The State of Idaho's Statewide Healthcare Innovation Plan's (SHIP) Request for Information (RFI) on Health Information and Data Analytics

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General business type of Company:	Healthcare data and analytics
# of req's not met/answered by company:	0
Company had questions on:	Nothing noted
Company had additional information on:	Nothing noted

#	QUESTION	ANSWER

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1	Briefly describe your company, services, history, ownership, financial information, and other information you deem relevant.	Overview 3M HIS' experience and our proven results in healthcare data and analytics uniquely qualify our company to architect and build a statewide health care analytics solution to track, analyze and report feedback to individual providers on selected performance and outcome measures. In April 2014 Treo Solutions, LLC, a longtime 3M business partner, became the Populations and Payments Solutions (PPS) unit, a wholly owned subsidiary of 3M Corporation, within the 3M Health Information Systems division. With the acquisition, the PPS team brings 13 years of experience delivering healthcare value to payers, providers, and state agencies that manage complex populations. "3M can integrate clinical and claims data and provide real-time, predictive analytics to health care decision makers" Financial Solvency 3M attests to the financial capability and fiscal solvency of 3M to perform any work that may arrive as a result of this initiative. 3M at a Glance (Year-end 2013) □ Global sales: $30.8 billion. □ International (non-US) sales: $19.7 billion (64 percent of company's total). □ Operations in more than 70 countries. □ 3M products sold in nearly 200 countries. □ 88,667 employees globally. Other Information: A copy of 3M's most recent Annual Report can be found in the "Investor Relations" portion of our website: www.3m.com.

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2	Is your organization capable of or interested in furnishing the items or services described in this RFI?	The 3M HIS PCMH model is supported by recommended best practices, documented in our PCMH Policy Decision Document, and includes such considerations as: □ Scope of the PCMH: The scope determines the products and services to include, members and primary care providers that will be included in the program and whether to include self-funded accounts. □ Risk Adjustment: What types of risk adjustment will be performed to the data, and what are the implications of this decision? □ Budgets and Risk Sharing: This includes decisions on the quality measures used, the measurement standard (i.e. will providers be measured against their own performance over time, or against other PCMH providers), how will the program handle stop loss limits and outliers, performance payments, and measure rebasing. 3M HIS' data processing and enrichment is driven by the decisions outlined in the policy document and includes: □ Data cleansing, including processing data through our Source Data Integrity Checks (SDICs) which conforms and de-duplicates data and assigns a Master Client Index to client data. □ Data enrichment which includes risk adjustment using of 3M groupers including Enhanced Ambulatory Patient Grouper (EAPGs), All Patient Refined Diagnostic Related Groups (APR-DRGs) and Clinical Risk Groups (CRGs). □ Data development which includes processing the data through 3M HIS and client defined business rules to develop or update performance measures.

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2a	Please describe both your history of furnishing the items or services and your capabilities for furnishing them	3M HIS' Encompass 360 MDTM product aggregates data from multiple electronic health record systems into a central database to standardize coding via computer aided coding and natural programming language. The 360 MD product utilizes the 3M Health Data DictionaryTM which maps and manages medical terminologies to integrate content and standardize healthcare data. The technology allows organizations to transmit and receive accurate, actionable patient data across systems and applications, regardless of where data originates. 3M HIS, as the PPS team, has utilized patient specific data to enhance our analytics platform for a number of clients such as Iowa Medicaid Enterprise (IME) and Montefiore Care Management Organization (CMO). Examples: Iowa Medicaid Enterprise-p.3. Montefiore Care Management Organization-p.3.
3	Please provide the following information about your organization:	0

#	QUESTION	ANSWER
3a	Profile of vendor's existing client base (e.g. # health systems: hospitals, clinics, labs, payers, providers, and their respective services / projects).	Iowa Medicaid Exchange - PCMH Colorado HCPF - ACO New York State Department of Health - Data Analytics, Payment Reform CIVHC - APCD Rhode Island - APCD Utah - APCD Wellmark BCBS - Payment and Population Health Analytics Blue Cross Blue Shield Nebraska - ACO Blue Cross Blue Shield Minnesota - ACO BCBS Kansas City - ACO/PCMH BCBS Louisiana - ACO BCBS North Dakota - ACO BCBS Nebraska - ACO Montefiore CMO - ACO/PCMH Adirondack Health Institute PCMH 30+ Provider Organizations - Payment Reform, ACO, Population Health Analytics
3b	Tenure (dates) of existing client (above).	3M HIS considers contract terms with our private sector client's confidential, public sector contracts are publicly available via the organizational websites. 3M HIS can provide contract information to the DHW during the procurement cycle in a redacted document.

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3c	History of enrollments/terminations of client base.	Treo/PPS has not had any clients terminate a contract for any reason other than the end of a contract.
4	What issues do you feel need to be addressed in order to assure a successful project with regard to these items or services or preparation of an RFP?	In order to be successful in transforming healthcare delivery from fee-for service to quality based payment through the PCMH program, DHW and IDC will need to focus on data quality, effective outcomes, and stakeholder involvement. Data quality is important for effective analysis and will maintain stakeholder trust. Effective outcomes will support the goals of the SHIP and provide continuity as the program matures over time. Stakeholder involvement includes providing proper training and support to all stakeholders including internal staff and external providers. Stakeholder involvement also involves collecting stakeholder feedback. Our experience has uncovered the following issues that when mitigated help deliver success in payment reform, whether through PCMH or Accountable Care Organizations. Specific details on p. 5.

#	QUESTION	ANSWER
5	From your experience in providing these items or services, what lessons learned can you share with us?	Provider Education, Utilizing Meaningful Measures, Phase-In Large Provider Paradigm Shifts, and Prevalence of Mental Health Conditions Specific information on p. 6.

#	QUESTION	ANSWER
6	Cost estimate or range of cost (This is a cost estimate only. Any information provided will be used to assist us in developing a budget for the acquisition. You will not be held to any information or prices provided):	$2.5-$3.5 million a year. See p. 7 for Cost Table.

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6a	What items or services need to be provided on a one-time basis? What is the estimated cost of each?	The 3M HIS Informed Analytics Platform is delivered on a software as service basis. Our license includes all data intake and enrichment services, hosting services and all required software and hardware to support the implementation. The pricing assumes initial strategic planning to design and develop the PCMH program (one-time basis), followed by annual services to validate the program and recommend changes.
6b	What items or services need to be provided on an on-going basis? What is the estimated cost of each?	The price estimates include consulting and analytics services to support the program on an on-going basis. These services would cover tasks such as development of new quality measures, changes to existing quality measures, ad-hoc reporting, development of new reports, training and provider outreach. These efforts, and the pricing, includes project management for the delivery of these services.

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6c	Are there any other items or services which will affect pricing? What is the estimated cost of each?	The number of submitters, The amount of historical data required. We recommend at least two years of historical data, and ideally three or more years, The size of periodic data loads, The period of data loads (recommendation to load claims data quarterly, clinical data weekly), Need for dedicated production and test environments, The complexity of the sandbox environment, and The number of advanced users with report writing capabilities. Price estimates cannot be provided without additional information.
6d	Are there any volume discounts or payment options which may affect pricing? What are the estimated cost saving of each?	Our pricing includes volume discounts 3M HIS receives through provision of our software as a service to multiple clients. The software, hardware, networking and database platforms used are provided in section 8.1 below. The health data analytics platform also includes base reports and dashboards to support Total Cost of Care, Utilization Quality Measures, Potentially Preventable Events, and Value Index Score. Significant savings are offered through the provision of these "out of the box" tools as well as for the 3M Grouper technology. Specifics of section 8.1 is on p. 10.
7	How long do you estimate that it will take to provide each of the items or services describe in this RFI.	See timeframe graph on p. 9. The above schedule shows tasks into the third year of the program. In general a project of this size requires about one year to implement. Once this project is implemented, our Client Engagement Team enters the operations phase.

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7a	What issues may affect the delivery or needs to be addressed in the preparation of an RFP?	This is the number one issue to resolve to remain on project schedule. 3M HIS' work with data submitters mitigates this issue in many cases, but some data quality or availability issues are beyond our or our client's control. We recommend our clients begin to set expectations regarding what will be required from data submitters as soon as possible. Expectations can include items such as the format of the data required, availability to upload to secure sites, what data elements will be required, and the timeframes for submissions. As mentioned in other sections of this response, our experience has taught us that the ideal timeframe for data submissions is quarterly for claims data, and weekly for clinical data. See more information on p. 9.
8	Clinical and Claims based Analytics --- at a minimum include detailed information on:	0
8a	The data management capabilities of your offering including support for SQL Server, DB2, Oracle, and others	The 3M HIS platform compiles and enhances healthcare data using: • A managed and hosted software and hardware solution, • Multi-source data intake support including one-on-one submission coordination, • Extract, Transform, and Load (ETL) data processing according to client-specific business rules, • Risk-adjustment and categorical grouping to enrich claim records with weights, and severity codes, • Source-data integrity checks (SDICs) to ensure the quality of the content being loaded into the health data warehouse, • Calculation of key performance indicators, measures, targets, and benchmarking metrics, • Business intelligence dashboards and data visualization tools, • Advanced querying and ad hoc reporting, and • Role-based access to extracts, reports, and dashboards through a variety of methods. The 3M solution is an enterprise analytics data warehouse that runs on a secure, scalable, and highly-available hardware and software platform. We currently manage approximately 100 terabytes of live production data, a subset of the hundreds of terabytes of in-bound submissions and staging data from dozens of clients. All of the data we manage are subject to HIPAA, HITECH, FIPS, NIST, and client-specific security requirements. See more information on p. 10.

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8b	The provision and migration of clinical data, claims data, multi-dimensional clinical and claims data marts, and the generation and support of OLAP data cubes	3M HIS has a comprehensive data intake process to facilitate data submissions from multiple contributors. Where appropriate, our intake process utilizes a Data Submission Guide (DSG) to facilitate an efficient and standardized data intake process. The 3M HIS Client Engagement Team will work with all participating data submitters to review the data submission guide. We review the nuances of the various data elements so data can be accurately mapped. Working closely with submitters reduces the time to progress from test files to production files. 3M HIS provides an expert team of healthcare analysts and consultants, as well as database and system administrators; all experts in healthcare data processing and analytics. The 3M HIS implementation process includes program management and project planning to deliver: Source Data Integrity Checks. 3M HIS data consultants will map clinical and claims data, tune processing rules and test criteria to meet a client's analytic and reporting needs. Extract, Transform, Load. During 3M HIS core extract, transform and load (ETL) process, raw data processed, transformed, enhanced, and stored within our data warehouse. All of the detailed claims and clinical data are retained in the data warehouse for granular analysis, while aggregates are built at multiple levels – including Payer (Vendor), Plan Type, Provider Group, Provider, Client and Hospital System. Value added data processing. 3M integrates methodology, business rules and data grouping into the data warehouse to build solid foundation for actionable analytics that support the PCMH model. Distribution. Our Informed Analytics Platform uses metadata layers as reporting building blocks. Business rules are developed within these metadata layers to inform the deployment of business intelligence and reporting tools.

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8c	The ability to prevent the duplication of data resulting from extracting data from hospital and practice based EHRs and receiving direct data feeds from hospital and free-standing labs and imaging centers	3M understands the importance of creating a "single source of truth" to support cost and quality evaluation. We leverage commercial best of breed master data management tools such as LexisNexis Enclarity and NextGate EMPI (2014 #1 category leader according to KLAS) to identify common individuals across and within data submissions. 3M HIS develops a Master Client Index (MCI) to de-duplicate data during data intake. 3M HIS' MCI algorithm will assign an identifier to every client based record. Our source data integrity checks also scan data for duplicate records that may be submitted over time. This is critical to support the accuracy of downstream analytics. For instance, if DHW is interested in performing comparisons of populations served across the state and by facility, it will be important to ensure individuals are not double or triple counted. An important note on security: To safeguard protected health information (PHI) and personally identifiable information (PII) during transit, 3M HIS encourages all submitters to encrypt their data prior to submission using a compression tool that includes PGP public-private key encryption. Secondly, 3M HIS receives data only from "white-listed" (i.e. pre-approved) Internet Protocol addresses and transfer all data over ASE 256-bit encrypted network protocols (SSL). Once data is received we store all data on encrypted storage devices and further enforce limited access to those devices using Active Directory. We take even further measures to avoid any inadvertent downstream disclosure of PHI/PII through the use of a "key store". Identifiers such as social security numbers and member IDs are removed for patient and provider records and replaced with proxy IDs. The key store is encrypted and archived separately from the patient record. We encourage the state to include these measures in any future RFP solicitation to ensure the protection of PHI/PII.

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8d	The ability to produce retrospective and prospective analysis of resource utilization and outcomes including predictive models of future resource utilization and projected outcomes	3M HIS' quality dashboard provides analysis on total cost of care, resource utilization, quality outcomes and potentially preventable events. (Examples of this quality dashboard are provided in Section 8.9) 3M HIS also produces Performance and Payment Analytics (PPA) and Member and Provider Analytics (MPA) tools. PPA allows users to look at key outcome performance metrics using parameters defined by inpatient or outpatient visits. For example, hospitals can be analyzed based on service line, service severity, payment classification code (which are defined more completely below), or the patient's Primary Care Physician. PPA allows for the analysis of a number of outcome measures assigned to these visits. Standard outcome measures used include average paid amounts, average costs, mortality rates, Potentially Preventable Readmission rates, Potentially Preventable Complication rates, average margins, codes per case, and lengths of stay. The MPA tool is designed to provide analytics at the population level. It allows users to look at key outcome performance metrics using parameters defined by populations, enabling comparisons across any grouping that can be assigned to a person or patient. For example, primary care providers can be analyzed based on the patients attributed to them. Patients can be grouped based on patient experience metrics and clinical indicators. Using groups of people as denominators, MPA allows for outcome-based population performance analyses. Standard outcome measures used include utilization and cost metrics on a Per Member Per Month or Per Thousand Member Per Year basis. Standard metrics also include raw counts of visits, admissions, prescriptions, and cost and payment for admission, visit or prescription. 3M HIS has produced custom predictive models for customers such as Blue Cross Blue Shield of Nebraska. In Nebraska, 3M HIS developed a model that determine "persistent high needs" clients. This model analyzed patient utilization, both emergency room and inpatient to determine persistent high needs clients. This information is used as a care management tool, allowing BCBS to focus interventions on the potential high needs clients. 3M HIS has also used a retrospective analysis of utilization to trend forward and estimate potential costs based
8e	The ability for authorized users to access their data at the repository and warehouse levels, create their own data marts and data cubes, and to produce their own canned or custom reports	3M HIS recommends a "sandbox" environment to provide authorized users access to the data repository at the data warehouse level. The sandbox would include a replica of the current data warehouse for users to develop and test queries and analysis against actual data, without compromising the efficiency of the production data warehouse. Analytical tools such as TOAD for direct SQL queries, statistical packages such as SAS and business intelligence tools to provide direct access to the sandbox environment. Additionally, authorized users can produce canned or custom reports using ad-hoc reporting capabilities provided by 3M HIS Informed Analytics. Ad hoc querying and reporting is a key component of our Informed Analytics Platform. The user has the ability to drag and drop select attributes, metrics, and other report objects available in the tool into the report template. Informed Analytics includes a robust set of data query and visualization tools, including tables, charts, graphs, and geographic/map displays. Informed Analytics allows users to: Perform ad hoc queries using a robust set of filters to apply to the population and/or providers, Determine the level of analysis and aggregation (e.g., patient health segment, provider, facility), and Choose the display format.

#	QUESTION	ANSWER
8f	Identifying all nationally recognized quality measures that your offering supports "out of the box" or with some level of customization, and the capabilities of reporting on those measures for Patient Centered Medical Homes.	3M HIS has implemented nationally recognized quality measures, such as HEDIS and AHRQ measures, for some of our PCMH clients. We recommend complementing existing quality metrics with sentinel indicators of system performance. Ideal value measurement tools enable efficient, continuous, and objective measurement of the processes and outcomes that lead to value. Quality measures typically target specific diseases and are built on the assumption that "poor performance is...a consequence of individual failure, rather than flawed systems."1 What is needed instead are measures that address population as a whole and encompass all the interactive elements of a primary care system that contribute to achieving the Triple Aim.2 Ideally these measures serve as the basis for a single measure of system performance and value. A bevy of disparate setting-dependent micro-clinical measures cannot provide this utility.3 Instead, composite measures summarizing "performance on multiple dimensions"4 could guide and reward health care improvements. By signifying the critical components of care in a patient-centered system, composites can become accelerants for improvement.5 Finally, the implementation of these new measures must be cost-effective. The most common quality measures currently in use often require special and expensive data collection, rendering them both burdensome and impractical for continuous value measurement and improvement. The 3M HIS Value Index Score (VIS) supports a number of quality measures. The VIS measures are a combination of value and outcome-based quality measures, and include measures such as cancer screening events and well-child visits. In general, these measures are calculated using a 3M methodology that may vary slightly from national standards. Our experience has found that our measures are more aligned with the goals of payment reform initiatives such as PCMH. More information regarding the VIS is provided in Section 8.11.
8g	The ability to utilize event triggers to connect to hospital and practice based systems to obtain and exchange information	3M HIS has utilized ADT data to define and trigger events which are then informed with our enhanced data. ADT data can be used, for example, to set up an alert where a care manager at a medical home is alerted that a patient has been to the emergency department or has been admitted to a hospital. At Montefiore, 3M HIS combined ADT and claims data to provide actionable information regarding hospital visits. Using ADT date, and event is triggered when certain patients visit the hospital. Once triggered, physicians view the percent likelihood of an additional hospital visit by looking at the patient's Clinical Risk Grouping. Using claims data, Physicians view the patient's health history including previous readmissions and prescriptions.

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8h	The ability for authorized users to copy and customize national quality measures and to be able to track and report on these custom measures	Quality measures can be customized in two ways. Measures can be modified in the business rules used and applied during data load each month. Measures can also be customized in the 3M Informed Analytics product by users that have the ability to define and manipulate the criteria used to create the metric. For example, a user may choose to define the look-back period to use when identifying claims that satisfy the requirements related to cancer screening events.

#	QUESTION	ANSWER
8i	The ability for authorized users to access and modify standard displays, dashboards and reports	Informed Analytics provides users access to predetermined dashboards and reports. Informed Analytics allows authorized users to create reports, develop ad-hoc queries. All users can drill down into the data, access related details, and filter and group in different ways. For instance, 3M HIS provides a series of standard reports such as Provider Performance Management reports with a pre-determined format and rely on a standard components within our Total Cost of Care data model. Those reports and web based dashboards are dynamic from a data perspective but static as far as format is concerned. Informed Analytics delivers information via a number of report formats: Web based dashboards, Web based drill down reports and charts, Prompt based reports, Static Reports, and Ad Hoc inquiries. Dashboards Dashboards can be made up of one or more tables and charts and links to background information. Presented on a single web page, dashboards allow a user to rapidly view multiple performance indicators, assess progress toward goals, as well as determine the status of many dimensions of data. See more information on pp. 15-16.

#	QUESTION	ANSWER
8j	Support for the creation, interactive access, and distribution of diagnosis and treatment based patient registries (e.g. patient diabetes registry, smoking cessation registry, colorectal cancer screening registry, etc.)	The collection and integration of clinical and claims data will provide the foundation for any number of diagnosis or treatment based patient registries. Data collected will provide historical and nearly real time insight into patient diagnosis and treatment. Data enrichment, including geocoding of the data will allow for analysis, such as geographic “hotspot” analysis of specific diagnoses. The historical nature of the data will allow for comparison analyses such as comparison of treatment, clinician, or patient support for any data determining the content of a patient registry

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8k	Support for the creation, viewing, and distribution of patient and physician quality measures and treatment protocol based score cards	3M HIS has supported the creation, viewing and distribution of patient and physician quality measures for a number of clients. As mentioned previously, 3M HIS has a number of out of the box dashboards that provide users visibility into their performance against defined metrics. The image below provides a view into Total Cost of Care, Utilization and Quality Measures for a fictional provider, Children's Hospital of West Jordan. The dashboard provides a quick view into the provider's performance on a numeric scale, represented in this example by stars. See more information on pp. 17-18.
9	Hosting Hardware and Software --- at a minimum include detailed information about:	0
9a	High Availability capabilities for all hardware, data storage, and network components	3M's system (hardware, data storage, network components, etc.) will be available 24 hours a day, 7 days a week, and 365 days a year. Our system utilizes clustering and network load balancing techniques that we have established as 99.00% available. Our production facility maintains a high level of availability through redundant power, emergency generators, and multiple Internet paths.

#	QUESTION	ANSWER
9b	Hardware and operating systems architecture; include detail information related to the use of physical and virtual server configurations; identify whether or not there is sharing resources across customers	Our data management and dissemination tools are primarily based on Microsoft technology. We utilize Microsoft SQL Server for data management and our application and web services are managed by Microsoft Internet Information Services. All 3M services are hosted on DELL servers, Force10 switches and Equallogic Storage Area Networks (SANs), protected by Cisco firewall and Intrusion Prevention Services. Currently, 3M utilizes SQL Server Enterprise as our end-to-end RDBMS solution. 3M has deployed SQL Server for many years and has found the solution to meet all of our security and scalability needs. SQL Server offers functionality such as parallel processing, bulk loading and data partitioning, and resource governors. All of these items contribute to overall performance. From practical experience, 3M has seen that SQL Server can easily handle databases in the terabyte range. SQL Server also offers security options such as database encryption, role based security, policy-based security, tight integration with active directory, and built-in security auditing. SQL server offers many different backup and recovery options: full, differential, log, etc. Many of SQL Server's advanced options are designed to ensure that a database system remains active without performance degradation, on a 24/7 basis. 3M uses IPSec secured virtual private networks between our facilities. Clients who require fully dedicated physical environments can be accommodated and priced accordingly. A diagram detailing our data management and business intelligence infrastructure can be found below. See more information on p. 19.

#	QUESTION	ANSWER
9c	Data storage technologies utilized and database architectures utilized; include detail information related to data backup and recovery processes and practices; IHDE requirements prohibit the sharing of databases with other vender customers	3M has its Disaster Recovery Plan audited on an annual basis and routinely updates it to meet industry standards. Business continuity is considered a primary goal of 3M and must be achieved to the highest degree and at all costs. Our focus is on continuing business through any event(s) that may affect the physical operation of 3M and/or our services. Physical Operations 3M hours of operations are Monday-Friday 8am-6pm. 3M provides access to its services 24/7, except in times agreed upon through contract or during scheduled or emergency maintenance. In an event where a physical office has been closed, or delayed in opening (longer than 24 hours), 3M continues to operate from a secure geographical location (referred to as a Disaster Recovery site). Our recovery time objective (RTO) for production tools is within 14 hours or less. The 3M commercial disaster Recovery site for its services is located in Lenexa, Kansas 1300 Miles from our data center in Troy, NY. The 3M commercial disaster recovery partner for staff placement is Tyler Technologies, located in Latham, NY 15 miles from our Troy offices. In the event of inclement weather, 3M may extend or shorten its office hours of operations. 3M's Services are available from separate and distinct geographical locations. In the event of a physical operational outage at any premise, all 3M Services will continue to function without interruption per the agreement with CT DSS.

