Health Information Exchange (MPI/HIE) RFP

	Question	Answer
1	Does CHAN have an interest in Secure Messaging?	Yes
2	It appears that you want an on premise solution (hosted) or file based solution, is that correct? Would a cloud solution be considered?	CHAN prefers a solution hosted on site in CHAN data center; a cloud/SAAS/ASP option would be considered but it is not CHAN's preference. CHAN prefers a license model paid up front, with lower maintenance fees as opposed to a monthly SAAS or lease model.
3	Can you clarify what is meant by "Scripting utility to emulate end user transactions"?	The scripting utility would emulate user activity to leverage / use GE Centricity native functionality to export a CCD (xml format) to a secure network shared drive. CHAN would provide an 'input file' or SQL view to feed the script utility patients that need a CCD exported to the HIE repository (IHE XDR). Likewise, the same user functionality in GE, to import a CCD could be a mean of delivery to import a CCD from the HIE/CCD repository. The intent is to leverage standard GE (IHE XDR/XDM) functionality (provided in CHAN's GE Centricity v9.5 (MU Stage 1 version) as a means of egress / ingress for CCD. This is a necessity as GE Centricity has stated they do not have an interoperability suite (IHE XDS.b) to automate CCD exchange; they do offer CCD export / import via (IHE XDM/R). The script utility emulates GE Centricity end user export / import of CCD. (Attachment B to the RFP offers more details).
4	Do you have any ability to export data out of GE?	CHAN has access to the GE Centricity Oracle database. Additionally, CHAN is on v9.5 of Centricity which offers the CCD (XDM/R) export as defined above.
5	How do you want your proposal delivered: Email? Which address?	Two formats: 1) Electronic via email, chanadministration@chan-nh.org 2) Four printed copies delivered to: Attention: CHAN Administration - HIE RFP Response, 207 South Main Street, Newmarket, NH 03857
6	If by mail what mailing address should we use?	See response to question 5
7	What are the number of Centricity EMR databases?	One GE Centricity EMR database (Oracle) for all CHAN entities/agencies; agencies are separate co-locations off Oracle EMR database; six GE Practice Management databases (MS-SQL)
8	Are there other practices using other EMRs (or not yet using EMRs) that CHAN wishes to provide lab ordering/reporting capabilities for?	CHAN's business goal to complete order reconciliation of HL7 results (inbound to Centricity) to ambulatory orders (outbound from GE Centricity). The objective is to leverage this HIE / interoperability solution in addition for orders / results workflow in addition to the aforementioned CCD exchange.

9	What are the names of the lab service providers (if any of the CHAN labs are one of the 100 labs already supported in the EMR-Link hub, then the cost to establish the bi-directional interface to that lab will be much less)	RFP responder should assume the data exchange partner has the ability to receive an HL7 v2.n order (either to a queue or direct) into their HIE/HIS/LIS/RIS over a secure connection. CHAN acknowledges Order / Results interfaces have considerable workflow requirements that need definition per exchange partner. RFP responder should quote an implementation rate per data exchange partner; assume the partner has Order queue, HL7 v2.n expertise, and IHE HIE capabilities.
10	Does the lab's Lab Information System (LIS) have the ability to receive electronic orders? Many don't due to an inability for that LIS to register the patient/specimen. This sometimes requires that Ignis meets with the lab's IT team to perform a needs assessment.	RFP responder should assume the data exchange partner has the ability to receive an HL7 v2.n order (either to a queue or direct) into their HIE/HIS/LIS/RIS over a secure connection. CHAN acknowledges Order / Results interfaces have considerable workflow requirements that need definition per exchange partner. RFP responder should quote an implementation rate per data exchange partner; assume the partner has Order queue, HL7 v2.n expertise, and IHE HIE capabilities.
11	If the lab service provider can't receive electronic orders, does CHAN desire "clean" paper orders. Clean orders are orders that are validated for medical necessity, completed with "ask-at-order-entry" questions (such as fasting, specimen source, ….) , and contain the insurance information required by the lab. So those requisitions will be "clean and complete" but rendered on paper. This will at least negate call backs to the practice requesting more information.	CHAN views this as a value add capability and potential differentiator, but not required of each responder.
12	What are the names of the imaging/radiology providers?	Information not necessary for RFP response.
13	Does the imaging service provider have the ability to receive electronic orders?	RFP responder should assume the data exchange partner has the ability to receive an HL7 v2.n order (either to a queue or direct) into their HIE/HIS/LIS/RIS over a secure connection. CHAN acknowledges Order / Results interfaces have considerable workflow requirements that need definition per exchange partner. RFP responder should quote an implementation rate per data exchange partner; assume the partner has Order queue, HL7 v2.n expertise, and IHE HIE capabilities.
14	As with labs, if the imaging service provider can't receive electronic orders, does CHAN require "clean" paper orders? Clean imaging orders are validated for medical necessity, checked for pre-authorization, complete with "ask-at-order-entry" questions such as creatinine values , laterality, ….)	CHAN views this as a value add capability and potential differentiator, but not required of each responder.