#	QUESTION	ANSWER
9d	Hosting services qualifications and experience; include detailed information related to the hosting data center's physical environment, and its SSAE 16 (formerly SAS 70) certification.	3M HIS hosts and maintains data, web sites, and virtual servers for all of our clients and consider it a core part of our business. 3M HIS could not orchestrate this process or maintain the trust and support of the nation's largest insurers and state Medicaid programs without a very robust hosting and data processing capability. 3M HIS has Business Associate Agreements and Data Use Agreements with dozens of clients. We are very proud of our breach-free record and the confidence that our clients place in us as stewards of their health data. The 3M HIS production facility is co-located and classified as a "Tier-3" facility. All equipment for hosting is owned by 3M. Physical security complies with all regulations established by HIPAA/HITECH. The facility is only accessible by a small group of 3M HIS staff. The facility is protected by CCTV, security staff, and requires two forms of access: proximity card, and physical keys. The facility maintains a high level of availability through redundant power, emergency generators, and multiple Internet paths. The facility complies with the HIPAA security rules. Devices are hardened per NIST guidelines and encryption is used to protect data at rest and in transit. 3M HIS retains Privacy and Security Officers, as well as a Privacy and Security Committee that maintain the physical, technical and administrative safeguards of its facilities. In 2013, 3M completed a SSAE 16 (SOC2 – Security and Confidentiality) and pursue this annually.
10	Project Management (PM) --- at a minimum include detailed information related to:	0

#	QUESTION	ANSWER
10a	Project management processes, practices or methodologies used	The 3M HIS project management methodology is based on standard Project Management Institute methodology, customized for our healthcare data analytics implementations. Standard recommended project planning tools include: □ Project Kickoff Meeting: The project kickoff meeting is used to introduce key players, determine project stakeholders, clarify project scope and determine project authority. This information is used to complete the Project Scope Statement. State of Idaho – Health Information and Data Analytics 3M Health Information Systems P a g e | 21 March 6, 2015 RFI1500409 □ Scope Statement: The Project Scope Statement documents what will be delivered during the implementation, as well as items that are out of scope. The scope statement will establish project team member authority and responsibilities. □ Project Schedule (and WBS): 3M HIS develops a comprehensive implementation schedule in Microsoft Project. The implementation schedule includes the work breakdown, efforts and timeframes for each tasks and resource assignments (both 3M and client). 3M HIS uses the project schedule to monitor the status of all project tasks, especially critical path items. □ Client Management Dashboard: 3M HIS has developed a client project portal called the Client Management Dashboard. Project Managers document key dates, key deliverables, project milestones, client tasks, issues and risks in the Client Management Dashboard. Every client has access to their own Client Management Dashboard via SharePoint. The client management dashboard is used to document and manage scope changes. □ Status Reporting: Our project managers participate in regular project status meetings with our clients, typically weekly. Clients can find project status at any time via the Client Management Dashboard. 3M recommends periodic status reports (typically bi-weekly) to project stakeholders. □ Requirements Tracking: Our Client Implementation Team use Jira, the same requirements
11	Provide examples of a project plan related to this type of RFI including:	0

#	QUESTION	ANSWER
11a	Project staff – organizational structure	Implementation of a multi data source analytics solution that integrates clinical and claims data to support an effective, measurable PCMH model requires a project team with varied skills across the project continuum. The 3M HIS Client Engagement Team is designed to provide strategic, analytic, and project management to support the complex nature of health analytics solutions. The client engagement team consists of a Client Engagement Lead, Client Implementation, Consulting and Analysis and Client Services. See more information on pp. 22-23.

#	QUESTION	ANSWER
11b	Project scoping process	Project scope is defined in the Project Scope Statement and the Policy Decision Document (PDD). The PDD is a tool specifically designed to scope the development of PCMH and ACO models. The Client Engagement Team works with the client to finalize the project scope. The PDD will be developed with input from a number of project stakeholders. All scope changes are documented within the PDD using version control, as well as tracked using the Client Management Dashboard. See more information on p. 23.

#	QUESTION	ANSWER
11c	Success metrics / ratings: deliverables, timelines, cost containment	Deliverable and timelines are managed in Microsoft Project and reported to the client via the Client Management Dashboard.

#	QUESTION	ANSWER
11d	PM tools used	Microsoft Project
12	Support Services --- at a minimum include detailed information related to:	0

#	QUESTION	ANSWER
12a	Account Management Processes	3M HIS account management process is managed by the Client Engagement Lead described in 10 and 11 line items above.

#	QUESTION	ANSWER
12b	Help Desk Process and SLAs	3M HIS provides telephone consultation and technical support from qualified personnel in the use and operation of the System. 3M accepts telephone calls only from the client's designated contacts. Calls typically involve assistance for running reports or creation of users. More advanced assistance is provided by our consulting team, which is available to our clients via the phone, email, or web meeting during normal business hours. Our help desk uses a web based call tracking solution to document the creation and resolution of each request. Our consulting team utilizes a Client Management Dashboard to track client requests, changes, issues, and risks. Support is available through a toll-free phone line (800-455-7338) and electronic mail during the hours of 8:30 a.m. – 8:00 p.m. Eastern Time, Monday through Friday, except on 3M scheduled holidays ("Support Hours"), which are generally as follows:

#	QUESTION	ANSWER
12c	Service Level Agreement; include performance measures, monitoring, reporting, and penalties	The following provides an example service level agreement that 3M HIS upholds with all of our clients. While we do not include penalties in our standard SLA, we can work with DHW to incorporate penalties where appropriate. SERVICE LEVEL AGREEMENT SYSTEM UPTIME: The System will be fully available to Client 99.5% of the time ("Uptime Guarantee"). The percentage of time that the System is available during any calendar month ("Monthly Uptime Percentage") shall be calculated as follows: (CalMonthMins – MinsDown)/CalMonthMins CalMonthMins: Total number of minutes in a given calendar month MinsDown: Total number of minutes of downtime in a given calendar month. See more information on pp. 24-25.
12d	Procurement of Additional and New Services	Any material change in deliverables, the statement of work, or the procurement of additional services would be decided upon in a mutually agreed upon change control process.

#	QUESTION	ANSWER
12e	Product Maintenance and Support Process; include information related to frequency and timing of the application of product fixes	3M HIS reserves regularly scheduled maintenance window(s) each month in order to maintain and upgrade the System and may from time to time schedule maintenance windows on short notice to implement urgent patches to the System. In the event of a significant update or product fix, we will send notification to our clients alerting them to the change, and how it may affect them.

#	QUESTION	ANSWER
12f	Product Feature and Function Enhancement Process	Our team continually works to improve and enhance the features and functionality of our solution. We typically work with our clients to determine improvements to our tools, and our application development team will incorporate the changes with minimal disruption to the client. We describe this feedback process, and how we plan to engage DHW/IHDE/IHC in the feature and function enhancement process, in more detail below.

#	QUESTION	ANSWER
12g	Product Release Process; include frequency and schedule for releases	We make updates to functionality and other product enhancements on a quarterly basis. For times when a significant update is made to the applications, our client services team notifies clients with appropriate supporting information so clients are aware of the changes and how they may impact their use of the tools. We utilize a unique infrastructure design to provide high availability of our services during scheduled maintenance.
12h	Involvement of DHW / IHDE / IHC and associated workgroups in the testing and verification of usability and serviceability of product fixes, enhancements, and new features and releases	As mentioned above, an important part of our feature/function enhancement process is working with our client, and the various program stakeholders, to determine what improvements should be made. Engaging DHW/IHDE/IHC in collaborative forums will be critical to the success of this initiative. 3M HIS places a great deal of importance on these collaborative forums, as evidenced by our experience with other clients. In Colorado, as part of the Accountable Care Collaborative (ACC) program, 3M HIS helps to organize and participate in monthly meetings for the Regional Care Collaborative Organizations (RCCOs). At these meetings, the team discusses issues such as new metrics added to the RCCO's dashboards and reports, updated budgets, utilization and cost trends, and upcoming changes/next steps in the ACC program. Most importantly, we receive updates and feedback from the RCCO's themselves. There is very active participation in these meetings, and they go a long way in shaping the future of the ACC program. In addition to these monthly meetings, 3M HIS participates in site visits with the RCCOs on an as-needed basis. At these site visits, we listen to the feedback and the concerns from the individual RCCOs. We recommend taking a similar approach with the initiative in Idaho. We understand the importance of listening to the needs of all of the stakeholders, and addressing those needs in an efficient, collaborative manner.

#	QUESTION	ANSWER
12i	User Group Support; include the process description for users to submit requests and suggestions for changes and improvements in products and services, and your process for the review and response to these items	3M HIS recommends user group support similar to the RCCO example provided above to collect recommended changes and new features. The Client Engagement Lead will work with DHW stakeholders to determine whether to implement the change or new feature and prioritize the changes and new features to implement. The Implementation Lead, will track and report status on changes in the Client Management Dashboard See table on p. 26.
12j	Recommended Staffing to Support your Offering (e.g. position types and quantity).	3M HIS brings a team of industry experts with years of healthcare experience to each client engagement, and would intend to do the same for any engagement with DHW. In order to accurately estimate the staffing requirements for DHW, we would need a detailed scope of work. See p.

#	QUESTION	ANSWER
12k	For multi-vendor a solution, provide details of each vendor's role and support responsibilities related to the solution offered. Provide details if your solution includes first level support prior to involving a third-party vendor's product support.	Based on the requirements outlined in the RFI, 3M HIS would not anticipate using a multi-vendor solution for this initiative.
13	Approach and goals towards knowledge transfer to customers in the areas of:	0
13a	System Administration	Because our solution is offered via a software as a service solution, required System Administration knowledge by the client is minimal. There are some considerations for the client such as definition and determination of roles, which we review with the client during implementation.

#	QUESTION	ANSWER
13b	Interface Development	Interface development is also minimal. Authorized users do have the ability to create metrics, reports and dashboards via Informed Analytics. 3M HIS will provide intensive training to these users in the use of the tools.
13c	Best Practices – Use of functionality	As mentioned throughout this response, we believe that a collaborative approach between all stakeholders is critical to the success of any initiative. We view our client engagements as a true partnership, and a key component of that partnership is the education of all stakeholders. The initiative will only be as good as the stakeholder's understanding of the data and the goals of the initiative. As a result of this, we have placed a great deal of importance on the education and training of our clients. We have developed a comprehensive library of training materials and documentation that we make available to our clients as part of every contract. The library includes report guides, product briefs, and training videos. The subject matter includes a wide range of topics, including system administration, interface development, and best practices. This library, along with Idaho specific content, would be made to program stakeholders should we be awarded a contract for this work. The client engagement team also provides training via web meetings, or live in-person when required. In addition, our client services team is available to our clients to answer any questions that they may have.
14	Solution Programming Language and Browser Support --- at a minimum include detailed information on:	0

#	QUESTION	ANSWER
14a	Programming language(s) are utilized for each solution(s) offered	Our solution is not designed for third party software developers to design their own applications. As such, we do not utilize programming languages for any of our solutions. Instead, our solution offers easy point and click filters and drill down options that allow users to define their own reports and run ad-hoc queries.
14b	Which browsers are supported for each solution(s) offered	3M HIS' Informed Analytics Platform currently supports the following browsers: Internet Explorer 8 or higher Google Chrome (we support the two most recent major releases) Mozilla Firefox (we support the two most recent major releases)
15	Privacy, Security, and Audit --- Please provide information regarding the following:	0

#	QUESTION	ANSWER
15a	Product features and functions	3M believes that data analysis and data sharing are critical to improving and sustaining the healthcare economy. To enable us to do this important work, our client base entrusts our stewardship with their most sensitive healthcare data. Breach-free since our inception, we understand that maintaining that stewardship requires us to be ever vigilant in our processes and practices. As a trusted business associate of our clients, 3M makes every possible effort to comply with all applicable laws. See more information on pp. 28-29.

#	QUESTION	ANSWER
15b	HIPAA, HITECT, NIST and other security and privacy standards and requirements with which your offering is compliant	3M complies with the requirements of HIPAA, HITECH, and other applicable state and federal laws. Per HIPAA compliance, the 3M Healthcare IT Platform keeps full audit records of each user's login, including time/date stamp, IP address, and browser/machine info. We also log all user actions as they navigate the site, including information such as which reports were run, dashboards viewed, and documents downloaded. We have a suite of usage reports available in our portal for those users with access to view it, and can create specific ad hoc reports as needed. 3M controls are guided by the controls of the National Institute of Standards and Technology (NIST) publication 800-53 (Security and Privacy Controls for Federal Information Systems and Organizations) and other special publications. 3M is currently in the process of conforming to the NIST 800-53 controls at the moderate impact level. Our understanding is that these controls are in line with FISMA compliance.

#	QUESTION	ANSWER
15c	Support for 2-factor user authentication	3M HIS supports single-factor authentication using a combination of username and password. We are compliant with industry-standard best practices with regard to password complexity, expiry, and encryption. Our solutions employ role-based security which is created using a protocol developed in compliance with and in alignment of DHW objectives. We utilize certificate based security over HTTPS (Secure Socket Layer/Transport Layer Security) for access, which verifies the integrity and identity of our solution.
15d	Certification of the components of your offering including the identification of the certifying organizations (e.g. HITSP, ONC HIT Certification, etc.)	While our solution does not have HITSP or ONC HIT certifications (which are geared more towards EHR compliance), our solution does contain a number of security/IT related certifications. We have robust controls as evidenced by the successful completion of a Service Organization Control Audit (SOC 2 Type 1). In addition, we have adopted the NIST 800-53 framework and components of our solution are FIPS 140-2 compliant.

#	QUESTION	ANSWER
15e	Identifying the available reports, displays, and dashboards	1. Fisher ES, Shortell SM. Accountable care organizations: Accountable for what, to whom, and how. JAMA. 2010;304 (15):1715-1716. doi:10.1001/jama.2010.1513 2. Stiefel M, Nolan K. A Guide to Measuring the Triple Aim: Population Health, Experience of Care, and Per Capita Cost. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2012. Available at the: http://mobile.commonwealthfund.org/~/media/Files/Publications/Case%20Study/2010/Jul/Triple%20Aim%20v2/1421_McCarthy_triple_aim_journey_overview.pdf. 3. Performance Measurement: Accelerating Improvement. Inst Med. Available at: http://www.iom.edu/Reports/2005/Performance-Measurement-Accelerating-Improvement.aspx. Accessed April 1, 2014. 4. National Quality Forum. Composite Performance Measure Evaluation Guidance. 2013. Available at:http://www.qualityforum.org/Publications/2013/04/Composite_Performance_Measure_Evaluation_Guidance.aspx. Accessed March 16, 2014. 5. Performance Measurement: Accelerating Improvement. Inst Med. Available at: http://www.iom.edu/Reports/2005/Performance-Measurement-Accelerating-Improvement.aspx. Accessed April 1, 2014.

Company:	Accenture	**Company:**	Analytics Partners
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General business type of Company:	Management consulting, technology and outsourcing	**General business type of Company:**	prebuilt data warehouse and analytics solution for Healthcare organizations
# of req's not met/answered by company:	2	**# of req's not met/answered by company:**	2
Company had questions on:	Nothing noted.	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted.	**Company had additional information on:**	attachments
ANSWER		**ANSWER**	

ANSWER	ANSWER
Accenture is one of the world's leading management consulting, technology and outsourcing organizations. Our parent company, Accenture plc is a public limited company incorporated in Ireland and is the parent of the Accenture family of companies. It's wholly owned subsidiary, Accenture LLP, is a partnership organized under the laws of the State of Illinois and responsible for all work performed in the United States. (Note that in all major geographies, Accenture operates as wholly owned Accenture subsidiaries that offer a broad range of services to clients in major industries). We combine many years of experience, comprehensive capabilities across all industries and business functions, and current research on the world's most successful companies. For more information, see their RFI pages 7-8.	At Analytics Partners (AP), we're convinced that uncommon thinking makes the difference. We are committed to producing solutions, maintaining steadfast relationships and promoting client success through innovative thinking. With AP's years of healthcare experience and focus, we can provide the optimal partnership with SHIP in realizing your vision for acquiring, integrating and analyzing health information from various sources to evaluate outcomes based on Idaho's Performance Measure Catalog. AP was established in 2002 and has successfully seen year over year growth each year since its inception over 13 years ago. AP's team of 50 consultants has numerous years of Healthcare experience and offer full service consulting and implementation services from strategy and planning through end user training and personalized support. Client satisfaction is our main goal. AP is a Certified Minority Business Entity and designated Small Disadvantaged Business based in Jacksonville, FL that facilitates in the development and execution of Healthcare Analytics Solutions that enable our clients to Do More With More. We offer more solutions, more experience and more success for our clients.

ANSWER	ANSWER
Accenture is capable and interested in delivering the services described in this RFI. For more information, see their RFI page 9.	AP is pleased to respond to the State of Idaho's Statewide Healthcare Innovation Plan's (SHIP) Health information and data analytics RFI

ANSWER	ANSWER
Our health services include: - Accenture Health Administration Services: Delivers significant cost improvements and efficiencies in enrollment, member and patient engagement, payment integrity, resource optimization, and new market opportunity identification. - Accenture Clinical Services: Helps clients enhance healthcare delivery and improve patient outcomes by developing and implementing digitally enabled care strategies and information systems that include medical imaging, Electronic Medical Records, information management & analytics engines, and virtual health solutions. - Accenture Enterprise Operations: Helps improve services and reduce costs across finance, supply chain, HR, IT and other operational areas in healthcare organizations - Accenture Health Management Services: Helps clients design, build and run high performing health management programs that improve health quality and outcomes while increasing consumer and provider engagement For more information, see their RFI pages 8-9.	AP is not only capable of providing the services outlined in this RFI, we are the best vendor to accomplish your goals, on time and within your desired budget. AP has performed the identical services that are outlined in this RFI for many consecutive years and have the experience to hit the ground running. AP was created and has maintained its main vision of creating and implementing data warehouse and business intelligence solutions specifically for the healthcare industry. AP devotes 100% of our consultants, technology, development team and capital resources to the Healthcare vertical. Over the past 7 years, we have specifically focused on claims data, integrating disparate health information, and KPI analytics and reporting.
0	0

ANSWER	ANSWER
Accenture's Health & Public Service Operating Group serves the largest and fastest growing healthcare provider networks, academic medical centers, ACO's, payers, labs, health aligned state, provincial, and federal government agencies, and pharmaceutical, and medical products companies. REDACTED	Currently, AP has over 30 clients utilizing our industry best HIA Solution and they eagerly convey our professionalism, work ethic and project successes. AP has multiple years of experience working with state healthcare agencies and has delivered our scalable, prebuilt data warehouse, ETL work streams and prebuilt intelligent dashboards and reports right out of the box from our HIA solution. These engagements deliver leading edge analytics giving our clients the competitive edge. With each successful implementation of our HIA solution our client portfolio grows. Please see Appendix 2 for examples of our detailed project experience.
Client confidentiality prevents us from disclosing specifics of the nature of existing relationships with our clients in terms of products and/or services provided to them and duration of our relationships. For more information, see their RFI page 11.	May 2010 – December 2010 (Phase 1), O&M January 2011 – December 2012 , February 2011 – July 2011, O&M July 2011 – July 2013, October 2013 – Go Live February 1, 2014, O&M March 2014 – March 2016.

ANSWER	ANSWER
Accenture maintains excellent relationships with its clients. The majority of its client contracts expire pursuant to their term, and, in fact, are frequently extended. But on rare occasions the client may come to Accenture and request early termination of a contract. Due to confidentiality restrictions, we are prohibited from disclosing further details regarding specific client agreements and the nature of such agreements as relates to this topic. For more information, see their RFI page 11.	Only has enrollments in Appendix 2 examples. Does not mention terminations
1. Alignment of stakeholders – Render explicit the link between the SHIP Goals, the stakeholders and the Health Informatics and Data Analytics capability development initiative e.g. the Value Tree diagram. 2. Parameters for decision making - be clear on what you want as a result of the procurement - value, speed, cost, etc.) 3. Design for flexibility – healthcare is changing, the amount of data to be handled is growing exponentially, and the available technical solutions are changing rapidly. 4. Integrate technical capability into operations to drive change – e.g. a Center of Excellence approach should be reflected in a business model that tightens the link between the information system and the business operations.	Some of the issues that will need to be addressed when implementing a health information and data analytics project revolve around data integration and standardization. Through our multiple implementations we understand the challenges and have the expertise and hands-on knowledge to overcome those obstacles. Most commonly, some challenges we have encountered have to do with data intake file formats changing from each submission and data quality issues that impact the entire implementation, validity and adoption of the analytics project. We have overcome these challenges by utilizing best practices and experience gained to build our automated data intake facility (DIF). The DIF consists of in depth data file edits, validation routines and collaborative interfaces with each submitter to expedite resolutions and standardization of these files.Another common issue that we have encountered is standardizing the data across all sources and submitters. Each submitter defines products and lines of businesses differently causing huge discrepancies when trying to analyze data and perform benchmark analysis.

ANSWER	ANSWER
Taking the first steps on this type of journey requires careful assessment, planning and preparation. We have a strong belief that to get the most out of information management and analytics it is critical to start with the outcomes desired and the potential actions that will result in those outcomes. The approach ensures that the right stakeholders are engaged, the relevant data is collected and appropriate analytics applied to the problem. REDACTED	AP fully understands the many challenges of implementing and operating a scalable data analytics project. Through the numerous implementations of our HIA™ product, we have encountered and overcome many of the common issues that occur. Some of the typical challenges that we have overcome are the interaction with multiple data sources and submitters and learning the intricacies of each organization and the best way to interact. Balancing the timing of multiple sources delivering large data files can also be tricky to overcome at first, but with our well thought out project planning, timeline guidelines and effective communication strategies, the exchange and flow of information become as seamless as a well oiled machine. With every new release of our HIA™ product, we take our lessons learned and improve upon the product. From theses lessons learned, our previous clients established the need for information regarding patient and provider identification.One last lesson learned that is very important is gaining end user adoption. It is imperative to overcome this obstacle. Through our experience, we have developed a best in class end user adoption program that encompasses live classroom and virtual training, ongoing support and education programs to engage the end users.

ANSWER	ANSWER
The following are price estimates based off prior experience from similar engagements and reflect the general size of the platform we expect Idaho to require. Accenture will not be held to the estimates below since they are not based on specific requirements provided by the Idaho Department of Health and Welfare. REDACTED	0

ANSWER	ANSWER
REDACTED	Estimated One-Time Cost: $718,000.00 Installation, Configuration and Implementation of HIA® Suite One-Time Fee $670,000.00
REDACTED	On-Going Estimated Cost: $260,000 per year see page 6 B.

ANSWER	ANSWER
There are multiple items that will impact pricing. These items are scope, complexity, resources, time and risk. The number and variety of source data will impact the integration price. The effort in the overall work plan that the state takes on vs. requiring support will also define the overall price of the project. Some of the key factors will be: - Number of commercial insurer and employer sponsored health plans to be incorporated - Completeness and quality of the source data from health delivery systems linked to the Idaho Health Data Exchange - The quality of the data maturity of operations in the organizations participating as data sources - The amount of history to be converted and cleansed - Level of services requested by the state e.g. Analytics and Reporting Center of Excellence, Help Desk, Platform Deployment Options (see question 6), level of customization - Performance standards e.g. up time, disaster recovery - Financial and legal arrangements e.g. retainage, liability terms	Training: Creating Analytics and Dashboards Per Class (estimated 2 Classes) $28,000.00. End User License Per User (estimated 20 Users) $20,000.00. Additional pricing on page 5-6.
The core pricing and options will be dependent on the solution components and services preferred by the state.	PM/PM discount depends on number of members. See graph on page 6 D.
Building the analytics platform Idaho envisions is a multi-year journey. As we noted in the executive summary, we believe Idaho should create an Analytics Center of Excellence that will continuously aggregate data and deliver insights to constituents in support of the State Health Innovation Plan, always keeping a close eye on the connection between the stakeholders objectives and the information required to make decisions that will transform the way healthcare is delivered. The first prioritized set of capability can be delivered in a year. We recommend that the initiatives be time boxed and delivered in what we call “Value Creation Opportunities”. This is essentially one or more branches of the Value Tree illustrated in the Executive Summary packaged together as a project.	4 months see page 7

ANSWER	ANSWER
Idaho's objective to provide integrated, effective and efficient care will require: - Data models that support preliminary and future quality measures - Storage for structured and unstructured quality data generated by clinical devices and claims systems - Systems security and access controls - Ability to integrate new data sources and fit for purpose solutions as the market changes and Idaho's analytic maturity grows - Implementation of advanced analytics, reporting, or visualization tools - Ability to scale to potentially hundreds of users creating and running queries, reports, and visualizations on large quantities of data - User friendly portals to capture additional clinical data from providers and survey instruments from patients REDACTED	Not answered
0	0
REDACTED	AP has developed an out of the box product that meets and exceeds the objectives outlined in this RFI. Our product, Health Intelligence Analytics (HIA) ™, is a comprehensive 100% web-based SaaS solution (HIA™ OnPoint) that manages healthcare costs by enabling full life cycle healthcare analysis. Through our integrated data warehouse and pre-built intelligence dashboards, HIA™ provides hundreds of powerful metrics, alerts and reports to healthcare analysts, providers and consumers alike, all through an interactive and collaborative web portal. HIA™ integrates all types of structured and unstructured data, including but not limited to, medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, providers, enrollment, public databases, demographics, websites and member experience outlets for all payers. HIA™ was developed to and currently services all lines of business including commercial, Medicare and Medicaid. Across the organization, analysts and consumers can monitor performance, analyze key performance indicators and compare them to industry benchmarks. HIA™ affords a deep understanding of health care systems by providing access to timely, comprehensive, and detailed data. The HIA™ solution is an essential tool to improve quality, reduce costs, and promote transparency.

ANSWER	ANSWER
A secure FTP server where a participant can simply drop files into the server container where the system will retrieve it securely and sourcing from any type of interface, an HL7 interface engine or ETL processor, such as Informatica, can be set to feed a stream of data for ingestion into the Hadoop file system. Also data entered directly through a portal interface and written to Hadoop directly through SQL is another ingestion capability that will become more prominent in the future. REDACTED	The entire solution is hosted in a state of the art independent data center (Colo5) that adheres to the highest levels of both data and physical security. Our data center has the best in space, security, and redundancy to ensure the safety of your data. HIA™ OnPoint is provided as a 100% web based SaaS delivery model (Private Cloud). Analysts will access a stand-alone analytics environment to support SAS analytics and data mining activities.

ANSWER	ANSWER
REDACTED	HIA OnPoint solution has the ability to prevent the duplication of data. • Implement fundamental data quality validation routines, including automated processes to notify EDW administrators of any data load, data duplicates or quality issues. • Conduct Data Profiling to identify data anomalies and outliers. These quality issues would then be routed to the Governance team for resolution coordination. • Implementation of Data Governance and Terminology Standardization is necessary for EDW consistency and ongoing maintenance and improvement. Once data is received and comes into the EDW environment, AP's standard source to target checks are included in our prebuilt data validations outlined below:

ANSWER	ANSWER
REDACTED	AP utilizes a combination of servers to support hosted OBIEE, Endeca, Java and Database applications. Application servers run on Dell server hardware, utilizing Windows Server 2008 and 2012 operating system. The database server is an Exadata Machine running on Oracle Enterprise Linux. Virtual servers, though not common in our environment, may be spun up using Oracle VirtualBox and/or VMware technologies. Hardware may be shared across customers depending on the tier the customer has signed up for, data is logically separated into different databases. Based on service level agreements with the customer, new hardware may be purchased and hosted specifically for the use by the customer. More detail on the Exadata Machine architecture is below.See page 12 Data Quality and Validation
REDACTED	Providing business users with ease of access to dashboards and reports as well as full ad hoc query and analysis capability, users of HIA™ OnPoint can create new analyses from scratch or modify existing analyses in dashboard pages. Page 8

ANSWER	ANSWER
REDACTED	All of the HIA OnPoint out of the box analytics are pre-built on the Oracle Business Intelligence platform and includes: o Cost Containment Analytics o Patient Centered Medical Home Measures o Medical Cost Management o Medicaid/Medicare Analytics o PMPM Analysis o Readmission Analytics o Disease Management Analytics o Consumer Experience o Pay for Performance Analytics o Utilization Management o ICD9-10 Conversion Analytic
REDACTED	AP utilizes a combination of servers to support hosted OBIEE, Endeca, Java and Database applications. Application servers run on Dell server hardware, utilizing Windows Server 2008 and 2012 operating system. The database server is an Exadata Machine running on Oracle Enterprise Linux. Virtual servers, though not common in our environment, may be spun up using Oracle VirtualBox and/or VMware technologies. Hardware may be shared across customers depending on the tier the customer has signed up for, data is logically separated into different databases. Based on service level agreements with the customer, new hardware may be purchased and hosted specifically for the use by the customer. More detail on the Exadata Machine architecture is on page 14.

ANSWER	ANSWER
REDACTED	AP has developed an out of the box product that meets and exceeds the objectives outlined in this RFI. Our product, Health Intelligence Analytics (HIA) ™, is a comprehensive 100% web-based SaaS solution (HIA™ OnPoint) that manages healthcare costs by enabling full life cycle healthcare analysis. Through our integrated data warehouse and pre-built intelligence dashboards, HIA™ provides hundreds of powerful metrics, alerts and reports to healthcare analysts, providers and consumers alike, all through an interactive and collaborative web portal. HIA™ integrates all types of structured and unstructured data, including but not limited to, medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, providers, enrollment, public databases, demographics, websites and member experience outlets for all payers. HIA™ was developed to and currently services all lines of business including commercial, Medicare and Medicaid. Across the organization, analysts and consumers can monitor performance, analyze key performance indicators and compare them to industry benchmarks. HIA™ affords a deep understanding of health care systems by providing access to timely, comprehensive, and detailed data. The HIA™ solution is an essential tool to improve quality, reduce costs, and promote transparency.

ANSWER	ANSWER
REDACTED	Providing business users with ease of access to dashboards and reports as well as full ad hoc query and analysis capability, users of HIA™ OnPoint can create new analyses from scratch or modify existing analyses in dashboard pages.

ANSWER	ANSWER
REDACTED	HIA™ OnPoint supports the creation, interactive access and distribution of diagnosis and treatment based patient registries.

ANSWER	ANSWER
REDACTED	HIA™ OnPoint supports the creation, viewing and distribution of patient and physician quality measures and treatment protocol based on score cards
0	0
Accenture offers AHAP on a cloud platform as a service. However, we can deploy in a private cloud or on premise. Accenture establishes availability targets based on the preferred delivery platform, the Accenture Private Cloud offers availability of the architecture up to and including the hypervisor level with a production uptime of 99.9% and a non-production uptime of 99.5%. By its nature this architecture and software is horizontally scalable and highly redundant thereby allowing a design to target on high availability. For more information, see their RFI pages 22-23.	High Availability AP houses our entire network and server infrastructure in a secure data center rated for Hurricane Level 5 sustainability. In addition to the various physical security features the data center provides, it also provides redundant power, networking, and cooling systems. Our network is front ended by two Cisco ASA class firewalls in a failover configuration. Non-database storage is raided in a hot-swappable disk configuration. Application servers for OBIEE, Endeca, Java, etc. are separated into web and application tier with clustering provided at each level to assist with load balancing and failover. The Exadata Database Machine is designed by Oracle with redundancy throughout the hardware and data storage. The Database Machine uses a state of the art InfiniBand interconnect between the servers and storage. Each database server and Exadata cell has dual port Quad Data Rate (QDR) InfiniBand connectivity for high availability. The disk mirroring provided by Oracle ASM, combined with hot swappable Exadata disks, ensure the database can tolerate the failure of individual disk drives. Data is mirrored across cells to ensure that the failure of a cell will not result in loss of data, or inhibit data accessibility.Exadata utilizes the Real Application Clusters (RAC) technology to failover databases across physical nodes present in the hardware architecture. The use of virtual IP (VIP) addresses and DNS ensure that if a failover occurs, connection information will not need to be updated in the applications that utilize the database.

ANSWER	ANSWER
REDACTED	AP utilizes a separate SSAE16 Certified hosting subcontractor, Colo5, LLC. based out of Jacksonville Florida. The necessary physical security and operational security processes/controls are in place to ensure no software, hardware, or data are vulnerable to being exposed to other clients/unapproved external entities. Service Organization Control report and activities will be delivered upon request. Data center policies and regulations can also be obtained through request.

ANSWER	ANSWER
IDHE will be able to have its own set of databases, separate from other customers leveraging Accenture Private Cloud.	The Oracle Exadata storage architecture uses a combination of the following technologies to offload I/O and performance gains (Smart Scan Technology, Smart Flash Cache, Smart Flash Logging, IO Resource Manager, Storage Index Technology, Hybrid Columnar Compression, Smart Scans of Data Mining model scoring). Exadata Smart Storage Breaks Data Bandwidth and Random I/O Bottleneck in multiple ways. First the massively parallel storage grid of high performance Exadata storage servers (cells/cell servers). Next, data intensive processing runs in Exadata storage. Queries run in storage as data streams from disk, offloading database server CPUs. Exadata also uses Hybrid Columnar Compression to reduce data volume up to 10x, yielding high performance. Exadata will also offload processing by utilizing Smart Flash Cache to brake I/O bottlenecks by a factor of 20x.

ANSWER	ANSWER
Accenture provides Public Cloud, Private Cloud and On-premise hosting services. The qualifications, experience, and certifications vary based on the preferred solution. REDACTED Accenture takes a comprehensive approach toward the technology environment's overall security. All data centres are protected by security personnel, electronic devices such as cameras, and identity verification with photo identification retained by the security office. Access is controlled through an Accenture-maintained access list. Visitors must be on the access list and present government-issued photo identification to gain entry into the facility. Cameras within the facility have recordings stored to DVR for a period of at least 30 days. Data centre cages are accessed with security badges. Aside from break/fix visits, individuals who are not Accenture employees, contractors, or data centre staff require an escort.	AP utilizes a separate SSAE16 Certified hosting subcontractor, Colo5, LLC. based out of Jacksonville Florida.
0	0

ANSWER	ANSWER
We have invested consistently in developing and training our practitioners in the Accenture Delivery Suite (ADS). We use the Accenture Delivery Method (ADM) for Program, Project and Service Management (PPSM) consistently across all our delivery locations and projects. The ADS offers an integrated set of standardized methods, processes, tools, architectures and metrics to implement innovative solutions and services quickly, consistently, with high quality and with lower risks for our clients. REDACTED	AP's project management approach to a project of this size and duration is to communicate early and often. Typically AP will conduct daily, stand up status meetings to ensure everything remains on schedule and that issues are resolved early to mitigate any time or resource issues to the project. The Project Manager will complete a full team status meeting on a weekly basis to include both Customer and AP management. This meeting will be followed up by a written report submitted as part of the project papers. During this meeting the following topics will be addressed: Project Status, Issues, Change Control items, Activities Completed Last Week, Activities to be Completed in the upcoming week, Project Assignments and Open Project discussion. Additionally, through the life of the contract the Customer Engagement Manager will meet on an agreed upon schedule with the Customer Executive to ensure customer satisfaction is met and exceeded AP recommends the most pragmatic straightforward approach to delivering any solution. This involves integrating disparate data sources when beneficial, but reducing redundancy whenever possible. AP's recommended solution incorporates the use of AP's (HIA) ™ OnPoint solution consisting of pre-built: Data Models, Data Warehouse, Data Marts, Dashboards and Reports. By taking this approach and working collaboratively with all users and key stakeholders to obtain requirements, this helps organizations to reduce project risk and improve quality with AP's distinctive resources and expertise, lower your total cost of ownership (TCO) and realize faster time to value by leveraging AP's integrated services.
0	0

ANSWER	ANSWER
Not Answered	1. Director of HIA Product Development - Mike Bell - Mike is responsible for all product development and services for our HIATM solution. His expertise is in Solution and Data Architecture and has in-depth knowledge of the Healthcare Claims business and data. He is responsible for exceeding Access Health Analytics expectations and ensuring the delivered product is scalable, flexible, and exceeds all requirements. 2. Business Lead – Lesley Slabbert - Lesley is responsible for ensuring the business is represented and requirements are mapped to the solution. She has worked in the business side of Healthcare Payers across the country and understands the importance of ensuring the business requirements are met and the business is adopting the solution. 3. Technical / Data Intake Lead – Craig Coulter - Craig is responsible for the entire technical environment and the success of the integration of the data. He will coordinate and communicate any issues or concerns around data submissions and ensure quality data is received by all submitters. 4. Project Manager – Ceryle Freeburn – Ceryle is responsible for executing the project on time, within budget, with the highest level of quality. She will identify and resolve project issues, weekly status, monitoring the progress, and coordinating all efforts between AP, Access Health Analytics and Data Submitters. She has been a Project Manager for over 10 years and has achieved several certifications most importantly her PMP. Ceryle has managed multiple EDW implementations and Fortune 500 complex acquisition projects. Ceryle is excellent at problem solving, removing barriers, and ensuring that dates are met with a quality product. 5. Security & Privacy Officer – Michael Mayhew – Michael is AP's Security Officer and has been within the Security field for over 25 years. Before becoming AP's Security Officer, Michael was in the Secret Services and Investigations.

ANSWER	ANSWER
The scoping process would start during the response to a RFP issued by the state and continue through the initial stages of the project as requirements are validated. For more information, see their RFI page 25.	The project plan (Please see Appendix 3) outlines the key tasks and milestones/deliverables that will be completed throughout the lifecycle of this engagement. This plan provides you with the high-level timeline, activities and resources required to ensure project success. Our prior experience, combined with the specifications outlined in the RFI allow AP to ensure the infrastructure will support the data from a storage and capacity perspective, with consideration around future growth. AP will be involved in ongoing communication throughout the engagement, beginning with requirements and all the way through design, development and user acceptance testing. Reviews are scheduled throughout the process to ensure QA checkpoints are in place. During the requirements and design phases, AP will work with the client to ensure the solution addresses non-standard data and that the rules and additional groupers are considered and implemented, where appropriate. It will be critical to conduct reviews early on (as outlined in the project plan) to validate AP's assumptions and obtain necessary approvals to move forward and have all information required for proper hosting of the data. Security protocols are available and will be reviewed/revised as we move through the requirements and design phases. End User requirements will be addressed (as referenced in the project plan) to identify the consumer facing reporting and datasets required and ensure the necessary standards are in place for securing the data. Regular project status meetings will be held

ANSWER	ANSWER
The success metrics are derived from the requirements and through the detailed project planning and have metrics that are specified in Figure 8 as part of our overall program management process. For more information, see their RFI page 25.	See appendix 3 copy of table

ANSWER	ANSWER
Not Answered	Define Priority (High, Medium, Low) Outline Data Requirements and Definitions Identify Data Source(s) Define Historical Requirements Define Security Requirements Define Technical Requirements l
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ANSWER	ANSWER
Accenture generally follows a three-tiered governance structure and would incorporate the Health Information and Data Analytics project into this model. For more information, see their RFI page 26.	AP has developed a support services practice dedicated to quickly resolving issues, ensuring on-going quality support and enabling the maximum return on investment for our clients. Our M.A.P.S. (My Analytics Partners Support) desk is available during normal working hours and is always answered by our live in-house consultants located at our corporate headquarters in Jacksonville, FL. We follow best practice standards like rapid SLA response times, user friendly and easily accessible client support portal, and working with the same certified support specialist throughout the life of your issue.

ANSWER	ANSWER
Depending on the support requirements, Accenture would create a multi-tiered Helpdesk. This could include basic system support as well as functional support to end users such as data interpretation, report creation, and predictive modeling support. The basic system support model includes the following: - Single Point of Contact for all qualified end-user IT support needs for requests and issues - Level 1 support for incidents and requests - Continuous improvement activities including ongoing improvements to processes and knowledge base - Client-branded, password-protected portal that provides end-users online, self-service access to the Help Desk including incident submission and tracking - Basic search for solutions to common technical problems - Infrastructure outage information for Major Incidents - Self Service Password Reset is an add on (available upon request) - Advanced Service Desk support for incidents requiring non-standard support or resolution - Remote technology support - Service request support for small projects and analysis Service Level Agreements generally include the metrics in four dimensions: average speed to answer, response time to email, first call resolution, customer satisfaction and would be set in context to Idaho's specific preferences.	Service levels for system availability and customer service; Service Level Agreement (SLA) & System Performance 1. Availability. AP shall use all reasonable commercial efforts to ensure that Service(s) are operating and available to Customer at a rate of ninety-nine percent (99.9%) uptime. 2. Service Credits. Customer will be given a service credit of one month's billing charges for any month in which AP fails to maintain an uptime of ninety-five percent (95%), which is exclusive of performance issues (a) caused by factors outside of AP's reasonable control, (b) that resulted from Customer's equipment and/or third party equipment not within AP's exclusive control or (c) that resulted from any actions or inactions of Customer or any third parties. 3. Support and Response Time. AP will provide support for its hosted infrastructure Service(s) twenty-four hours per day, seven days per week and three hundred and sixty-five days per year (24x7x365). AP will respond to support requests within the following targeted time periods: • One hour if Service(s) is completely unavailable and affecting all users. • Two hours if Service(s) is completely unavailable and affecting some users. • Four hours if Service(s) is completely unavailable and affecting one user. 4. Incident Handling. AP will be responsible for coordinating all incident isolation, testing and repair work for the Service. 5. Escalation Procedures. Customer and AP will maintain an escalation process to aid in problem resolution should any outstanding incidents warrant, either because a party has not responded to an incident within the parameters set forth in this agreement, or because an incident has not been resolved within the estimated time of repair. Customer and AP will exchange escalation procedures and contact lists. These lists will be routinely maintained, updated, and republished as changes warrant.

ANSWER	ANSWER
Depending on the scope of service relevant measures would be defined. Idaho could choose to contract for - Design, Build and Configuration, or that plus Hosting, or all three capabilities - Design Build Configure – Schedule, Budget, Quality - Host – Performance metrics including – up time as measured at the hyperviser, response time to service/change requests - Run – Timeliness of reports, response time on the portals, project delivery	Does not indicate penalties See page 24.
Accenture will respond to requests for additional services in a timely manner. We envision that additional requirements will be identified as part of the exploration process and in response to the results of the early SHIP implementation success. A possible option is to define a “bucket” of funds to be prioritized and managed in support of key constituents and actions.	Through each step, data flow checks, alerts, and data quality checks are processed. The business rules are already defined and coded within the pre-built ETL workflows. The workflows are designed to take advantage of parallel processing and ease of use for customizations. Since the workflows are consistent in design and development it allows for quick impact analysis to be performed if new fields are added, changed, or deleted. It also allows for end-to-end traceability and metadata management to be accessible by the end users. page 12

ANSWER	ANSWER
REDACTED Configuration management in most hosting centers typically follow tailored ITIL V3. Processes.	6. System Maintenance. Server maintenance and/or upgrades shall be performed as required and will occur after standard business hours (6:00p.m. to 6:00a.m., Eastern Time, Monday through Friday and on Saturday and Sunday). 7. Data Maintenance, Archival and Backup Procedures. Customer data residing within the Hosted Environment will be stored using RAID level 1 technology or higher. Customer data will be backed up once a day with weekly offsite storage. Backups will be retained for a period of no more than two weeks. 8. Upgrades to Application Software and Associated Devices. When an upgrade to an existing device is released, including operating system upgrades, device upgrades, software upgrades and Microsoft required upgrades; AP will work to coordinate these upgrades with preventative maintenance service calls or schedule with Customer to reduce downtime.

ANSWER	ANSWER
ITIL V3 is followed by most hosting centers. A combination of the ACN Delivery Method for custom development and ADM for 3rd party configuration management is utilized.	See appendix 1 located after page 29

ANSWER	ANSWER
Each vendor has their own schedule and timetable. Accenture declares a product roadmap and timetable that incorporates both custom, 3rd party software, and metadata content. Accenture Delivery Method for Product Management is used and has both roadmap and release planning.	"they are never behind more than one version as per recommend by the software vendor." AP also upgrades its suite of products two times a year, unless regulatory mandates changes more frequently.
Idaho would be involved in the testing of the configuration and customization of the solution that supports Idaho's requirements and their desired role in testing.	Adoption - Training is one of the most important aspects of a successful project. Data training should be a staple for anyone being granted access to the environment. This will make End User Adoption of the new environment achievable. Analytics Partners' training solutions can make this happen for your organization. It is necessary to make sure that the various teams involved grow with the solution, and that they continue to use their full capabilities after the initial implementation is complete. It is important to have involvement at all levels, and ensure that the tools are being used to enhance effectiveness and efficiency. AP provides training specific to the customer implementation. This training is highly interactive and is developed by modifying the course templates to include customer specific data and dashboards. New user training is delivered in a classroom setting and refresher or enhancement training can be delivered via webinar. AP is positioned to be extremely flexible and can adapt the curriculum and delivery medium to best suit the needs of the customer. There are robust training options available to the customer for both the proposed solution and each individual technology capability. This training is primarily delivered onsite by expert consultants who are experienced in the Healthcare space, your environment and how the solution has been implemented at your site. We also offer Train the Trainer program, Virtual Live Classroom and On-Premise training.