15	Which specific standards will CHAN ask for compliance with. For example, would they like support for ELINCS?	CHAN expects the RFP responder's to be able to support required ONC, NIST - Security HIPAA, Meaningful Use Stage 1 requirements, LOINC, Snomed, ICD9/10, UMLS. Our understanding of ONC's posture towards ELINCs is that they executed a soft launch of ELINCs. CHAN fully expects to partner with the eventual RFP winner that will have either developed or can articulate a well-defined plan (and commitment) to meet evolving data exchange standards for initiatives such as ELINCS, ICD10, CDA 3.0 v2 as those standards become required and/or better defined.
16	Will all of the labs implement those standards? If so, that would simplify kit development and be a lower cost for CHAN.	See response to question 16.
17	Can you forward a copy of Attachment C, which referenced in the RFP but not posted on your website?	Attachment C was not used in the Final RFP (although referenced in the text), there is no Attachment C to respond to.
18	Can CHAN expand on the following statement with regards to the interfaces they refer are not commercially available from GE:	See response to question 20 below.
19	From section 1.2 Project Scope: Currently, that suite of interfaces is not commercially available from GE; as such, CHAN requires RFP respondents to have technology / expertise to provide data extraction and translation services to feed the HIE.	GE does not offer an IHE XDS.b interoperability suite with Centricity v9.5 (version CHAN is currently in PRODuction use). GE plans to offer that functionality in v9.7, which is not available to CHAN at this time; it is expected to be commercially available at a later date. See responses to questions: 3 and attachment B of the RFP for the immediate work around. It is expected that RFP responder quote the IHE XDS.b document exchange as part of the proposal; once available from CHAN's EMR vendor, they can choose to implement as needed/ wanted.
20	Can you provide guidance on the current size of patient population that CHAN expects to interact with over the first 3 years of the project?	Pilot agency #1 has an annual patient population of approximately 11,000 patients. Data exchange partner #1 has a patient population of approximately 100,000 covered lives of which approximately 25% has crossover to CHAN practice(s). Pilot agency #2 has an annual patient population of approximately 6,750 pts. Information not available at this time for data exchange partner #2.
21	Is a clinical portal considered part of the scope of the initial deployment? Lawson has a clinical portal, but from the RFP, we are unclear as to whether a clinical portal is a requirement?	CHAN currently utilizes a Kryptiq clinical portal and views a clinical portal with additional functionality as a value adds to the response. CHAN does not view this as a requirement.
22	What four hospitals are currently engaged with CHAN?	The hospitals serve similar geographic regions to CHAN; assume they have IHE compatible HIE data exchange capabilities.
23	What are the mandatory requirements referenced under 1.5.1?	At a minimum: solution response to attachment A, attachment B, ability to meet current industry requirements in attachment D and a vision to meet the trends that have not been finalized or adopted by ONC.
24	What is the Number of patients in the	See response to question 20.

	GE system and partner system(s)	
25	Number of patient visits/encounters per year	See response to question 20.
26	Data Center location(s) for installation	Newmarket, NH; CHAN Offices
27	Where will the HIE servers be housed?	Newmarket, NH; CHAN Offices
28	How many Lab entities do ambulatory orders need to be routed to?	At the time of this proposal, less than 3.
29	How many Diagnostic Imaging entities do ambulatory orders need to be routed to?	At the time of this proposal, less than 3.
30	Will consultation requests be initiated within the existing HCIS and EMR systems?	CHAN intends for consultation requests to be entered in Centricity EMR; the consultation request can be delivered to HIE technology in an HL7, SQL, or delimited format for routing to data exchange partner.
31	RFP item 1.4.5 mentions Attachment C, however, I was unable to locate it. Is this document to be considered, and if so, can you forward a copy please?	Attachment C was not used in the Final RFP (although referenced in the text), there is no Attachment C to respond to.
32	Which data elements should be entered as discrete data into the GE Centricity system?	Data elements defined in HITSP C32 CCD and / or CDA should be your guide; it is assumed both are supported, please specify which in your response to attachment D.
33	Are LOINC codes already present in the current system dictionaries for orders and results? If not, do you require consulting services to fill those entries?	Yes, CHAN currently uses LOINC codes.
34	The drawings include network storage for a document repository within the HIE section. Is there a planned retention period for those documents?	For document types that are a complete medical summary from the same data exchange partner and OID; older copies can be archived. However, as defined in IHE, ATNA audit logs of requests and routing of those documents need to be persistent and retained in the repository. For document types that are episodic (visit summary) retention is required.
35	For the documents within the repository, should all documents, and all versions of a document be retained, or, only the latest summary of care from each sending system or from each visit/encounter from a sending system?	Retention is preferred. See response to question 35 re: complete medical summaries. All other documents persistent retention is expected.
36	In Attachment B, there is a CHAN: Network Share, which will contain the XDR generated. Are these XDR files to	The XDR will remain available for a period of time to ensure retrieval and delivery to HIE. CHAN anticipates providing necessary network storage to accommodate this design.

	be retained for any specific length of time after transmission, or retained permanently?	
37	Method of Evaluation section 1.5 mentions Mandatory Requirements. Are the mandatory items specifically identified?	At a minimum: solution response to attachment A, attachment B, ability to meet current industry requirements in attachment D and a vision to meet the trends that have not been finalized or adopted by ONC.