ANSWER	ANSWER
The change request process will be handled through the help desk process and if a pool of resource for enhancements and change is identified, a unique prioritization process will be incorporated in the agreements.	AP will respond to support requests within the following targeted time periods: • One hour if Service(s) is completely unavailable and affecting all users. • Two hours if Service(s) is completely unavailable and affecting some users. • Four hours if Service(s) is completely unavailable and affecting one user.
Additional information on the solution definition and specific requirements is required to respond to this question.	The project team that we are submitting for this RFI project. See page 18

ANSWER	ANSWER
Additional information on the solution definition and specific requirements is required to respond to this question. Core elements of the solution come from REDACTED	The project plan (Please see Appendix 3) outlines the key tasks and milestones/deliverables that will be completed throughout the lifecycle of this engagement. This plan provides you with the high-level timeline, activities and resources required to ensure project success.
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REDACTED – Organization Chart. Training and support for end users is incorporated in this set of services.	AP provides training that will primarily be delivered onsite by expert consultants who are experienced in the Healthcare space, your environment and how the solution will be used by the end users. Training is conducted in the following three domains: tool training, data training and support desk training.

ANSWER	ANSWER
Accenture recommends that Idaho engage in an Analytics Center of Excellence as defined in the Project Management Section – Organization Chart. Training and support for end users is incorporated in this set of services.	Interface Lead – Bob Bledsoe – Bob is responsible for all interface design and development ensuring an intuitive and flexible web portal to the end users. Page 19
Accenture recommends that Idaho engage in an Analytics Center of Excellence as defined in the Project Management Section – Organization Chart. Training and support for end users is incorporated in this set of services.	We follow best practice standards like rapid SLA response times, user friendly and easily accessible client support portal, and working with the same certified support specialist throughout the life of your issue.
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ANSWER	ANSWER
Most of the programming language is Java available under HDFS. Some C++	Java is our preferred programming language. All applications also will use SQL or PL/SQL to communicate with the database.
Chrome and Internet Explorer are generally standard offerings for the browsers.	Typically suggesting the use of Firefox, Chrome, and Internet Explorer. Specific browser versions are listed at the top of page 27 table.
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ANSWER	ANSWER
Accenture Security Framework serves as a basis for security architecture and security management for the proposed solution. The framework has a traceability component, wherein we can identify and document how each requirement is met—both in the design and later in testing. Amongst others the solution software provides out-of-the-box capabilities for access control, authorization, and data security. For more information, see their RFI pages 28-29.	Cloud Methodology and Security See pages 27-29

ANSWER	ANSWER
REDACTED The HITRUST Common Security Framework (CSF) is cross referenced and meets all security requirements of existing globally recognized security standards, regulations, and business requirements including Health Insurance Portability and Accountability Act of 1996 (HIPAA), Health Information Technology for Economic and Clinical Health (HITECH) Act, NIST SP 800-53 (FIMSA), International Organization for Standardization (ISO), Payment Card Industry (PCI), Federal Trade Commission (FTC), Control Objectives for Information and Related Technology (COBIT), and State laws. All data is encrypted at rest. The system routinely stores PHI data and separates the PHI data from de-identified data by physical firewall.	AP utilizes Managed File Transfer software to transmit data to and from our secure data center. This provides a user friendly web interface available on the internet that allows our clients to submit and download data files in a secure manner, with check points, and non-repudiation audit services that allow the client and us to ensure that data was received, and that what was actually sent was received. Data files are encrypted in transit and landed on a secure serverbehind the firewall in our facility. Managed File Transfer is our HIPAA solution to secure files and provide auditing on whatcomes in and out of our facility.Raw data is then loaded to our Oracle Exadata database using defined ETL processes. The database encrypts and decrypts data through the database kernel. Data stored on disk is automatically encrypted when loaded into the database and automatically decrypted when users or applications authenticate to the database and pass all database enforced access controls. Plain text data is unavailable when access is attempted at the operating system layer. The architecture provides transparent encryption of data at rest, a requirement today for privacy as well as protecting against threats directly targeting storage either on production servers or backup media. Our solution has distinct advantages over other encryption solutions in that a user has to be authenticated to the database and pass authorization checks at both the application and database levels before the data is decrypted. Encryption is especially important when data is moved into cloud environments where the management of storage media and transmission of data is transparent to the data owners themselves. AP employs an Intrusion Prevention System (IPS) in front of the firewall at our secure hosted facility. Utilizing the IPS we are able to take such actions as sending an alarm notification, inspect and drop malicious packets, and resetting the connection and/or blocking the traffic from an offending IP address. This protects our network from malicious attacks and unauthorized access by preventing worms/virus and Denial of Service attacks on the infrastructure. Access groups and

ANSWER	ANSWER
Our platform uses the following methodologies for data access and authentication. We deploy our solution based on specific client requirements for user security. REDACTED The solution moves all Protected Health Information (PHI) data in an encrypted fashion over dedicated VPN. The solution meets NIST requirements. Accenture would also work with Idaho to integrate with other Enterprise systems.	Database Security Roles and Views For authorized Client database users, direct database access to PHI data will be managed as described below. The following describes database roles that will be created to manage Client user access to sensitive data. Roles described below are listed in most restrictive to least-restrictive order. • No_PHI_EMP: This is the most restrictive role. Users assigned to this role will have read access to the data in the tables but will not see data from any database columns that have been identified as being in the HIPAA list of 18 PHI identifiers. This restricted access will be provided via a database view for each table identified to contain one or more PHI identifier columns. Users assigned to this role will be granted access to the “no-PHI” view of a given table rather than the table itself. • PHI_No_EMP: This role will enable authorized Client users read access to PHI data except for PHI data for Client PI. One exception to this access is the Social security number (SSN). Access to the SSN will be restricted, regardless of whether the user has access to PI data or not. This restricted access will be provided via a database view for each table identified to contain one or more PHI identifier columns and the data pertains to a Client PI. Users assigned to this role will be granted access to the “no-EMP” view of a given table rather than the table itself. • ALL_PHI: This role enables the authorized users to have access to all PHI data, and read access to the database HIA tables directly. This role will enable authorized Client user access to all PHI data, with unrestricted read access • ALL_SCHEMAS_ALL_PHI: This role will be reserved for DBA, developers, and tech support users as required to select/view the data in the EDWPRD database schemas. Other roles and table views will be created as needed to regulate access to the data as determined by the Client Data Warehouse data steward and Client EDW DBA.
REDACTED is done in a healthcare only data storage facility that is Health Information Trust Alliance (HITRUST) certified with replication and co-location in bicoastal data centers.	Not answered

ANSWER	ANSWER
Our proposed solution meets all the Health Information Exchange regulatory (Federal and State) reporting requirements and support micro/macro program evaluation. The solution provides the transparent view of security operations.	See appendix 1

Company:	Cerner Corporation	**Company:**	DILTICS
Contact:	Christina Morris	**Contact:**	Shyam Panda, President
Telephone:	(785) 213-0897	**Telephone:**	(510) 456-5605
E-Mail:	Not Answered	**E-Mail:**	spanda@dilyticsinc.com
General business type of Company:	Health Information Technology	**General business type of Company:**	BI; Data Warehousing; ETL & EPM based Analytic Solutions.
# of req's not met/answered by company:	3	**# of req's not met/answered by company:**	4
Company had questions on:	Nothing noted.	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted.	**Company had additional information on:**	pdf on page two; links referenced listed in answer column
ANSWER		**ANSWER**	

ANSWER	ANSWER
Cerner was founded in 1979 in Kansas City, Missouri, by Neal Patterson, Cliff Illig, and Paul Gorup. Their goal from the beginning was to use information technology to transform health care by eliminating errors, variance and waste. Cerner's mission today is to contribute to the systemic improvement of health care delivery and the health of communities. We are a leading supplier of health care information technology (HCIT), and offer a comprehensive range of software, professional services, medical device integration, remote hosting, and employer health and wellness services. Cerner systems are used by everyone from individual consumers, to single-doctor practices, hospitals, employers, and entire countries. Taking what we have learned over more than three decades, Cerner is building on the knowledge that is in the system to support evidence-based clinical decisions, prevent medical errors, and empower patients in their care.	Page1....(Specific contract numbers referenced on page two): Our strength lies in the fact that we are able to leverage proven methodologies for assured success in all our BI/EPM deployments. We offer the following services in Business Intelligence, Data Warehousing, ETL(Extract, Transform & Load Data) and Enterprise Performance Management space: • Build and Deploy Custom BI/EPM Solution • Implement Pre-packaged BI/EPM Application • Design and Build Data Warehouse, Data Mart and implement Data Integration/ETL • BI/EPM Solution Health Check • Extend pre-existing BI/EPM Solution • BI/EPM Maintenance & Support As a 4 year old company, we have worked with various clients across varied Industries like federal, Pharma& Life Sciences, Retail, Manufacturing, Hi-Tech, etc. Annual Revenues Volume: $1.7 million for 2014 DiLytics is an approved vendor with Board of Governors at Federal Reserve Board

ANSWER	ANSWER
Cerner is dedicated to the work outlined in this RFI and strongly believes this work will pave the way for bettering healthcare in years to come. Cerner can address your request for Health Information Technology, Data Analytics and dashboard with our Population Health platform, Healthe Intent, which was released in 2010. We now have over 180+ clients live on this platform and that number is increasing steadily. Since 2010 there have been five releases of the solution,introducing new functionality like readmission tracking, patient stratification and population level 2 reporting and semantic EMR search functionality (akin to Google).	Page two: Yes, DiLytics is interested in furnishing the services described in this RFI.

ANSWER	ANSWER
REDACTED	Page 2: Please refer to the below PDF for information regarding some of the implementations by DiLytics: PDF LINK HERE As a 4 year old company, we have worked with various clients across varied Industries like federal, Pharma& Life Sciences, Retail, Manufacturing, Hi-Tech, etc.We are a strong team of 40 individuals (Onsite & Offshore) with San Mateo as our Headquarters. DiLytics has been growing steadily over the last three years. As an indication of our growth, we would like to highlight that 1. DiLytics's customer base went up by 75% in 2013 and 57% in 2014 2. DiLytics employee strength went up by 100% in 2013 and 57% in 2014
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ANSWER	ANSWER
Not Answered	Page 2 -4: BIO MARTIN: • Implemented multiple projects for their Supply chain, Manufacturing, Finance, HR teams. • Implemented Advanced Planning Command Center(APCC) for their supply chain team to help them make Supply Chain decisions in real time • Implemented Manufacturing Analytics for Manufacturing team and HR Analytics for HR team. DIAMOND RESORTS INTERNATIONAL: DiLytics performed the following services: • Configured Domain Mappings and Warehouse Domains for HR & Financial analytics. • Created and generated new load plans for domain mappings and data mappings for HR & Financial fact groups. • Monitored full loads and incremental loads through Oracle Data Integrator (ODI) tool. • Customized ODI interfaces according to the business requirements. • Configured LDAP server in weblogic so that users can access OBIEE Presentation Services using their windows login credentials. • Designed and implemented object level security and data level security. • Provided guidance for testing the OBIEE reports against EBS source. • Upgraded BI Apps from 11.1.1.7.1 to 11.1.1.8.1. CALIFORNIA CREDITS GROUP (CCG): DiLytics has Designed, Implemented, Tested and Deployed a custom solution for CCG's Payroll and Time & Attendance requirements. Description of Solution: • We have custom designed and developed a custom data warehouse using Microsoft SQL Server to reflect data from CCG's Payroll and Time & Attendance application database. • Designed the Data Warehouse in Microsoft SQL Server with necessary Facts, Dimensions, Hierarchies, Snapshot tables that fits the needs of CCG and its customers. • Designed and developed ETL data integration in Microsoft SSIS to extract data from Payroll and Time & Attendance application database and load data into the data warehouse stage
Not Answered	Pages 2-4: Bio Martin (current); Diamond Resorts International (Oct 2014 - present); Calif Credits Croup (CCG) (Jan 2014 - May 2014)

ANSWER	ANSWER
Not Answered	Not answered
From experience, we have identified multiple issues that need to be addressed to ensure a quality RFP solicitation, including requirements around data integrity, allowing enough of a timeline to ensure you do not end up with a sub-standard product, mandating the use and analysis of clinical data combined with claims to ensure the realization of close to real-time actionable information, and ensuring your selected vendor has real world examples of how they've implemented their solutions with other organizations.	Page 5: (SEE RESPONSE FOR DETAIL OF a - f LISTED HERE: Based on our experience with other projects of similar size and complexity, below are some of the factors that we think need to be addressed for a successful project a. Agree on the project goals: b. Develop clearly defined plans with assigned responsibilities and accountabilities: c. Manage the project scope effectively: d. Cultivate constant effective communications: e. Make sure you have management support: f. User Adoption:

ANSWER	ANSWER
Cerner has worked with a number of clients on similar analytic engagements; our staff is familiar with many of the issues and complications that may arise, as well as the corrective actions taken. Below are examples of issues that we have encountered and actions taken to resolve: Issue: Data integrity – Elements of the claim, clinical, and survey data may be incomplete or not presented in the format the State or Cerner expected. Resolution – Cerner will act quickly with the respective owners or producers of the data to determine how the data issues can be resolved. A written description of the data issue will be submitted to the respective parties. An impact analysis will also be communicated as data issues may cause delays in producing analysis. Every effort will be taken to ensure future consumption of the data will not cause issue. Issue – Cerner may experience issues loading data into its Population Health Analytics platform. Resolution – Cerner will engage internal technical teams who are appropriately trained and skilled on the analytics platform. These teams have been involved with the platform construction and are skilled at finding quick resolutions to technical issues. Issue – Delays in meeting agreed upon tasks. Resolution – Cerner has completed thousands of large projects and installations. Cerner firmly believes a strong Project Management process is critical in establishing understanding the project needs and timelines, communication plans, establishing work agreements, monitoring results and reporting to leadership the status of the project as well as issues. Cerner understands that no two projects are exactly alike and what occurred on previous projects may or may not occur again. However, Cerner is committed to a continuous improvement process and we document what we've learned.	Page 5: Below are some of our firm's beliefs and practices: • Strong communication is important between the client and the vendor to share the ideas and expectations clearly. • Building trust is very important. • Being Considerate • Be direct, open and provide all the updates in timely fashion to the client. • Positive attitude is very important as negative attitude erodes confidence and a downstream spiral will follow.

ANSWER	ANSWER
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ANSWER	ANSWER
Implementation, training, data acquisition, consulting services (e.g. carryover work) are delivered as one-time fees and are provided as one invoice. Cerner would need additional information on your requirements to provide a cost estimate at this time.	Page 6 HAS DETAILED LINE ITEM TABLES FOR 5a.i and 5 a.iiii: i) Implementation Cost: $1,016,000.00 (THIS IS THE TOTAL - SEE TABLE FOR DETAIL) ii) Training Cost: 4 weeks of training is recommended for business users and IT together. The estimated cost for training will be $40,000. iii) Software Product License Cost: Total Mandatory License Cost will come up to $1,203,700 and Total License cost including optional will come up to $1,542,100. Please find below the Licensing and Support cost for Oracle software. (SEE TABLE FOR DETAIL)
Support services are included in a monthly fee generally. This is flexible and may be configured upon your request. Cerner would need additional information on your requirements to provide a cost estimate at this time.	Page 7 numbered 5 b. THIS IS A SUMMARY OF THE CHART ON PAGE 7: i) Application Support after initial phase go-live: 2 year support contract subsequent to warranty period; cost per mo $12,000 fixed; Total $288,000 - Over 80 hrs per mo will be billed at $150.00 per additional hour. Annual support contract subsequent to the above 2 year period; $10,000 fixed; Total $120,000 - Over 80 hrs per mo will be billed at $150.00 per additional hour. ii) Product Support cost: Mandatory product support cost will come up to $264,814 for the first year and increases by 3% thereafter every year. Total product support cost will come up to $339,262 for the first year and increases by 3% thereafter every year.

ANSWER	ANSWER
Cerner would need additional information on your requirements to answer this questions and to provide a cost estimate at this time.	Page 7 numbered 5 c.: • Change of scope from what is specified in this RFI will affect pricing. • Travel & Expense will be 10% to 15% in addition to the implementation cost.
Cerner does not generally offer discounts for early payment but are very competitive on pricing and want you to get the most value for your dollar. We will work with you to make that happen.	Page 7 numbered 5 d.: 60% volume discount for licensing is accounted for in this estimate. Additional discounts may be negotiated for an enterprise wide licensing.
A successful project of this nature requires significant coordination between resources both inside and outside of the State Department. The approach is to quickly implement the data aggregation necessary across your multiple data sources, which can be started in advance of other project start dates. Identification of desired measureable outcomes is key to the project planning and its ultimate success. In addition, identification of the clinical and executive leadership needs to be identified early. Similarly, planning should begin for staffing the project with the requisite technical and clinical change management skills. Cerner's implementation methodology allows for a trusted and smooth process to ensure that the data is transferred efficiently. (Detailed info on phases, plus a sample timeline, is included on pages 7 through 12).	Page 7 - 8: Based on the information provided in RFI, DiLytics will design and develop a custom Data warehouse to reflect data from up to 3000 fields from a combination of not more than 5 different data source and develop Idaho's Initial Performance Measure stated in ATTACHMENT A. DiLytics will also design and build up to 30 custom reports with filter prompts in Oracle BI Dashboards Please find below the estimated time line CHART ON PAGE 8 DETAIL IS 8 MONTHS TOTAL: Gather Business Requirements: Months 1-3 (first 10 weeks) Environment Setup: Month one: Design & Development: Months 2- 7 & 1/2 Conference Room Pilot: Mid month 5 - month 7 System Testing: Last week month 6 & month 7 Training: 2nd week of month 7 through 1st week of month 8 Deploy: Last two weeks on month 8

ANSWER	ANSWER
Discussion of issues included in response to question 7, above.	Page 8 wording below the chart reads: In the future RFP, it will be easier for us to estimate more accurately if you can provide the exact # of source systems that data needs to be pulled from and their respective size. It will also be helpful to know if there is any need for analyzing unstructured data.
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Cerner's population health platform, Healthe Intent, is offered as a cloud service solution which requires no additional hardware. It leverages big data technologies such as Hadoop/Hbase and HP Vertica. It provides the services of data aggregation and patient matching. This platform aggregates data from a variety of clinical, financial, and operational sources, such as Cerner and non-Cerner EHR systems, payer systems (claims, PBM & eligibility), other financial systems, personal health record (PHR) systems, health information exchange systems, wellness and screening services, and operational systems. Cerner can use a variety of standard interface or transaction technologies to discretely connect source systems to Healthe Intent (e.g. HL7,EDI, SFTP, CCD, etc.). These are determined based on your organizational needs and objectives.	Page 8 & 9: Below are the data management capabilities of the solution proposed by DiLytics: • Business Intelligence: Solution provides an insight into the data and enables better decision making, reporting and disclosure. • Data Lineage: Solution provides the ability to track a particular data element or a set of data elements across various source systems. • Metadata Management: Solution captures data definitions, business glossaries, data dictionaries, and other metadata required to support the business activities. • Data reconciliation: Provides ability to reconcile data between source systems. • Data Discovery: Discover relationships between data elements and data entities across one or more data stores, to identify anomalies and patterns.

ANSWER	ANSWER
Cerner's population health platform supports data acquisition integration in a variety of standards-based and custom interfaces. The approach for data collection and aggregation is outlined below: (detailed technical info follows on pages 13 -14).	Page 9 top: Migration of clinical data, claims data, multi-dimensional clinical and claims data marts are necessary to enhance the services to the patients. For this purpose, we need to gather the data from multiple source systems and populate into a Data warehouse and maintain the data. This can be achieved by using ETL process (Extract, Transform, and Load). ETL tools are very well suited for the task of migrating data from multiple source systems to the Data Warehouse. We recommend using Oracle Data Integrator (ODI) for your implementation.

ANSWER	ANSWER
Cerner has the ability to prevent the presentation of duplicate data as part of our data cleansing process. This process allows for the detection and correct incomplete data and the identification of duplicate or inaccurate data.	Page 9 middle: DiLytics will design and implement Data warehouse which will act as a central repository for hospital and practice based EHRs and receiving direct data feeds from hospital and free-standing labs and imaging centers. This will be used for reporting and data analysis. ODI has the ability to prevent the duplication of data resulting from extracting data from hospital and practice based EHRs and receiving direct data feeds from hospital and free-standing labs and imaging centers

ANSWER	ANSWER
Cerner believes that the next era of healthcare will be powered by both descriptive and predictive analytics. Cerner's platform uses evidence based-algorithms or knowledge from predictive modeling to identify patients for registries, and predict outcomes for identified populations. Cerner's Population Health platform will leverage clinical and financial information to ensure providers understand how their patients are being managed against defined quality measures. The most critical component, however, is enabling appropriate intervention. Cerner is focused on ensuring that any knowledge gleaned across the system is directly inserted back into the clinical workflow to appropriately help providers intervene so that health can be improved both at the individual and community level.	Page 9 bottom: Essbase will provide you with the ability to produce retrospective and prospective analysis of resource utilization and outcomes including predictive models of future resource utilizatin and projected outcomes.
As data is onboarded, the data is reviewed by the system for data completeness, accuracy and integrity. The information is provided to be able to take action to improve the overall quality of the data. Also, our system keeps a copy of all data extracts in their raw format, as original sources of reference in case there is a need to retrieve additional data already provided. This copy is separate from the data that is normalized into a standard format. For the process to receive data/files, Cerner leverages a utility called collector upload which uses a secure connection over HTTPS. Cerner will provide each of the entities providing data a system account which uses OAuth to authorize the system to send the file or edit. Once a file type is initially setup, files loaded to the collector will automatically be loaded.	Page 10 very top: Authorized users have the access to their data at the repository level and they can create, modify, and delete the required columns in the analysis by assigning the security to those users at the repository level in OBIEE administration tool. Data warehouse stores sensitive business information in a centralized location, robust data security and user management capabilities are critical. Only the users with the necessary privileges have the access to data ware house data and depending upon their requirements they can handle the data within warehouse into data marts and data cubes to generate the reports in their organization.

ANSWER	ANSWER
The system supports data capture according to standard clinical guidelines and using vocabulary that make data capture consistent with national quality measurement and reporting guidelines. Additionally, quality measures can be defined within the system. For the past decade, Cerner has supported various quality reporting programs, which required following a programs specification, calculating the measure and either providing an output file or doing direct submissions. Along with reporting, Cerner has also closed the loop in providing organizations real-time transparency and decisions support related to specific measures. (additional technical info follows on page 15)	Page 10 middle: Since the data sources that we pull data from for creating nationally recognized quality measures are custom designed, we need to design a custom data warehouse and define metrics as per the requirements. This needs custom development. Oracle BIFS allows you to create multiple views of the same data such as graphs and pivot tables that allow drilling down to more detailed information, explanatory text, a list of filters that were used to limit the results, and more. Your privileges control whether you can access all views or specific views only. Oracle BIFS allows for the following view types: Title, Table, Pivot Table, Performance Tile, Tree map, Trellis, Graph (bar, line, area, pie, line-bar, time series line, pareto, scatter, bubble, radar, microchart, waterfall), Funnel, Gauge, Map view, Filters, Selection Steps, Column Selector, View Selector, Legend, Narrative, Ticker, Static Text, Logical SQL). Oracle BIFS comes with Smart View, a utility that allows you to access the BI catalog, analyze and create new reports within Microsoft Office products like PowerPoint, Excel and Word.
EDW metrics, including cost measures, are part of the data in HealtheIntent. Decision-support triggers can access these metrics and alert users in near real-time at the point of care. Configurable automatic notification system for providers, clinics, and hospitals to receive alerts based on defined data results and thresholds from the submitted clinical quality data. Cerner's solution can support both a data-push and a data-pull model. Cerner's population health solutions benefit from a proprietary, advanced decision support and surveillance operating system (DAAKOS) that monitors data across the health network in order to alert the patient and caregivers of needed interventions. Alerting capabilities in SmartRegistries are nondisruptivein nature, as to minimize workflow interference. Examples of these alerts include identification of gaps in care. Cerner's Population Health platform will leverage clinical and financial information to ensure providers understand how their patients are being managed against defined quality measures. The most critical component, however, is enabling appropriate intervention. Cerner is focused on ensuring that any knowledge gleaned across the system is directly inserted back into the clinical workflow to appropriately help providers intervene so that health can be improved both at the individual and community level.	Page 10 bottom: Yes, event triggers can be used to connect to hospital and practice based systems to obtain and exchange information.

ANSWER	ANSWER
Cerner has developed advanced capabilities on Healthe Intent™ to utilize the transformed data to easily calculate standard measures and build new ones.	Page 11 top: Yes, authorized users will have the ability to copy and customize national quality measures and will be able to track and report on these custom measures

ANSWER	ANSWER
The system allows for this and is highly customizable to your needs	Page 11: Yes, authorized users will have access and ability to modify standard displays, dashboards and reports • BI Analysis & Reporting provides end users with broad ad-hoc query, analysis and reporting capabilities. • It is a pure Web-based environment that is designed for users who want to create new analyses from scratch or modify and change existing analyses that appear on dashboard pages. • Users can also easily create a range of interactive content types which can be saved, shared, modified, formatted, or embedded in the user's personalized dashboard or enterprise portal. Oracle BI Analysis & Reporting is designed to handle both relational and OLAP style (multidimensional) interactions in a single comprehensive, easy to use user interface.

ANSWER	ANSWER
Yes. Examples of these registries were included in screen shots earlier in this response.	Page 11: Building a data warehouse with standardized data capture and delivery capabilities allows maintaining the different kinds of patient registries. We can provide the access to these registries with the help of web services. These services will allow development of distributed databases (I.e., databases in multiple locations) that provide sophisticated security and controlled access. By instituting a standard electronic interface, the data warehouse can be used to transfer data between electronic health records (EHRs).

ANSWER	ANSWER
Yes. Examples of such score cards were included in screen shots earlier in this response.	page 11 bottom, top page 12: Yes, OBIEE supports creation, viewing a distribution quality measures using Oracle Scorecard and Strategy Management with capabilities intended at communicating strategic goals across the organization and monitoring their progress over time. By using OSSM Scorecard we can create KPI Report, Interactive Views, Can Appear on a Dashboard and these are prompt – able, Very Graphical. OBIEE RPD, or metadata layer, is a driving force behind OSSM, just like for Answers. The Scorecard of OBIEE 11g allows you to define complex, multi-part strategies using the metrics in your semantic layer. In OSSM one of the features of the scorecard is that you can create a Custom View.
0	0
Our solution is operated and maintained in house. Cerner's Remote Hosting Option (RHO) is a key component of Cerner's Managed Service portfolio which addresses technology challenges. RHO provides predictable, uninterrupted connectivity, and world-class system support. With a RHO Service Level Agreement, you get 7 by 24 by 365 support and guaranteed uptime at 99.9%. In addition, RHO client systems are housed within the Cerner Technology Center (CTC), a state-of-the-art facility specially designed for HCIT hosting. Today there are more than 200 clients using the CTC who have peace of mind knowing that Cerner's Technology Center is HIPAA-enabled and ISO 9001:2000-certified. As an aside, Cerner hosts about 25% of all health care data in the United States, within our Technology Centers.	Page 12: All tools share a common application administration and scalability mechanism (caching, clustering, workload balancing, high availability, etc.) across BI platform components. Comprehensive BI functionalities(Security, Administration and Infrastructure) that optimize performance while simplifying systems and lifecycle management provides superior scalability, high availability, and security benefits, while making upgrades and systems management effortless.

ANSWER	ANSWER
Cerner's population health platform, Healthe Intent is deployed as a multi-tenant, cloud based platform that logically separates and segments clients' data. Cerner leverages the Hadoop infrastructure to perform normalization and to apply terminology rules against the data sources that are contributed from a client. It leverages big data technologies such as Hadoop/ Hbase and HP Vertica. SmartRegistries was built on Ruby on Rails architecture.	Page 12 has a BI Architecture chart, followed by the following wording : This architecture supports both physical and virtual server configurations. These resources can be shared across customers

ANSWER	ANSWER
The backup and restore architecture is based on short-term backups on disk and long-term backups on tape. This allows for two copies of the backups to be available during the critical time period, providing redundancy and data corruption protection. Full data backups are performed weekly to disk, with incremental backups performed nightly. Once completed, these same backups are sent to media (typically tape) in the alternate data center via the SAN over private fiber. Applications can be monitored via digital dashboards that will relay information concerning system usage and performance. These metrics can also be generated in reports to help plan the best configuration for facilities. We understand disaster recovery to mean the complete and total loss of a client data center which cannot be recovered in a relatively short interval (typically less than 24 hours). In this context, for our Healthe Intent platform, we have disaster recovery tools, services, and a defined process that can be used to create a new system in an alternative, surviving data center that can be activated to become the production system. Furthermore, all of the source data for Healthe Intent will be replicated to an alternate data center. The alternate data center fully replicates the production system for Healthe Intent. Cerner implements various technologies to protect our IP. From a system standpoint, hardware redundancy (n+1) componentry, clusters, RAID technology with disk mirroring/shadowing areused. Data backups (Including tape) of our systems are also kept at various secure data centers and offsite facilities. Cerner periodically tests our recovery procedures as well.	Pages 13 - 16 SEE DOCUMENT FOR DETAIL OF A-F: Proposed Software: We have a list of mandatory and Optional Software recommended as part of this RFP response. We have listed those in the License cost sheet in Section VII. We are also listing down the details of those software in the below section. A) ORACLE BUSINESS INTELLIGENCE FOUNDATION SUITE (Mandatory). B) DATABASE FOR DATA WAREHOUSE (Optional): C) ORACLE ADVANCED ANALYTICS (Optional). B) DATABASE FOR DATA WAREHOUSE (Optional): D) ORACLE DATA INTEGRATOR (Mandatory). E) ORACLE BUSINESS INTELLIGENCE FOUNDATION SUITE MANAGEMENT PACK (Mandatory): F) ORACLE ENTERPRISE METADATA MANAGEMENT

ANSWER	ANSWER
Our solution is operated and maintained in house. Cerner’s Remote Hosting Option (RHO) is a key component of Cerner's Managed Service portfolio which addresses technology challenges. RHO provides predictable, uninterrupted connectivity, and world-class system support. With a RHO Service Level Agreement, you get 7 by 24 by 365 support and guaranteed uptime at 99.9%. (Additional information is supplied on page 18 and 19.)	Page 17: We are not providing any hosting services
0	0

ANSWER	ANSWER
Cerner has completed thousands of large projects and installations. Cerner firmly believes a strong Project Management process is critical in establishing understanding the project needs and timelines, communication plans, establishing work agreements, monitoring results and reporting to leadership the status of the project as well as issues. Cerner understands that no two projects are exactly alike and what occurred on previous projects may or may not occur again. However, Cerner is committed to a continuous improvement process and we document what we've learned.	Page 17 -18: SEE DOCUMENT FOR DETAIL OF 1-8 (1-4 and 6-8 are all 'Management Process"): Below are some of the processes, practices and methodology: 1) Communications: 2) Risk: 3) Human Resource; 4) Time; 5) Project Cost Management; 6) Quality; 7) Issues; 8) Change
0	0

ANSWER	ANSWER
Please see the sample implementation plan earlier in this proposal that includes duration and sample resource names as an example of a project plan for this type of RFI. Cerner will work with you to define an implementation team that will consist of representatives from all relative departments including the executive team. This team typically consists of, but not limited to, the following roles: (Detailed descriptions of staff positions follows)	Page 19 (format of arrow pointed right converted to boxes between words): Company Local Organization structure: President àDirector à Manager à Architect à Consultants

ANSWER	ANSWER
Not Answered	Page 19: A subset of project management that includes the processes required to ensure that the project includes all of the work required, and only the work required, to complete the project successfully. It consists of initiation, scope planning, scope definition, scope verification, and scope change control

ANSWER	ANSWER
Not Answered	Page 19 SEE DOCUMENT FOR DETAIL: DiLytics will provide the following Deliverables at the end of each phase: • Business Requirements Document • Technical Design Document for Data Warehouse, ETL and Oracle BI metadata • Working environment for Oracle BI • Business Users approved Oracle BI environment based on scope • Verified and Signed off Production Environment TIMELINES - TABLE ON PAGE 20 IS THE SAME ONE FROM PAGE 8 (DETAIL HERE) Gather Business Requirements: Month 1 -3 (First ten weeks) Environment Setup: Month one Design & Development: Months 2- 7 & 1/2 Conference Room Pilot: Mid month 5 - month 7 System Testing: Last week month 6 & month 7 Training: 2nd week of month 7 through 1st week of month 8 Deploy: Last two weeks on month 8

ANSWER	ANSWER
Not Answered	Page 20: We use Microsoft Project
0	0

ANSWER	ANSWER
Each client has a designated Client Representative Executive whose job it is to maintain a close relationship with the client to ensure we are identifying our clients' changing needs.	PAGE 20: Our Account management process is completely customer focused….. SEE DOCUMENT FOR DETAIL

ANSWER	ANSWER
SolutionWorks organization is Cerner's support organization responsible for receiving and resolving service records that are non-critical in nature. Support Analysts exist in each solution and technical area and are trained to assess any reported issue and to provide a complete resolution or alternative for the reported issue. The SolutionWorks organization is staffed Monday through Friday, 7 a.m. – 7 p.m. (holidays excluded).	Page 21 & 22 - SEE DOCUMENT FOR TABLE OF SLA's

ANSWER	ANSWER
Cerner offers different Service Level Agreements, including each of the above-mentioned items, depending on a prospective client's individual needs and requirements. We offer our support 24 hours per day, 365 days per year. Our Standard Support includes anytime contact through www.cerner.com, our e-service network, and/or telephone and email. In addition, and at any time, all clients can utilize uCern, our collaboration network that brings clients together, and uLearn, our continuing education network that assists clients in the mastering of their Cerner system and solutions.	Pages 22 & 23 has partial response, lists support services with online reference in # 4: 4. Please see Oracle T&Cs (http://www.oracle.com/us/support/library/057419.pdf)
To assign new development resources, or request customizations, you will work with your assigned Client Results Executive to scope the specific request. In turn, the CRE will work on your behalf with Cerner's technical teams to determine timeline for delivery and any subsequent costs that may be attached. Once there is mutual agreement between you and the CRE to move forward, you will log a 'Service Request' (through eservice). The Service Request will be tagged with a corresponding control number and will be worked to completion by Cerner's technical team, with the CRE acting as the bridge or liaison for you. In general, Cerner's development processes are very agile and Cerner is very open to client requests for enhancements and customizations.	Not answered

ANSWER	ANSWER
Cerner's HDI certified support center is committed to providing world-class service and support to our clients. For the solutions we both support and maintain, such as the solutions we are proposing, our support is systematic and proactive. Our associates—who include support analysts, technical team leaders, and operations leaders—actively engage with clients to ensure obligations are met and any correction is dealt with in a timely and appropriate manner. We offer our support 24 hours per day, 365 days per year. Our Standard Support includes anytime contact through www.cerner.com, our e-service network, and/or telephone and email. In addition, and at any time, all clients can utilize uCern, our collaboration network that brings clients together, and uLearn, our continuing education network that assists clients in the mastering of their Cerner system and solutions.	Page 23: • Our firm provides timely, ongoing support that is crucial to the success of any project and access to reliable technical support and Product support services involves technical helpdesk support and provides bug fixes to ensure constant availability and performance of the product for end users. • We efficiently manage the support and maintenance of the installed base on legacy versions, reduces the cost to maintain and support older versions while still maintaining quality standards. • Our firm's Service offerings include support desk, remote database and system administration, service request management, defect fixing and patch release management. For more Information refer to section "Help Desk Process and SLAs" and "Product Release Process; include frequency and schedule for releases"

ANSWER	ANSWER
Please see the answer to “Procurement of Additional and New Services“ above.	Page 23 bottom, followed by table on page 24: Oracle Business Intelligence Enterprise Edition (OBIEE) 11g is a comprehensive business intelligence platform that delivers a full range of capabilities - most robust set of reporting, ad-hoc query and analysis, OLAP, dashboard, and scorecard functionality with a rich end-user experience that includes visualization, collaboration, alerts, and more.

ANSWER	ANSWER
New versions of the software are released on a bi-weekly basis. Speaking more generally, about routine production releases, Cerner produces major production releases primarily in response to or in order to introduce architectural changes and technical upgrades required for all applications. Cerner anticipates introducing a new major production release approximately every 9-18 months. Updates to major production releases are provided on a regular basis between major production releases that include corrections, enhancements, or both. Each feature contains all the software, data, and documentation changes specific to it. Cerner's system monitors and tracks the status of the actual software changes, documenting the individual software components that have been modified, the reason for the changes, and other important processing information.	Page 24 AND TABLE ON Page 25: • Please see Lifetime support policies (http://www.oracle.com/us/support/lifetime-support/index.html) • To get a better sense of frequency of new releases and updates, please view the following table of past events: (SEE TABLE ON PAGE 25)
Sample staffing can be found earlier in this RFI in the implementation section.	Page 26 top: DHW / IHDE / IHC and associated workgroups will be involved for testing during CRP & UAT sessions as detailed in the Project timeline.

ANSWER	ANSWER
Sample staffing can be found earlier in this RFI in the implementation section.	Page 26 center: • DiLytics will provide technical support throughout the duration of the project and post go-live. Please refer to the section “Help Desk Process and SLAs” for resolution/escalation procedures, guaranteed response times, phone/e-mail support, and help desk availability. DiLytics shall adhere to the following procedures: i. Notification: The State of Idaho shall report problems and defects to DiLytics by telephone or email from 6:00 a.m. to 6:00 p.m. PST. For Severity Level 1 errors or defects, the State of Idaho shall, in addition to any notification by any other means, notify DiLytics by telephone. ii. Problem Classification: The State of Idaho shall make an initial nonbinding classification of each problem or defect and will report such problem or defect to DiLytics based on the criteria set forth below. In the event there is a dispute between the State of Idaho and the DiLytics regarding the classification of a problem or defect, which is not resolved within 24 hours after the report from the State of Idaho, such dispute shall be referred to each party’s management for resolution.
Sample staffing can be found earlier in this RFI in the implementation section.	Page 26 SEE CHART AT BOTTOM OF PAGE

ANSWER	ANSWER
Cerner would not anticipate working with a third-party vendor to meet the requirements laid out in this RFI.	Not answered
0	0
Our training methodology uses a blended learning approach that includes a combination of webbased training modules (WBTs), instructor-led training, activities performed in a training domain, and job aids. The specific needs of end users and the organization drive the mix of components involved in the blended learning approach and combine a variety of learning methodologies to minimize time to competency.	Page 27 - this is the entire response to 13 a-c: Yes, DiLytics will provide a detailed proposal / plan for knowledge transfer to customer upon completion of solution setup, including BI solution use and ETL tool training, in order for customer to self-sufficiently maintain the solution after vendor departure The goal of transferring knowledge to others is to: • Identify key positions and people where potential knowledge loss is most imminent. • Assess how critical the knowledge loss will be. • Develop a plan of action to ensure the capture of that critical knowledge and a plan of action to transfer it. Training will include the following process: • In-Class training • Training guide walk-thru • One-on-one sessions • Practice assignments • Hand holding for maintenance & support transition • County staff readiness assessment • Supplementary training on an as-needed basis

ANSWER	ANSWER
We have used our specific approach to training in over 4.200 application go-lives and 98% ofour customers indicate they would work with us again.	SEE 13 a
Cerner offers new and innovative solutions that will help your organization move beyond implementation education to drive adoption and true behavior change. We offer a full spectrum of learning solutions and consulting services to address implementation education and end-user training needs. These strategies are developed from our most successful best practices and are delivered by experienced learning consultants and educators who intimately understand Cerner solutions and offer expertise in instructional design, adult education theory, and clinical workflow..	SEE 13 a
0	0

ANSWER	ANSWER
Cerner's Population Health Management solutions are fully cloud based. They leverage several Big Data platforms, including HADOOP and the Map Reduce programming language to assist with a Cerner programming language developed specifically for our big data platforms. As technology continues to mature, Cerner's cloud based infrastructure is flexible enough to adaptand change without disruption to clients and their associated contributors of data.	Page 27: 1) Languages: SQL, PL/SQL; Unix; MDX. 2) Tools: Oracle Business Intelligence Foundation Suite (0BIFS); Oracle Data Integrator 11g (ODI 11g); Oracle Database 11g
In general, all Web applications developed by Cerner will support the following systems: · Microsoft Windows - XP, Vista, 7, 8 · Microsoft Windows Server - 2003, 2008, 2008 R2, 2012 · Mac - OS X Lion (10.7), OS X Mountain Lion (10.8)	Page 28: Internet Explorer : 8.x; 9.x; 10.x; Firefox 13+; Chrome 19+; Safari 5
0	0

ANSWER	ANSWER
Our Population Health Platform application security strategy centers around the four A's: (Identity) Assurance, Authentication, Authorization, and Auditing. · The identity assurance strategy is to invert control to clients and leverage their existing identity assurance practices. For usability reasons, it is best not to issue another set of credentials (usernames/passwords) to users. · The authentication strategy is to pursue identity federation via common, open web protocol(s) to enable single sign on (SSO) and single log off (SLO). · The authorization strategy is to use group-based access control to govern access to data and feature sets within the solutions. · The auditing strategy is to use Cerner's Cloud Auditing solution to provide clients complete transparency into users' cloud activity. (Additional info on features provided on page 25)	SEE PAGE 28 - 29 OF DOCUMENT

ANSWER	ANSWER
Please see the description of our security and privacy standards compliance described above under “Product Features and Functions”.	SEE PAGE 28 - 29 OF DOCUMENT: In the context of HIPAA, HITECH, NIST and other security and privacy standards, organizations need to correspond their security requirements against the information and information systems being housed. At a base level, a Defense-in-Depth approach leverages Transparent Data Encryption (TDE) against sensitive, confidential, or otherwise proprietary data to protect against database bypass and other malicious attacks while meeting regulatory compliance.

ANSWER	ANSWER
Please see the description of our two factor authentication process described above under “Product Features and Functions”.	SEE PAGE 28 - 29 OF DOCUMENT:In general terms security is considered to be made up of three topic areas: 1. Authentication – Checking passwords and other tokens against user lists, to “authenticate” a user and check that they are who they say they are. 2. Authorization – Once we know who they are, what are we going to “authorize” them to do on our system. 3. Administration – How do we administer these lists of users, groups and permissions, plus connections to external directories and applications. To address these three requirements, OBIEE 11g has three security “providers” which are used together with various administration screens in the BI Administration tool, in the Presentation Server administration pages, in Fusion Middleware Control and in the WebLogic Server Admin Console. Overall, OBIEE 11g uses a feature of Oracle Fusion Middleware 11g called Oracle Platform Security Services (OPSS), the underlying security platform that provides security to Oracle Fusion Middleware. OBIEE 11g delegates security to OPSS which uses features such as the Credential Store Framework, and the WLS LDAP Server to provide security for your BI system.
Cerner has completed Meaningful Use Stage 2 certifications for Eligible Hospital for the 2014 criteria. We are in process for doing so for Eligible Provider as we have completed some of our certifications for Eligible Provider with the remainder planned for late October through mid-late November. We cover all the 2014 Hospital criteria through a combination of several modular certifications under the ONC 2014 Edition and have been certified by the Certification Commission for Health Information Technology (CCHIT®), an ONC-ACB, in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services. As a result, it is possible for Hospital clients who license all of their certified EHR software from Cerner to meet Meaningful Use prerequisite requirements, and for clients to pair Cerner certified EHR technology with that of other vendors if they use other vendors for any of their Meaningful Use objectives. Cerner will not put itself in any position to lose necessary industry and regulatory certifications; as we deliver HIT solutions for nearly 30% of the US healthcare marketplace.	SEE PAGE 25 - 29 OF DOCUMENT, HITSP, ONC HIT not found using search and find of document.

ANSWER	ANSWER
We have robust out of the box standard reporting. In addition, SAP Business Objects provides the capability to create ad-hoc reports. These reports allow for specific formatting, such as Excel documents and PDF files (.csv. .pdf. .xls. .xlsx.). These custom reports can be published for specific users or all users to consume going forward or can be run as one-time queries. SmartRegistries includes specific registries which allow clinicians to track patients who are at risk or identified as having these conditions. This enables clinicians to intuitively see what clinical activities have occurred for these patients on each registry and quickly determine if there are gaps in care that should be addressed. In addition, these capabilities are able to be pushed down into the local electronic medical record system that a clinician may be using, thereby improving adoption and ease of use. The initial set of condition registries includes the following: · Diabetes · IVD/CAD · Asthma · Heart Failure · Hyperlipidemia · Hypertension · COPD · Pediatric Wellness · Adult Wellness · Senior Wellness · Atrial Fibrillation · Depression · Maternity Health REDACTED	Not answered

Company:	eClinical Works	**Company:**	Engage Point
Contact:	Rohan D'Souza, Dir Product Mgmt Population Health	**Contact:**	T David Smith, Sr VP, Strategy & Growth
Telephone:	(508) 836-2700 x 15932	**Telephone:**	(301) 388-7900
E-Mail:	rohan.dsouza@eclinicalworks.com	**E-Mail:**	Not Answered
General business type of Company:	Health Information Technology (there is a lot of marketing in their response)	**General business type of Company:**	Software & solutions company
# of req's not met/answered by company:	0	**# of req's not met/answered by company:**	0
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
Page 6 SEE DOC FOR DETAIL: Privately held company headquartered in Westborough Mass; 3,700 employees; Table with detail of financials 2011 - 2014.	Page 1: Founded in 2007…privately held…more than 400 full time employees in seven locations....Engage Point initially was established as a healthcare software developer, first launching a platform for HSA administration. 6th PARAGRAPH: EngagePoint work with Health and Human Services agencies always includes taking data from multiple, disparate data sources, creating a single record of truth and creating a citizen-centric view and data model that enables better outcomes, reduced costs and detailed analytics capabilities. This will be a critical required area to meet the requirements of the SHIP Health Information and Data Analytics for the State of Idaho and deliver content to support the Patient Centered Medical Home (PCMH) approach desired. SEE DOC FOR DETAIL

ANSWER	ANSWER
Page 7 1st sentence: eClinical Works by responding to RFI1500409, is indicating its interest in and ability to provide a comprehensive population health management solution for The State of Idaho. SEE DOC - CHARTS AND TABLES	EngagePoint has thoughtfully responded to the RFI and is confident that our team's knowledge and experience can provide Idaho Department of Health and Welfare with a three-dimensional solution that will address not only the historical data, but also the real-time and predictive data required to meet the objectives of better outcomes through a Patient Centered Medical Home (PCMH) model. EngagePoint welcomes the opportunity to meet with the State in order to provide additional insight and answer questions about our solution. EngagePoint thanks you for this opportunity and looks forward to working with the State of Idaho

ANSWER	ANSWER
Page 7 2nd sentence: eClinical Works has been providing population health analytics to clients for many years, beginning with the new York City Department of Health and Mental Hygiene's (NYDOHMH) ground-breaking Primary Care Information Project (PCIP). SEE DOC FOR MORE OF THE SAME -	Page 2: EngagePoint's history and track record of delivering large-scale, complex solutions integrating data from multiple, disparate sources combined with our partner's knowledge and experience providing a platform for proactive and proscriptive models for Health Analytics, brings the State of Idaho a total solution that is scalable across multiple agencies, and creates an predictive analytics framework to deploy all of the desired Performance Measures through a PCMH model. We accomplish this with powerful analytics and advanced dashboards for optimal insight providing: o A proprietary data platform so that a customer can take advantage of a consolidated claims and clinical data repository, while having the ability to access their own data o A data repository that can host multiple vendor, machine-learning algorithms that are specifically catered to identified needs o The ability to simulate and score our algorithms against others in the industry, where other vendors only offer their own algorithms with little to no validation for success. o A continuous improvement process paired with our wellness automation platform that grow with your organization's needs, improving strategies over time, and delivering value through improved initiatives
0	0

ANSWER	ANSWER
Page 8……has hundreds of organizations that are using CCMR to understand and manage population health…….Some of our clients that have documented successes include: Amarillo Legacy Medical ACO, Amarillo TX; Coastal Medical, Providence, RI; West Florida ACO, Tampa, FL.	Page 2: EngagePoint currently has projects in the following states: Missouri: ... as the Prime Contractor and Systems Integrator for The Missouri Eligibility Determination and Enrollment System (MEDES). Minnesota: ...as a Systems Integrator for MNsure, Minnesota's Health Insurance Exchange. ....we provided our financial management module for billing, aggregation, and payment reconciliation. Arkansas: ... as a Systems Integrator for The Arkansas Eligibility and Enrollment Framework (EEF), leading the architecture, design, and implementation of the Arkansas EEF.
Not answered	Page 2: Missouri: Since June 2013; Minnesota: Since July 2012; Arkansas: Since July 2012

ANSWER	ANSWER
Page 8 …."Refer to Exhibit F, Successful ACOs and Exhibit E, CCMR Case Studies."	Not Answered
Page 8…Most of the issues that need to be addressed to ensure a successful project are related to interoperability. For example: Will the systems sharing data provide data in a standard structured format, or does the data need to be extracted? If the former, will it match the C-CDA specs? Are insurance companies going to share data into the system to allow for risk modelling? How many different systems (EHR and HIS) are taking part in the project and what are the systems?	Page 3: Following are certain areas that need further clarification: o Significantly more detail on data sources and the formats required to be leveraged o Any requirements for data conversion o Further information on data availability. As an example, will the IHDE & Medicaid be the primary source of information or will claims information also be available? o Details about end users and user volumes including the profiles of the expected end users o Are there any other sources of information that might be made available in the future that won't be available at the outset of the project? o Preferences regarding cloud hosted vs. on premises deployment

ANSWER	ANSWER
Page 8…. Mentions system connectivity; agreeing on a standard data exchange protocol; training and education, and there should be a Quality Measure Committee set up to make decisions on behalf of the members. SEE DOC FOR DETAIL.	Page 3: Idaho is embarking on a statewide healthcare system transformation that will improve health outcomes and control costs. One of the most interesting lessons learned is that traditional healthcare analytics is generally performed only on the historical data available. This only gives a one-dimensional perspective to the three dimensions of data as shown below in Figure 1: SEE DOC PAGES 3-9 FOR FIG 1, AND WORDING

ANSWER	ANSWER
Page 8… Table information: Price per member per month (minimum 125,000 members) $0.39 per member per month.	0

ANSWER	ANSWER
Page 9…One time costs include implementation and product training. The community/organization should budget for implementation and training costs of $1.25 Million. SEE DOC FOR "ADDITIONAL CONSIDERATIONS"	Not Answered
Page 9… Ongoing items related to CCMR are included in the base cost of the system and include hosting on the eCW Cloud, customer support and system maintenance such as regular upgrades, service packs, patches, etc.	Not Answered

ANSWER	ANSWER
Page 9…The item that will most impact pricing moving forward is the growth of the organization's members or beneficiaries.	Not Answered
Page 9…As the organization grows, the "per member per month" cost may be adjusted downward to take into consideration economies of scale that will be realized. This can only be discussed as the proposal process moves forward.	Not Answered
Page 9…Typical implementation of CCMR takes between 10-14 weeks ……"Refer to the Project Management section for details"	Page 10: NOT ANSWERED: As with costs, this is difficult to determine until the final scope of the solution is determined. EngagePoint will meet with the State of Idaho to discuss and determine the right delivery timeframe based on the scope of implementation determined.

ANSWER	ANSWER
Page 10….A clear understanding of the organization's goals and objectives for the project; Expected growth of the organization over 3-5 years; Number of participating entities; Electronic Medical Record solutions in use in the community; ancillary service providers in use in the community (labs, payers, hospital systems, etc.); Organization and structure and governance for the entire community; Reporting requirements; Data format - C-CDA, HL7, etc.; Incentive programs in place in the community (quality measures used, etc.)	Page 10: Issues that will affect the delivery would include number of data sources that will be integrated, the format and type of data being published and consumed, any data conversion needs, and many more areas.
0	0
Page 10… eClinical Works uses Microsoft SQL Server as its relational database management system (RDBMS).	Page 11: Our enterprise platform is built upon a strong SOA design pattern and therefore our data management capabilities support any relational databases through a persistence layer. By abstracting the data layer, we can use sessions to associate metadata and data sources to create, read, update, and delete persistent objects using cache, queries, expressions, and transactions. Therefore, our solution can efficiently perform on any relational database. We support inputs from all major relational database vendors as stated above and also incorporates web compliant database structure. In additional to relational database schema, we support NoSQL technologies like MongoDB and Hadoop using Hortonworks/Cloudera.

ANSWER	ANSWER
Page 10 response has variables SEE DOC - Last sentence: ..."Using standard ETL Tools, OLAP cubes can be created from our relational EDW. Our Analytics data mart leverages in-memory DB technology."	SEE DOC PAGE 11-12 FOR MORE: EngagePoint's Data Repository is an enterprise data warehouse that allows for claims and clinical data to exist in one source of truth. The repository stands at the forefront of innovation merges clinical data and claims data and gives the entire view of patient care. Claims data is the backbone of predictive analytics models that powers engagement and risk stratification models. Clinical data serves as the tools used to gauge the actual health of patients, for example, lab data can look at changes in health more accurately than an ICD code. Quality data and reporting can now be automated with ease with a single data point of access. Operational report and projects with items that help with provider utilization and forecast values are another benefit of the data repository. The data repository enables one to perform many types of analysis: o Descriptive (what has happened) o Diagnostic (why it happened) o Predictive (what will happen) o Prescriptive (what to do about it)

ANSWER	ANSWER
Page 10….The Health Information Aggregator (HIA), a key component of CCMR, contains and Enterprise Master Patient Index (EMPI) that manages the enterprise database of all patients within the community who are enrolled in CCMR Care Plans. The EMPI provides the ability for an enterprise to consolidate and cross reference patient identifiers across multiple information systems to uniquely identify each patient, perform global patient searches and matching, consolidate duplicate patient records, create complete views of patient information, and share data across multiple facilities and information systems in real time." SEE PAGE 11 FOR "FEATURES OF THE eCW EMPI	Page 12 SEE DOC FOR MORE: ...De-duplication is a fundamental step within our data quality process in which we match and normalize records within single files, across multiple files, against master databases and/or against third-party sources. We leverage out of the box and configured rules to determine relationships and links for autoresolution and/or exceptions processing. In addition, defined relationships and a complete audit trail are maintained for regulatory compliance and reporting.

ANSWER	ANSWER
Page 11 1st sentence …The ability to provide prospective and retrospective analysis, resource utilization, data visualizations, and predictive modeling are all standard features of CCMR's population health analytics package. SEE PAGE 11 FOR DETAIL	Page 12 SEE DOC: EngagePoint's solution provides both retrospective and prospective analytics. By having clinical and claims data in one source of truth, risk stratification models for provider utilization can easily be applied. The data repository supports relative values down to an episode level to look at the type of care that is occurring within an organization. Additionally, the ability to have retrospective analytics is valuable for tracking and this feeds into the predictive modeling. By ingesting the type of care needed for patients, our models can help track down provider utilization within an organization for better visibility.
Page 121st sentence…CCMR Population Health Analytics is accessible to authorized users to create their own data marts, cubes, and configure canned and custom reports. Population Health Analytics accesses de-identified patient data contained in eClinicalWorks databases across the country, representing more than 112 million patients. SEE PAGE 12 FOR MORE	Page 13: Full data transparency is provided, including a data dictionary. EngagePoint's solutions allows users to execute any ad hoc queries deemed appropriate. While custom development against production is not recommended, one can easily create an ETL package and custom data marts off a demo environment based on the hosting specifications.

ANSWER	ANSWER
Page 12 eClinicalWorks CCMR supports the following “out of the box": • CMS MSSP ACO quality measures as defined by the community; • PQRS GPRO submission coupled with Meaningful Use; • HEDIS measures ;• PCMH measures ;• Bridges to Excellence	Page 13: The Centers for Medicare & Medicaid Services established a Medicare Shared Savings Program to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). EngagePoint’s technology is able to track key indicators from shared savings contracts to allow ACOs to quickly identify and act upon measures that are lagging and that could result in penalties. In addition, our solution follows the NCQA PCMH-based reporting values as well as metrics such as HEDIS for transitions into an organization beginning to assume risk on a population.
Page 12:The community configures the event triggers from community-wide systems that flow into the Health Information Aggregator (HIA). Events such as a hospital admission, for example, will send an appropriate message to the HIA for a push to the CCMR. SEE PAGE 12 FOR MORE	Page 13: Episode and event triggers are part of the data logic for translation of data to an exchange server.

ANSWER	ANSWER
Page 12: CCMR gives authorized users the ability to customize clinical quality measures and track/report on the measures using the Population Health Analytics reporting package.	Page 13: National quality measures like HEDIS are included in the EngagePoint solution data repository. The targets and values all have custom features to cater toward an organization internal initiatives and other government based incentives like ACO or MU.

ANSWER	ANSWER
Page 13 first sentence: CCMR is a web-based system with a user-friendly presentation. SEE DOC FOR DETAIL AND SCREEN SHOT	Page 13: All reports are customizable and administrative roles can edit and create new reports and dashboards. EngagePoint's dashboard tool is also provided for business users to make their own modifications as allowed by their role based security.

ANSWER	ANSWER
Page 13: Using a combination of claims, EMR data, and prescription medication (PBM) data, CCMR builds patient registries that show gaps in coding (if any) across the continuum. Preventive measure registries are based of HEDIS and NQF measures.	Page 14: The EngagePoint data repository comes standard for support for disease registries. The interactive access is allowed through the solution's dashboard portal to allow an organization to look at the aggregated data and also drill down to patient level detail.

ANSWER	ANSWER
Page 14 1st 2 sentences: "Yes. This capability is included as part of the Population Health Analytics reporting package. Dashboards are available to providers and groups to evaluate their performance on the defined quality measures. SEE DOC FOR MORE	Page 15: EngagePoint follows the standards Physician Quality Reporting System (PQRS) which are used in conjunction with Meaningful Use standards for ACO Quality Measures. Our solution supports the creation, viewing and distribution of these scorecards.
0	0
Page 14 1st sentence: CCMR is a hosted product. SEE DOC FOR MORE	Page 15: EngagePoint's management processes endeavor to address implementation, change control, monitoring, patching and lifecycle management of the underlying infrastructure, in order to help maintain service availability and performance. The hosted service seeks to incorporate N+1 redundancy into the network, compute and storage layers.

ANSWER	ANSWER
Page 14 1st sentence: The eClinicalWorks Private Cloud is a HIPAA-compliant virtual IT environment created specifically for the secure and reliable delivery of the eClinicalWorks suite of applications. In the eCW hosted environment, eClinicalWorks owns and maintains all of the hardware where data resides. ...."Refer to exhibit H, CCMR hardward Specifications" SEE DOC FOR MORE	Page 15: Specific hardware configurations will be presented with the final solution design and documented in the proposal but there will not be a sharing of resources across customers. SEE DOC FOR FIGURE 6

ANSWER	ANSWER
Page 15: As noted above, Client data is never co-mingled and each server contains individual databases that are unique to each client. Each webserver is unique to the client and requires unique, encrypted authentication credentials to access the database. In addition, each practice has a unique URL and port. PAGE 15 HAS COLOR FLOW CHART	Page 15: EngagePoint solutions utilize market leading enterprise database technologies, which include all standard administrative capabilities including data encryption, custom backup scheduling and rolebased security. Other data storage technologies could include FileNet or Hadoop depending on the final solution design. All technologies in engagePoint's final solution design will allow the proper configuration to be compliant with the strictest data security policies. This includes the State of Idaho's requirement prohibiting the sharing of databases with other customers. SEE PAGE 16 FOR FIGURE 7

ANSWER	ANSWER
Page 17 1st sentence: The eClinicalWorks Private Cloud is a HIPAA-compliant virtual IT environment created specifically for the secure and reliable delivery of the eClinicalWorks suite of applications. SEE DOC FOR DETAIL	Page 16: The final solution design accepted by the client regarding hosting type (client on premise, co-location, hosted) will determine the final data center physical environment. If the hosted service is selected then it will be a fully qualified data center with SSAE 16 certification. EngagePoint can support both on premise hosting inside of the State of Idaho's data center or off-premise hosting at EngagePoint's facility and can be flexible to meet the needs and budget constraints of the State of Idaho. If a cloud approach is used, our cloud solution has been audited against the Service Organization Control (SOC) reporting framework for both SOC 1 Type 2 and SOC 2 Type 2. Both reports are available to customers to meet a wide range of US and international auditing requirements. The SOC 1 Type 2 audit report attests to the design and operating effectiveness of controls. The SOC 2 Type 2 audit includes a further examination of controls related to security, availability, and confidentiality and is audited annually to ensure that security controls are maintained. SEE PAGE 16 FOR MORE
0	0

ANSWER	ANSWER
Page 19: eCW Project Team and Client Project Team Relationship SEE DOC	Page 16: Our Project Management Methodology (PMM) combines best practices of Project Management and Quality Assurance with practical Information Technology (IT) insights gained from extensive individual and company-wide project experience. SEE PAGE 16 - 17 FOR MORE
0	0

ANSWER	ANSWER
Page 19:……The key team members include: CCMR Project Manager; Analytics Consultant; Integration Project Manager; Trainer, Care Coordination Implementation Specialist (CCIS) (optional, on-site staff augmentation) SEE PAGES 19-20	Not Answered

ANSWER	ANSWER
Page 21: Implementation and planning methodology SEE DOC	Not Answered

ANSWER	ANSWER
Page 22: SEE TABLE	Not Answered

ANSWER	ANSWER
Page 22 …Microsoft Project; CCIS; Change Control; Communication; Risk mitigation strategies SEE DOC	Not Answered
0	0

ANSWER	ANSWER
Page 23…..:each project is assigned a Project Manager and Implementation Team. When the implementation nears its conclusion, a Strategic Account Manager (SAM) is assigned to the account and a knowledge transfer occurs from the Project Manager to the SAM. SEE DOC FOR MORE	Page 21 Support Services:…..EngagePoint customer support is available via a variety of contact methods, including telephone and email, to assist, troubleshoot, and resolve specific issues. Our Maintenance and Operations (M&O) team includes process linkages between development and maintenance to assure development tasks do not take away resources or operational stability from ongoing maintenance tasks. Our management structure provides for clear delineation of development and maintenance activities, and all of our resource management and change management processes provide steps to assure resource needs and system impacts are assessed and monitored from both perspectives.

ANSWER	ANSWER
Page 23: The eClinicalWorks Customer Service and Technical Support Portal is a full-service portal that has numerous resources for clients. SEE DOC FOR LINKS AND TECH SUPPORT DETAIL	Page 21: ….EngagePoint customer support is available via a variety of contact methods, including telephone and email, to assist, troubleshoot, and resolve specific issues.

ANSWER	ANSWER
Page 24: SLA for customer support cases is based on the severity of the problem: eClinicalWorks clients that are hosted on the eCW Cloud receive a 99.9% uptime guarantee.	Page 21: ...EngagePoint designs our solution to meet 99.9% uptime and 24×7 operations, with the exception of scheduled maintenance windows. Network Uptime Target – 99.9% The “EngagePoint Network” is comprised of the service border routers, firewalls, load balancers, and switches in a specific location. The EngagePoint Network will be deemed “available” if the networking components of the EngagePoint Network are available and responding to the monitoring tool. Server Uptime Target – 99.9% This service level only covers unavailability of a server due to the hardware and hypervisor layers delivering individual service servers. A server will be deemed “available” for purposes of this Service Level if the virtualization hardware and hypervisor layers delivering the service are available and responding to the monitoring tool. Support Response Time Target – 30 minute target for emergencies For any emergency incident properly reported by client, EngagePoint support personnel intend to contact client regarding such emergency incident within thirty minutes from the time the emergency incident was initially reported to EngagePoint. SEE DOC
Page 24: Clients can purchase additional products or services by contacting their Strategic Account Manager or Sales at: sales@eclinicalworks.com or by calling (866) 888-6929. Refer to Exhibit D, eClinicalWorks Products and Exhibit J, Professional Services.	Not Answered

ANSWER	ANSWER
Page 24: eClinicalWorks supports its products with regular version upgrades, service packs, and patches. SEE DOC	Page 22: EngagePoint will provide client with access to online community forums. If client has questions regarding the Services, Client may use the Community Forum to seek answers. Client may also use the Community Forum to receive online Technical Support and, in some circumstances, guidance for selfadministering Incident Corrections.

ANSWER	ANSWER
Page 24: eClinicalWorks releases one major upgrade version to the EMR/PM product per year with 2 – 4 service packs yearly that include patches and updates to ICD codes, CPT codes, drug database upgrades, etc. SEE DOC FOR MORE	Not Answered

ANSWER	ANSWER
Page 24-their response is included with the previous answer	Page 22: EngagePoint provides complete M&O services that include incident management, defects resolution, and hosting and disaster recovery. With these offerings, EngagePoint's clients experience seamless integration between the client, third party vendors, and EngagePoint Technology teams, allowing for a Self Service approach that best fits the support needs. EngagePoint implements a phased approach to service delivery. The initial phase is identifying subject matter experts at both the state and EngagePoint and developing a dedicated incident management process.
Page 25: eClinicalWorks is responsive to customer suggestions and requests for added functionality. SEE DOC FOR MORE	Not Answered

ANSWER	ANSWER
Page 25: eClinicalWorks welcomes input from our clients and provides many opportunities for clients to make their voice heard. SEE DOC FOR MORE	Page 22: All changes are initiated via a change request (CR) form submitted by client to EngagePoint for approval.
Page 26: Client staff recommendations: • Community Administrator to oversee community governance, EMPI reconciliation, etc.; • Care Team members as needed to staff each Care Plan; • Clinical Quality Analyst; • Project Manager; • Data Analyst; • Developer – Analytics (optional)	Not Answered

ANSWER	ANSWER
page 26: eClinicalWorks' CCMR is a single vendor solution and is fully supported by eClinicalWorks personnel.	Not Answered
0	0
Page 26: eClinicalWorks provides training to all CCMR users. An overview of the CCMR training plan is provided below. SEE DOC pages 26-27	Not Answered

ANSWER	ANSWER
Page 26: eClinicalWorks provides training to all CCMR users. An overview of the CCMR training plan is provided below. SEE DOC pages 26-27	Not Answered
Page 26: eClinicalWorks provides training to all CCMR users. An overview of the CCMR training plan is provided below. SEE DOC pages 26-27	Not Answered
0	0

ANSWER	ANSWER
Page 28: The programming languages used are: Java, HTML, XML, XSL, VB.Net, C, and C++.	Page 22: Our solution include a number of languages including Java/JDE and MVC ASP.NET for the BI Layer/Web Application framework and is done in Visual Studio using C# and other web complaint technologies. SEE DOC
Page 28: Browsers supported: Internet Explorer™, V9+; Apple® Safari®, latest version; Google™ Chrome™, latest version ;Mozilla® Firefox®, latest version	Page 22: Standard Browsers are supported including. IE 8+, Firefox, Chrome, Safari.
0	0

ANSWER	ANSWER
Page 28: CCMR Access and Audit Logs Role-based access to the CCMR is supported. Areas of the CCMR are accessible or restricted using the System Administration area of the application (shown below). SEE DOC FOR SCREEN SHOTS	Page 22: The EngagePoint team follows an integrated approach to security, where security is built-in to the design, while integrating people, process, and technologies. Our risk-based security and privacy architecture spans the full software development lifecycle, and incorporates EngagePoint's experience in multiple projects.

ANSWER	ANSWER
Page 29 response reads "see above"	Page 22: Training and certification for HIPAA is vital for anyone involved in the collection or transmission of health insurance or medical information.

ANSWER	ANSWER
Page 29: CCMR does not support two-factor authentication at this time. A username and password are required for access. Password strength rules are configurable by the organization.	Page 23: All components of the solution are protected with appropriate levels of standards-based authentication, including web services (using WS-Security) and database connections. Administrative access, including console and shell access, is controlled separately and require enhanced (two-factor) authentication.
Page 30: The eClinicalWorks EMR/PM solution is certified by ONC as a complete ambulatory EMR. The enterprise Patient Portal is certified by ONC as a modular patient portal product. Refer to Exhibit K, eClinicalWorks Certifications.	Page 22-23: EngagePoint follows is compliant with NIST Special Publication 800-53 'Security and Privacy Controls for Federal Information Systems and Organizations'. Audit logging is an essential component of any solution, and EngagePoint logs security- relevant events (as defined in NIST 800-53) that occur within the application, as well as underlying infrastructure, including operating system, database, and so forth.

ANSWER	ANSWER
Page 30: CCMR contains an almost unlimited number of reports and report configurations as well as innumerable dashboards within the Care Planning area and the Population Health Analytics area" SEE DOC FOR SAMPLE	Page 23: The hosted service provides metering, usage tracking and reporting. Client can view its reports and retrieve its reporting data through the management portal.

Company:	Evosys	**Company:**	Experis
Contact:	Andy Donovan	**Contact:**	Bruce Copner
Telephone:	(504) 957 7957	**Telephone:**	(208) 781-0288
E-Mail:	andy.donovan@evosysglobal.com	**E-Mail:**	bruce.copner@experis.com
General business type of Company:	Evosys is a process centric organization that believes in developing and delivering innovative solutions based upon the Oracle solutions set.	**General business type of Company:**	Experis, IT Services and Resource Staffing , provides professional resourcing and project solutions in Information Technology, Finance, and Engineering.
# of req's not met/answered by company:	13	**# of req's not met/answered by company:**	3
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
Found in 2006, with vision to become world class, highly qualitative and robust firm, Evosys believes in developing and delivering innovative solutions based upon the Oracle solutions set. We have more than 700+ professional and committed consultants and 125+ large and prestigious customers. Evosys is a process centric organization that believes in developing and delivering innovative solutions based upon the Oracle solutions set. We specialize in providing Business Intelligence Solutions, E Business Suite (Financials, Human Capital Management and Supply Chain Management etc.), Oracle Taleo, Hyperion Enterprise Planning & Budgeting, CRM, Supply Chain and Oracle technology solutions to our customers. We are 100% Oracle and are known for our 'cornerstones' in speed, agility, quality and cost effectiveness and in ensuring maximum customer satisfaction. We are a global Oracle Platinum Partner. To achieve and maintain that status, we have to comply with many obligations to prove that we are a company worthy of that status and to obtain a minimum of five 'Specializations'. Specializations are proof that the Partner has the necessary trained and Oracle certified implementation and support consultants, has implemented the software covered by the Specialization and where the client sites have provided references to Oracle to prove that the implementation is of a high quality Evosys specializes in Public sector, Healthcare, Logistics and Transportation verticals and are now building strong grounds in Telecom, Construction and Banking industry. Headquartered in Ahmedabad, India, Evosys is strongly rooted in UK and Middle East Regions, and now focused to establish us as the go to Oracle partner in the USA market.	Experis US, Inc. (Experis) and our subcontractor partner, Alexan Consulting Enterprise Services, LLC (ACES) have agreed to partner in order to provide the optimum solution on behalf of Idaho Department of Health & Welfare. ManpowerGroup, Experis' parent company, was established in 1948. Experis' history dates back to 1968, when Manpower formed Manpower Technical (later known as Manpower Professional) to address the growing need in the marketplace for skill sets such as engineering, drafting, and IT staffing. In April 2011, ManpowerGroup announced the rebranding of the organization. The Experis brand services all professional business under the ManpowerGroup organization through three distinct verticals: Engineering, Finance and IT. Financial information can be found at: http://www.manpowergroup.com/wps/wcm/connect/manpowergroup-en/home/investors/

ANSWER	ANSWER
Not Answered	Yes. Experis has been a provider of IT Services to the State of Idaho for twenty plus years. Experis has a dedicated Healthcare Practice within our Project Solutions Group. We are currently supporting 107 Healthcare related clients who are payers, providers and suppliers. Experis' Healthcare Practice is one of our fastest growing segments of professional services.

ANSWER	ANSWER
Evosys specializes in Public sector, Healthcare, Logistics and Transportation verticals and are now building strong grounds in Telecom, Construction and Banking industry. Headquartered in Ahmedabad, India, Evosys is strongly rooted in UK and Middle East Regions, and now focused to establish us as the go to Oracle partner in the USA market. page 3.	Our Healthcare Practice is currently performing work in the following areas:National Mandates ICD-10 Assessment and Conversion OCR Patient Privacy Meaningful Use Affordable Care Act Project Solutions Custom Development • QA Practice Health Insurance Exchange • Off-Site / Off-shore Risk Advisory Solutions Construction Audit • Information / Data Security Internal Audit / IT Audit • Business Continuity / Disaster Recovery Infrastructure and Systems Performance Management Business Intelligence and Analytics Global Content Solutions Authoring and Editing • Content Strategy & CMS Setup/Management Web Design and UX • Localization/Translation (150 Languages) Outsourced Managed Solutions Professional Resourcing EMR Vendor Solutions (Cerner, Epic, Allscripts) Healthcare IT SME, PM and BA Professionals Full range of Project/Technology Consultants Additionally, our partner brings relevant experience through analysis and implementation of solutions that utilize integration standards, such as HL7, and others, to enable clients to access exchanged data directly through their EHRs. Experience also includes aggregating and “normalizing” of both the HL7 and Clinical partner content to be made available to the HIE,
0	0

ANSWER	ANSWER
See page 9 list of logos. Did not supply information as requested.	Experis has over 1,100 customers, and serves 82% of the Global Fortune 500, engaging approximately 12,000 consultants per year. Our Healthcare Solutions group is currently supporting approximately 107 clients who are payers, providers and suppliers. Our existing State customers include the State of California's Public Health Department and the State of California Department of Health Care Services. Our solutions have created integration points and data aggregation for all regulated providers in the State of California.
Not Answered	California Department of Public Health – Client Genetic Disease Branch 2001-2012. Implementation of Netrics Data Intelligence Solution. California Department of Health Care Services – Interoperability Analysis for HIE, NHSIA, MITA. 2012-2013

ANSWER	ANSWER
Not Answered	Projects are ongoing.
Not Answered	While we do not have adequate information at this time in the RFI process to address potential issues regarding the services required, there are key areas of interest to ensure a successful project. Define key business user outcomes desired. Define existing infrastructure, including security protocols that will be leveraged. Define existing interoperability standards used and client population usage. Define key data repositories used to aggregate data currently. Define your existing MDM strategy. Define performance criteria. Provide clear requirements to which detailed technical and functional requirements can be developed.

ANSWER	ANSWER
Not Answered	From our experience, to achieve success, the project will require: proper assessment, planning, governance and key stakeholder support from the beginning, and throughout the project lifecycle to ensure successful end product. Clear understanding and agreement of the data integration means different things to different vendors. Detailed information about the existing environment, the governance of the teams to collaborate, and the availability of key stakeholders must be documented. A realistic schedule for baseline assessment and data solution design must be factored. If external funding source, include the required compliance to project or reporting standards that must be accommodated during the project.

ANSWER	ANSWER
USD 371,093.00	We do not have adequate information at this time in the RFI process to adequately answer the above questions. We are confident we will be able to do so upon receipt of the RFP, involvement in any scoping review, and via any Q&A related to the RFP process. We have seen projects of this size and scope range from inclusive of on premise solutions licensing to cloud based solutions range from $1M-$15M for complex data integration and analytic solutions.

ANSWER	ANSWER
Not Answered	Answer response repeated the same as #18
Not Answered	Answer response repeated the same as #19

ANSWER	ANSWER
Not Answered	Answer response repeated the same as #20
Not Answered	Answer response repeated the same as #21
we estimate the project will take 25 weeks	We do not have adequate information at this time in the RFI process to adequately answer the above question. We are confident we will be able to do so upon receipt of the RFP, involvement in any scoping review, and via any Q&A process related to the RFP process. With proper project planning and execution, including scoping, resource requirements, governance, and execution methodology, completion of any project within a realistically established timeline and budget is attainable. Experis has substantial experience and expertise successfully delivering solutions across multiple industries and disciplines.

ANSWER	ANSWER
Not Answered	Issues that may affect delivery are communication from stakeholders, requirement gathering, system limitations, and funding.
0	0
Apart from OBIEE the ETL tools that we are proposing Oracle Data Integrator See word Detailed document response attachment.	Experienced with all of the above platforms.

ANSWER	ANSWER
The ETL tool that we are proposing for extraction of data from various source systems is capable of loading data for multi-dimensional target systems. The target Data Warehouse can be an OLAP cube or a relational database. Oracle Data Integrator (ODI) seamlessly integrates data into an Oracle OLAP. All Oracle Data Integrator features are designed to work best with the Oracle OLAP cubes, including reverse-engineering and integration interfaces. Oracle Data Integrator uses Java Database Connectivity (JDBC) to connect to the Oracle database instance containing the Oracle OLAP cubes and load data properly. See word Detailed document response attachment.	Specific experience includes California Department of Public Health – GDB branch.

ANSWER	ANSWER
Oracle Data Integrator is a ETL tool capable of connecting to the source systems of hospitals, free standing labs and imaging centers. ETL systems commonly integrate data from multiple applications (systems), typically developed and supported by different vendors or hosted on separate computer hardware. The disparate systems containing the original data are frequently managed and operated by different employees. For example clinical billing data or clinical patient population data can be combined across multiple hospitals, free standing labs and imaging centers to have a centralized view for CXO level. An important function of data transformation is cleansing of data that aims to pass only proper data to the target. When different systems interact with each other, based on how these systems store data, there is a challenge in interfacing/communicating with each other. Certain character sets that may be available in one system may not be available in others. These cases must be handled correctly or eventually lead to a number of data quality related issues can be addressed by Oracle Data Integrator Also once the data is extracted there is a process which will assign proper identification of the data source to all records. See word Detailed document response attachment.	Answer response repeated the same as #27

ANSWER	ANSWER
Oracle Advanced Analytics, a combination of Oracle Data Mining and Oracle R Enterprise, delivers predictive analytics, data mining, text mining, statistical analysis, advanced numerical computations and interactive graphics inside the database. OBIEE with a comprehensive range of analytical functionality and sophisticated interactive visual analysis by combining the capabilities of Oracle Advance Analytics to provide predictive analysis. It provides High performance in-database data-mining algorithms and statistical functions are accessible from SQL and R. This can help make better decisions with deeper insights on future resource utilization and project outcomes.	Answer response repeated the same as #27
OBIEE is a user friendly tool which allows end users to create their own reports and save or publish them. There are various visualizations and interactive report creation tool which enables end users to create their own mart and produce their own reports. OBIEE also helps end users to choose a recommended view type based on the data in your analysis and, optionally, what you want to use it for (for example, to analyze trends).	Answer response repeated the same as #27

ANSWER	ANSWER
With the use of Oracle Data Integrator we can combine the ICD9/10 codes and various other standards for clinical requirements. ODI enables application of various business rules group procedures and activities into various reporting requirements.	Specific experience with California in Home Support Services.
Oracle Data Integrator can initiate extraction of data from various source systems of hospitals and practices based on events. These events can be placing of files on a ftp location etc.	Answer response repeated the same as #27

ANSWER	ANSWER
OBIEE supports authorized users to copy existing reports and measures built in the system and customize according to their requirements. The users can save the report and also publish to other users once the report is customized according to their requirements. OBIEE also allows write back functionality which allows authorized users to customize national quality measures and make the changes permanent on the database if required.	Answer response repeated the same as #27

ANSWER	ANSWER
OBIEE allows authorized user to act as Authors, which grants them access to create new reports and dashboards and modify the existing one. They can choose to publish the newly created reports to other authorized users. Users can move, add, or remove analytic regions on the dashboards and modify the layout of the reports and columns used. It also enables user to change the color of graphs, type of graphs and visualizations and hide columns.	Answer response repeated the same as #27

ANSWER	ANSWER
OBIEE comes with BI Publisher which can be used to create highly formatted reports and documents which can be delivered through various systems like FTP, Printers, etc. OBIEE supports creation of template reports for diagnosis and treatment based on patient registries and can be distributed as required.	Answer response repeated the same as #27

ANSWER	ANSWER
OBIEE supports creation of various key performance indicators which represents the actual score of the patients and physicians performance from quality to treatment protocols These actual scores can be compared against the industry level or hospital level benchmarks set and variances can be identified by creating a score card for the same.	Experis is system agnostic, and will work to assist in the identification and subsequent implementation of the best solution to solve the needs of Idaho Department of Health. We have experienced Subject Matter Experts (including clinicians) with expertise in healthcare analytics and data services, solution architecture and delivery, business intelligence and advanced analytics, and application development.
0	0
In the below figure the Oracle Business Intelligence Java components are deployed on the BI_SERVER1 and BI_SERVER2 Managed Servers on APPHOST1 and APPHOST2. These Managed Servers are configured in an Oracle WebLogic cluster. Oracle BI Presentation Services, Java Host, Oracle BI Cluster Controller, Oracle BI Scheduler, and Oracle BI Server are system components installed on APPHOST1 and APPHOST2 and configured as a cluster. The Cluster Controller and Oracle BI Scheduler on APPHOST2 are passive (they are started but do not service requests) and are only made active if APPHOST1 components fail. In the data tier, shared external storage is configured to store the Oracle BI Presentation Catalog, Oracle BI Server global cache, Oracle BI repository, and Oracle BI Scheduler script data	Experience in establishing the first State of CA Cloud Services environment that is compliant with required protocols.

ANSWER	ANSWER
See word Detailed document response attachment. 5th pdf page diagrams.	Experience in establishing the first State of CA Cloud Services environment that addressed all areas referenced above. In answer 36

ANSWER	ANSWER
For data stored we recommend using Oracle Database Enterprise Edition. We recommend installation of Oracle Database on a RAC (Real Application Clusters). Oracle RAC is a cluster database with a shared cache architecture that overcomes the limitations of traditional shared-nothing and shared-disk approaches to provide highly scalable and available database solutions for Data Warehouse. It provides a comprehensive high-availability stack that can be used as a shared infrastructure, ensuring high availability, scalability, and agility for Data Warehouse. The following are the Strategies and Best Practices for Backup and Recovery 1. The incremental backup strategy. Perform a backup immediately after an otherwise non-recoverable transaction has taken place. Oracle provides a tracking file feature that enables incremental backups based on changed data blocks. RMAN leverages the tracking file feature. 2. Running the database in Archive Mode, Oracle archives the filled online redo log files before reusing them in the cycle. This way the database can be completely recovered from both instance and media failure. Oracle supports multiplexed archive logs to avoid any possible single point of failure on the archive logs. Archived redo logs can be transmitted and applied to the physical standby database, which is an exact replica of the primary database. 3. We also recommend Cold Backup of the complete database once in a month. This backup will restore the entire database in case of any media or instance failure. Oracle Database supports restriction of data on the basis of users and database access can be restricted on various aspects such as data, objects and instance. The Health Data Exchange requirements can be configured on the Database layer to have a secure data warehouse.	Answer response repeated the same as #39

ANSWER	ANSWER
The proposed solution will be hosted on Idaho State Health's premises and on its network. This will ensure that the data is not accessed outside the network and also the performance of the reporting system. We do not recommend hosting of servers outside client network as the size of data and sensitivity of data is high in case of health care.	Answer response repeated the same as #39
0	0

ANSWER	ANSWER
Project Management is essentially a Relationship Management job at Evosys, wherein its Project Manager manages relationships and liaisons with the various project stakeholders, namely, Project Implementation Team, Client Project manager, Client Key users, Client Top Management and any other stakeholders identified during the Proposal Negotiation Phase.	Projects have many elements: hardware, software, human resources, vendors, budgets, schedules and timelines. Implementing solutions requires thoughtful, expert project planning, requirements management, scope management, risk management and mitigation, resource scheduling and management and realistic budgeting. To keep IDHW's initiative progressing forward, Experis applies proven, custom-tailored project management methodologies with seasoned project management professionals who have experience in leading programs and projects. Their expertise reduces the cost of poor quality, while increasing the probability of success of meeting the planned scope, schedule and budget targets associated with the program or project. Experis uses the Project Management Institute (PMI) certified-phased methodology approach for project implementation. Each project phase includes specific tasks and steps necessary to meet the requirements of the client solution being delivered. We have a dedicated Enterprise Project Management Office (EPMO) that supports our Project Solutions group. Leveraging Experis' internal PMO provides our project managers with the proper tools and quality assurance practices. This dedicated resource adds value to your business projects by enabling access to methodologies and processes information, delivery support and independent quality assurance reviews.
0	0

ANSWER	ANSWER
Note: The deliverables may vary for Idaho. Project Phase Deliverable Name Brief Description Project Preparation Project Plan Project Plan to be agreed and signed of by Evosys and client Project Manager Business Blue Print Requirement Document Based on the discussion with Key Stakeholders on requirements, Evosys consultants will prepare requirement document and submit the same for sign off Realisation - Design Document - Key User Manual System and Functional Design Document User Manual explaining how to use reports and how to perform admin activities	We do not provide complete end-to-end support services. We do consult with clients on strategic direction, identification of, and ongoing support. Our role vs. that of partners, and/or additional vendors, would be determined as we gain additional information and perform further scoping as part of an RFP process.

ANSWER	ANSWER
Project Monitoring is an on-going activity at Evosys where the Project Scope and Timelines are kept under a constant performance and progress scanner. Weekly Project Implementation Team meetings, Fortnight Project manager meetings and Monthly Project Steering Committee Meetings are recommended to assure project control and quality of delivery.	0

ANSWER	ANSWER
The following risks have been identified that may affect the project during its implementation: A. Hardware, Network, Software Risks Production Hardware Procurement & Sizing To adhere to the scheduled project timelines, it is imperative that the production servers need to be in place and fully installed before start of the project. Risk: Moderate-High Consequence: Any delay in Production Hardware would result in a further delay in Production Transition and Go Live. Contingency: In case there is a delay in the Production Hardware, Transition can be done on the existing Production servers. Early Mitigation: The respective teams been appraised of the criticality of the same. Efforts to expedite the procurement of hardware are in motion. Network speed Network speed would impact the ability of project team members to carry out scheduled and planned work. Risk: Moderate Consequence: The speed of the network will impair the progress of certain activities of the project - for e.g. downloading patches, etc. Contingency: Whenever possible, implementing partners will source the patches from other (higher speed) sources and bring them to client Early Mitigation: client IT to evaluate up scaling the network bandwidth. Network availability (LAN)	Our solution proposal will be dependent of the technical requirements and environmental factors that we are unable to determine based on the information of the RFI. Our expectation is that based on the final solution we propose, it will support commonly understood languages and web browsers, program specific SLA's and other critical factors of any large software solution requirement.

ANSWER	ANSWER
Evosys proposes to use Microsoft Projects 2010 / 2013 as its Project Management Software.	0
0	0

ANSWER	ANSWER
The Service Desk receives various types of Requests. Some examples are: • Incidents • Service requests. • Complaints, feedback, or suggestions. The Request Management process standardizes the way in which the support technicians attend to customers, and ensures that each request is resolved in the fastest, most efficient manner possible. Scope of application This process is applied every time a customer contacts the Service Desk (by phone, email, through the Self-Service Portal or by any other means). 1.1.1.1 Process The Request Management process is as follows: Process Summary 1. When a call is received by the Service Desk, the Level 1 technician follows the Procedure 1. Call handling. This procedure consists of identifying the customer and understanding why they are contacting the Service Desk. Procedures 2, 3, or 4 are then applied (as applicable). 2. If the customer is calling about a Request that has already been registered, then the technician will follow procedure 2. Updating existing requests. 3. If the customer's call relates to a new Request, then the technician will apply procedure 3. Create new request. 4. Once the Request is registered in the system, the Level 1 technician will apply process 4. Level 1 support, in which the first step is to analyze the customer's request to determine whether or not it can be resolved at Level 1. If the Level 1 technician can resolve it, he will carry out the appropriate support actions directly. 5. If the Level 1 technician cannot resolve the request, he will escalate it to the corresponding	We do not provide complete end-to-end support services. We do consult with clients on strategic direction, identification of, and ongoing support. Our role vs. that of partners, and/or additional vendors, would be determined as we gain additional information and perform further scoping as part of an RFP process.

ANSWER	ANSWER
See attached Response support procedures 1.2	Answer response repeated the same as #50

ANSWER	ANSWER
The support can be extended in terms of a Support Helpdesk, operational during the stipulated working hours of the client. The support team will be: • Handholding users in day to day application usage • Fixing system errors in the functionality implemented (e.g. Workflow error) • Assisting the users in overall functioning of the application • Enhancements will be handled through separate change request process Evosys' recommended Service Level Agreements Problem Severity Description First Response Time Definition of Severity Sev.1 - Very high (Showstopper) Showstopper, not able to continue business 2 Business hours Major System or Component Failure Malfunction with critical impact on Client's ability to operate entire business processes & production. No work-around or manual process available. The problem must be resolved immediately Sev.2 – High Technical defect, bug, error impacting business, but business can continue with minimal work around 4 Business hours Minor System or Component Failure Malfunction causing impact on Client's ability to operate significant business processes or production. No work-around or manual process available Sev.3 – Medium Technical defect, bug, error not impacting business, as work around is available for the same 1 working day Component Failure Malfunction not causing impact on Client's ability to operate significant business processes or production. Work-around or manual processes are available Sev.4 - Low Cosmetic 2 working days Cosmetic/ Component Failure Malfunction causing virtually no impact on Client's ability to operate significant business processes or production. Work-around or manual processes are available.	Answer response repeated the same as #50
It needs to be noted that the above response times are only applicable for resolution of issues pertaining to the standard functionality of Oracle Applications. In the event of any requirement or issue resulting in a request for additional setups / modifications to setups or creating of minor or major extensions, these will be handled via the standard. The company change control process and will be costed separately outside the scope of this support agreement as mentioned in the excluded services section below. The following areas are excluded and considered out of scope: • Evaluation or procurement of new software or hardware for use within Client premises, or for use for the Client at Company's premises. • Training or education on applications functionality, application environments, including application development tools, application server software, and databases. • Activities specific to System, Database and Network Administration. • Applications Version Migration and Data Migration • Transition to new or Edified applications, this includes applications upgrade • New developments or setups to existing system • Deifications to original application specification and any functionality added to the existing application by the Client after the date of commencement of support.	Answer response repeated the same as #50

ANSWER	ANSWER
• Support for Modules implemented at client (List to be agreed with Client). • Maximum of 15 Issues per month. • In case Number of issues raised for a month is lesser than 15 it will be carried forward to the next month. • Total number of issues as part of the scope is 180 issues for one year of support. Offshore (shared resources) details 1) Issues Details: Listed below are the type of issues that will be taken up as part of the Maintenance and Support Services. a. Any functional Issues on ERP and Hyperion systems like the AP Invoice is stuck for approval, Purchase Order is not approved, GL Drill Down in not matching with the Sub-Ledger transactions, Unable to Reconcile in the Cash Management, Month End Closing Issues, Reconciliation Issues, and Hyperion Data Upload and so on. b. Any Product feature issues that require data fix or update in base software code will be raised with the Oracle's Metalink Support. c. Any Technical Issues like the existing Customized report is not displaying correctly, a new column to be included in the report or a new Parameter is required to be included. d. Any DBA issues like cloning the TEST/DEVELOPMENT Instances, Performance Tuning, FTP and so on. 2) Issues Carry Forwarding: As per the agreement if the 15 Issues are not consumed/absorbed, these will be carry forwarded to the next/subsequent month until the Contract period i.e. One Year. If the issues are not utilized at the end of the year i.e. Mar/Apr (which depends on which month the Contract will be signed for year), these issues will not be carry forwarded for the subsequent year. 3) Issues Compensation: If the Issues are not consumed/absorbed in a month/multiple months, these can be compensated to a new Customizations i.e. developing a New Report/a New	Answer response repeated the same as #50

ANSWER	ANSWER
See answer 54	Answer response repeated the same as #50

ANSWER	ANSWER
Evosys provides implementation of Oracle products. Any specific product release and update process cannot be shared by Oracle due to some of their policies. But it is a normal process to update clients on any product release or any upgrades provided	Answer response repeated the same as #50
The Client shall provide a Development Instance or Test Instance, which would be a replication of the Production Live data. This development / test instance would include problems faced in the production instance. Company resources would replicate the problems based on problem ticket logged for root-cause analysis and study. This instance would also be used for testing solutions to problems.	Answer response repeated the same as #50

ANSWER	ANSWER
There are several user group which enables users to: • Ensure views of users are taken into account in the development and prioritization of enhancements to the application • Keep users up to date on legislative changes and current trends affecting their areas of responsibility • Provide a network for users to discuss common issues The customer forums meet 2/3 times a year with some other SIG's (Special Interest Groups) available. The link to all the user groups present in Canada & USA:	Answer response repeated the same as #50
Evosys' support services include the following: • Baseline Support - Support services is provided for all the Modules described under Software and shall be limited to existing Application setups maintenance and update. It shall not include any reconciliation, correction or update of transactions in any Modules or in any sub-ledgers or reconciliation of transactions between sub-ledgers and General Ledger. However, Company resources shall guide and advice the functional users of Client in the methodology of reconciling and correcting data, wherever applicable. • Root-cause analysis – Analysis of the root causes of problems. Problems will be reviewed to determine their root causes, measures will be taken to correct the sources of the problems, and reports will be prepared for all on-site support services, which would require sign-off from Client's support Manager on resolution of the problem. • Bug fixes – This includes system errors, "hung" or halted reports, or unexpected results within the system that render it unusable for the purpose for which it was designed. However the lead-time to obtain bug fixes is not within the control of Company. • Development Instance (Database) – The Client shall provide a Development Instance or Test Instance, which would be a replication of the Production Live data. This development / test instance would include problems faced in the production instance. Company resources would replicate the problems based on problem ticket logged for root-cause analysis and study. This instance would also be used for testing solutions to problems. • Interfaces – If the information is extracted from a legacy or third party system, Client resources will be responsible to extract the information into Oracle interface tables. Company resources will be responsible to process the information from Oracle interface tables into the Oracle transaction tables. Client resources will be responsible to thoroughly test all interfaces to ensure the information is processed accurately and timely between systems and meets Client's daily business requirements. • Dependencies –This agreement is subject to the availability of a valid annual technical	Answer response repeated the same as #50

ANSWER	ANSWER
The proposed solution will be hosted on Idaho State Health's premises and on its network. This will ensure that the data is not accessed outside the network and also the performance of the reporting system. We do not recommend hosting of servers outside client network as the size of data and sensitivity of data is high in case of health care.	Answer response repeated the same as #50
0	0
Evosys provides with documents related to module specific functionalities and their uses. These functionalities are demonstrated at the time of training, and further provided as training materials to help clients maintain a repository. The Training Documents can be provided in two formats: • Training Manuals(Hard Copy) • CD (Soft Copy)	Answer response repeated the same as #50

ANSWER	ANSWER
Not Answered	Answer response repeated the same as #50
Not Answered	Answer response repeated the same as #50
0	0

ANSWER	ANSWER
OBIEE is a web based reporting tool. Oracle Data Integrator which is the extraction tool utilizes SQL queries, ODBC/JDBC or OCI connection to the source systems and JVM.	Our solution proposal will be dependent of the technical requirements and environmental factors that we are unable to determine based on the information of the RFI. Our expectation is that based on the final solution we propose, it will support commonly understood languages and web browsers, program specific SLA's and other critical factors of any large software solution requirement.
OBIEE supports the following browsers : • Firefox : 3.5+, 6+, 13+ • Chrome : 19+ • Internet Explorer : 9.x, 10.x, 11.x • Safari : 4.x, 5.x OBIEE is also available on phone and tablets as applications for iOS and Android. .	Answer response repeated the same as #66
0	0

ANSWER	ANSWER
Not Answered	Experis offers expertise through our Information Security Practice specific to issues relative to HIPAA Compliance and Meaningful Use. Our security and compliance services include: Information Security Governance Cyber-Security Privacy & Regulatory Compliance Business Continuity Technical Security Solutions

ANSWER	ANSWER
All the products are developed by Oracle and are compliant with HIPAA, HITECH, NIST and other security and privacy standards and requirements. The product provides configuration of business logic related to HIPAA and other privacy requirements and stores healthcare information in an encrypted format. The information will be accessible only to authorized personnel on special request with permissions of Idaho.	Experis offers expertise through our Information Security Practice specific to issues relative to HIPAA Compliance and Meaningful Use. Our security and compliance services include: Information Security Governance Cyber-Security Privacy & Regulatory Compliance Business Continuity Technical Security Solutions

ANSWER	ANSWER
OBIEE support multiple authentication provides. It can integrate with major authentication providers like MS Active Directory, Oracle Internet Directory, LDAPs etc. SSO and SSL are also supported by OBIEE.	Not answered
OBIEE and ODI are supports implementation of a system for transformation and communication of source system data into HITSP standard formats. Also the security implementation can be addressed to provide HIPAA compliance and restrict data access for unauthorized users.	Not answered

ANSWER	ANSWER
OBIEE is a reporting tool which supports creation of reports. The reports will be built according to the requirement of Idaho State Health. The layouts of reports and dashboards will be discussed during the requirement gathering phase and appropriate solution will be designed.	Not answered

Company:	General Dynamics Information Technology	**Company:**	Health Catalyst
Contact:	REDACTED	**Contact:**	Ken Trowbridge
Telephone:	REDACTED	**Telephone:**	(801)708-6800
E-Mail:	REDACTED	**E-Mail:**	ken.trowbridge@healthcatalyst.com
General business type of Company:	Information systems and technology	**General business type of Company:**	Healthcare Analytics
# of req's not met/answered by company:	1	**# of req's not met/answered by company:**	0
Company had questions on:	Nothing noted.	**Company had questions on:**	Nothing noted
Company had additional information on:	Appendices with case study and info on recent project.	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
General Dynamics (GD), a Fortune 100 company, has been serving the commercial industry Federal and State Government agencies for more than 50 years. Today GD is a market leader in mission-critical information systems and technologies serving a vast array of U.S. and international clients. We have grown to become a $32 billion organization and our workforce has increased to approximately 95,000 employees. Our Information Systems and Technology group is the largest and fastest growing segment of GD. GDIT is one of four business units within GD's Information Systems and Technology group, along with Advanced Information Systems, C4 Systems, and United Kingdom Limited. GDIT is a provider of mission-focused IT services to health and civilian, defense, intelligence, as well as commercial customers. Headquartered in Fairfax, VA, GDIT has major offices and locations worldwide. With approximately 24,000 professionals worldwide, GDIT delivers IT enterprise solutions, manages large-scale, mission-critical IT programs, and provides mission support services. For more information, you may contact REDACTED	Health Catalyst is a relatively young company, although individually and throughout our careers, many of us at Catalyst have been delivering solutions like those described here since the late 1980s and early 1990s. This experience has enabled the company to realize substantial success in our short lifetime. The company is managed by a team of healthcare veterans with deep domain expertise who were fundamental to the transformation of care at health systems like Intermountain Healthcare, PeaceHealth, and Northwestern Memorial Hospital. (additional information supplied on pages 4-5)

ANSWER	ANSWER
GDIT has successfully delivered high-quality solutions for several national and state-level health services programs. These solutions have involved the integration and processing of big health data across multiple data sources to include claims and clinical data, and provide users, based on their roles, with access to sophisticated information, analytics and reporting.	Health Catalyst's sole purpose is to improve US healthcare using analytics and clinical quality improvement methodologies proven at Intermountain Healthcare, Northwestern University, and PeaceHealth. The methodology and approach Health Catalyst utilizes to provide requested services has been in practice for almost three decades. Health Catalyst as an organization has been involved in advanced healthcare analytics since our inception in 2008. The following are some of our approaches to provide a statewide healthcare analytics system for State of Idaho. (Description of proposed approaches follows on pages 5-7)

ANSWER	ANSWER
As one of our most comprehensive payment and services delivery model endeavors, GDIT has been privileged to support the State of Arkansas in their efforts as a State Innovation Model (SIM) Testing State. Arkansas is a pioneer in the efforts that the Capability Maturity Model Integration (CMMI) has developed to allow state Medicaid programs to test new delivery and payment systems that emphasize the effective use of data through AHCPII. For AHCPII, REDACTED	Health Catalyst's data warehouse and applications have been implemented at 24 hospital systems, and there are countless internal work group teams focused on improvement projects using Advanced Applications built on the data warehouse platform. It is difficult to know the number of live users at the combined health systems due to the rapid nature of distributing the analytics into the environment as well as dedicated versus partial access to the analytics platform. That said, rough estimates put the number of live users in the thousands. Catalyst has implemented dozens of source systems and over a thousand registries in our product solutions set. The development of our Source Mart Designer and SAM Designer also allows us to quickly add any sources or applications as requested by our clients. At one customer, through the use of our Source Mart Designer tool, we were able to integrate a Cerner EMR into an enterprise data warehouse in less than 90 days.
0	0

ANSWER	ANSWER
CMS is currently working with GDIT on Contract #HHSM-500-2007-00022I Task Order HHSM-500-T00002, Quality Improvement Evaluation Systems (QIES). QIES involves the collection and validation of data on provider and member specific outcomes of care and performance for use in improving the quality and cost effectiveness of services provided by the Medicare and Medicaid programs. QIES is used by more than 34,000 long-term care setting providers, including nursing homes, home health agencies, and rehabilitation and swing bed facilities. In addition, GDIT works with State Certification agencies in performance of the QIES contract. GDIT provides QIES helpdesk, user tools software development, quality assurance, and other miscellaneous services in support of this program. REDACTED	Tenure (dates) of existing client (above). Allina Health: 2008–present North Memorial Health Care: 2010–present MultiCare: 2010–present OSF: 2010–present Texas Children's Hospital: 2011–present Stanford Hospitals & Clinics: 2011–present Providence: 2012–present Indiana University: 2012–present Partners HealthCare: 2013–present Children's Hospital of Wisconsin: 2013–present Memorial Hospital Gulfport: 2013–present Crystal Run Healthcare: 2013–present NorthBay Healthcare: 2013–present Kaiser Permanente: 2013–present Scottsdale Lincoln Health: 2014–present Thibodaux Regional Medical Center: 2014–present Mission Health: 2014–present KUHA: 2014–present Community Health Network: 2014–present Albany: 2014–present Children's Hospital Association: 2015–present Cone Health: 2015–present Health Quest: 2015–present Piedmont Healthcare: 2015–present
Not Answered	See response to 3a.

ANSWER	ANSWER
GDIT will provide past performance history details for current and past projects which would be relevant to Idaho DHW.	Since the inception of our company, none of our clients has uninstalled the Health Catalyst platform.
Meeting with states such as Arkansas who have demonstrated a path of experience with establishing a multi-payer statewide initiative with proven methods of data analysis to move towards a payment reform initiative that includes lessons learned from the direction of state policy to the affect and response from the Idaho health care provider community. Obviously the impact on this community as stakeholders and their ability to succeed as a key partner will in turn be a measure of the state's initiative to move towards a long term quality measurement and payment improvement process. Developing an evaluation strategy with key stakeholders early in the process outlines the metrics for success. GDIT has assisted Arkansas Medicaid with this as we produce many reports for CMS SIM activities. As part of the RFI process, it could also be beneficial to meet with vendors in order to freely ask questions about technology solutions and it also benefits the vendors by understanding Idaho DHW's goals and missions better	Health Catalyst believes that the State of Idaho will review the information provided to come up with an RFP that would help vendors to arrive at the right solution. The following are some of the considerations we think will enable both the State of Idaho and vendors to provide the best approach and solution. Data governance: • Identification of owners/subject matter experts for the source information (e.g., Medicaid claims, clinical data feeds) • Information regarding interface details to access required source information (How will vendors get access to the source systems?) • Number of users and types of users that the State of Idaho expects to have access to the healthcare analytics system Specific problem statements: • Health Catalyst is eager to understand the existing problems the State of Idaho is facing. We have over 100 analytical applications in our product portfolio, and we can provide the optimal solution to the State of Idaho with the knowledge of any problems you are currently facing. • Specific care improvement areas the State of Idaho is interested in for short-term analytics initiatives.

ANSWER	ANSWER
REDACTED	Catalyst has the deepest and most experienced team of executives and engineers in healthcare data warehousing. No other healthcare vendors even come close. We are healthcare delivery professionals first and vendors second, and we bring that mindset and experience to our products, services, and clients. At last count, the combined experience of our staff with hands-on, operational healthcare data warehousing totaled over 400 years. (Additional information provided on page 9).

ANSWER	ANSWER
REDACTED	0

ANSWER	ANSWER
REDACTED	Implementation of and License Fees for the Catalyst Analytics Platform, Discovery Applications, and Advanced Applications. Please see our above statement regarding specific pricing.
REDACTED	Annual maintenance fees are 20% of the license fees.

ANSWER	ANSWER
REDACTED	Upon request, improvement services or Advanced Applications are available for further initiatives. Pricing could be determined on a state, regional, or individual organization basis.
REDACTED	If individual organizations desire to have their own Catalyst Analytics Platform to perform their own internal analytics and to more effectively feed the state EDW, Health Catalyst would be happy to discuss volume discounts for those organizations. However, there would not be a need for the state to have more than one platform.
REDACTED	Health Catalyst has been successful in developing an enterprise data warehouse for analytical needs in as short as 77 days for one of our customers based in the New York area. Our objective is to define Statements of Work (SOW) that are achievable in a short time frame and incrementally develop the required solution for the State of Idaho. We are looking forward to providing a formal estimate and a timeline as part of the RFP, as that would require some due diligence to understand the specific scope items from the State of Idaho. For issues that may affect delivery, please refer to question 3 above.

ANSWER	ANSWER
REDACTED	For issues that may affect delivery, please refer to question 3 above.
0	0
REDACTED	Catalyst has decades of experience with Oracle and SQL Server. SQL Server is the most effective data warehouse platform on the market today, offering the best overall value per dollar of investment. Over 70% of new data warehouse projects across all industries are now based upon SQL Server. Its total cost of ownership is 40% less than Oracle. Catalyst's products and services are designed around the SQL Server platform but can be ported to Oracle, though we do not generally recommend doing so.

ANSWER	ANSWER
REDACTED For GDIT's CCW utilizing OLAP cubes has allowed our customer to return query results in seconds instead of days. This allowed GDIT to replace much more labor and time intensive manual processes of producing reports through an automated tool that has already done the validation for us. Also, this greatly enables more efficient decision-making with the reliability that information will be available virtually on-demand. The Reporting Engine also allows for more consistent and repeatable reporting for disseminating information throughout an organization without having to reproduce the report multiple times.	More importantly than the expertise with individual systems is Catalyst's Source Mart Designer, which allows Catalyst and client architects to very quickly create data feeds from any data source. This application provides Catalyst with the flexibility to approach any new system, apply our methods for extracting data into our platform, and accelerate the path to using the data for analytic purposes. Source Mart Designer was developed by our team after thousands of hours of creating source data feeds from various systems, identifying common workflow elements, and developing a tool to make this process easier by automating most steps in the process. Source Mart Designer allowed Catalyst's architects to create a comprehensive data feed at one of our clients from Cerner Millennium in 90 days. This data feed brought in over 14 billion rows of data and enabled our client to begin to create clinical analytic dashboards unlike any that were available before within 120 days of the start of the project. Subsequent extracts of Cerner Millennium will take much less time to implement since this initial effort created reusable extracts that can be re-implemented with much less effort than the 90 days it took to create the initial feed. Through the use of Source Mart Designer and the large number of systems that Catalyst has dealt with and our staff's experience prior to Catalyst, we have mastered the task of pulling in data from a variety of systems. Health Catalyst's solution is not OLAP based. The base of our solution is the EDW—a data warehouse. OLAP and data warehouses complement each other. A data warehouse stores and manages data, whereas OLAPs convert data into a strategic format. Many of our analytical applications and offerings, such as KPA, Cohort Finder, and Population Explorer, leverage tools such as QlikView, which provides this OLAP-like slice-and-dice capability. The speed and efficiency of calculations are still maintained through the power of the database on which the EDW resides and the in-memory features and functionality of visualization tools such as QlikView, which allows the end user to quickly and efficiently analyze data.

ANSWER	ANSWER
REDACTED	Health Catalyst brings data from the various source systems into the EDW with little transformation from the source system. Therefore, duplicated records for the same patients could be introduced in the system. Health Catalyst is partnered with a commercial master person index (MPI) matching tool vendor to support the patient matching process and identify a single record for a duplicated patient. Analytics and reports can then be linked to the layer in the EDW with the unique patients so the metrics are not impacted by duplicated records.

ANSWER	ANSWER
GDIT's team of highly experienced statisticians, epidemiologists, analysts and SAS programmers will work with Idaho to develop Statistical Analysis Plans (SAPs) for prospective and retrospective outcome measures using robust statistical methods including predictive models. Upon completion of the SAP, requirements will be developed so that the analysis can be completed in the analytic engine. Several recent examples that were completed for the AHCPII include: REDACTED	The Late-Binding™ Data Bus Architecture is Health Catalyst's architectural model for analytics in Healthcare. The Late-Binding™ Data Bus avoids the pitfalls of early binding architectures espoused by Inmon, Kimball, and others. Previous warehouse architectures forced early data bindings to proprietary enterprise data models that have proven to be inflexible, one-size-fits-all architectures that force data from disparate systems into models enforcing a compromised, least common denominator warehouse. Health Catalyst's Late-Binding™ Architecture avoids the inherent limitations of early binding models. Massive transformations of the data are also required to fit the enterprise data model. By delaying data binding until the proper time and context in which it is to be used, data retains its original, undiluted value.
REDACTED	All data is available to the State of Idaho employees. The State of Idaho assigns the role of data steward to each data mart and that person grants or denies access to the data. BI tools like QlikView can access data for discovery and mining based on each user's access credentials assigned by the data steward. Visualizations and reports are also controlled via role-based security methodologies. Health Catalyst uses a train-the-trainer model, and with little training effort, end users can create their own subject area data marts using our tools. During initial deployments, Health Catalyst will work closely with users in shadowing them for some of the best practices in developing the Subject Area Marts. Many of our customers have become self-sufficient in their ability to gather data, create data marts, and generate required visualization reports using our tools.

ANSWER	ANSWER
REDACTED	The Health Catalyst solution helps an organization manage their Population Health initiatives through clinically developed condition-based registries and by applying metrics and measures to identify gaps in care and other quality measures. This is especially important for long-term care centers whose residents have challenges with multiple conditions and whose caregivers are trying to track adherence to best practices during their care. The Catalyst platform collects the data available in the organization and provides the tools and services for analysis to help drive the correct care decisions. The caregivers can use the information presented on the application dashboards and reports to determine patients that are in need of preventive care services and screenings for a range of conditions. The platform can also track and report on patient injury prevention programs such as falls, bed sores, and infections. The data is aggregated for overall performance reporting and to help the organization track to targets and improvement initiatives.
REDACTED	Health Catalyst can connect to hospital- and practice-based systems to gather information for analytical purposes. We comply with industry-standard database connection parameters following ODBC and OLEDB standards. If event triggers generate files that should be consumed, our platform can poll files in a secured FTP connection and integrate the data into the analytical data warehouse.

ANSWER	ANSWER
REDACTED	Clinical measures are tailored around specific populations. Both the definitions of the populations and the metrics that apply to those populations are customizable. Catalyst encourages such fingerprinting with all of our products because in our deep healthcare experience, we have found that out-of-the-box definitions, while good for getting started, nearly always need to be customized to fit the needs of an individual organization or group.

ANSWER	ANSWER
REDACTED	The Catalyst Discovery Applications and Advanced Applications are based on integrated clinical and financial source data, which include a starter set of tools to accelerate each team, including evidence-based clinical cohort definitions, draft Aim statements, and starter visualizations (including clinical or operations dashboards, balanced scorecards, etc.) that include core clinical and operational metrics for measurement and improvement. Because the Catalyst open platform is visualization-tool agnostic, these starter sets are delivered in the client's preferred visualization tool, and reports and dashboards can be modified and created as desired.

ANSWER	ANSWER
GDIT will support and create patient registries that can either be accessible by registered user to a system similar to the Arkansas EBPS or sent to a portal. An example of a registry is the Arkansas Medicaid PCMH Practice Support list that provides risk scores for their attributed patients. With this information the PCMH can identify potential high risk patients who might benefit from tailored coordination efforts. GDIT reports practice support activities and metrics in order to ensure that PCMH practices are meeting set standards in the access and quality of care that they provide to their patient panel. The practice activities and metrics must be passed in order for a PCMH to be eligible to remain in the PCMH program and be eligible for shared savings payments. PCMHs are provided with the risk scores for their attributed patients. They can use this information to help stratify their patient panel. Identifying the top 10% of high-priority beneficiaries within the practice is one of the activities tracked for support and then having a care plan in place for at least 70% of those patients is the metric that is tracked for practice support. REDACTED	Health Catalyst's Advanced Applications incorporate evidence-based patient registries and enable clinical teams to accurately identify populations of patients and measure clinical effectiveness. The Advanced Application rules engine can accommodate complex clinical and temporal definitions of patient cohorts. Additionally, the visualizations based on the Advanced Application architecture allow clinical teams to explore atomic-level data and identify causes of variation in clinical practice or data capture (documentation), which lead to evidence-based interventions. Advanced Applications provide deep insights into evidence-based metrics that drive improvement in quality and cost reduction through managing populations, workflows, and patient injury prevention.

ANSWER	ANSWER
REDACTED	As described in the three systems approach, as part of the analytics system, Health Catalyst will provide a platform that can create the required score cards that can be distributed to various users like physicians and care navigators. As we understand the specific needs of the State of Idaho, we can choose the right applications from our library of over 100 applications that can be further fingerprinted to the State of Idaho's specific needs. One of our applications, called Community Care, determines the compliance level of provider organizations and also helps measure the quality performance based on benchmarks. The application supports both internal and external benchmarks. The quality performance can be measured by location, by service area, and by individual physician.
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REDACTED	The Health Catalyst Data Warehouse Platform is built on Microsoft SQL Server 2012 Enterprise Edition. Extract, Transform, and Load (ETL) processes are built, scheduled, and executed with Microsoft SQL Server Integration Services (SSIS). MS SQL Server Management Studio (SSMS) is used for day-to-day management of the SQL Server environment. SQL Server Reporting Services (SSRS) are also part of the MS SQL Server product family and can be leveraged for simple reporting tasks. Health Catalyst is currently investigating alternative database management systems, including Teradata Database, Microsoft Parallel Data Warehouse (PDW), and Oracle Database 11g for very large implementations requiring advanced, high-performance features like high availability (HA), extremely high I/O rates, massively parallel processing, and advanced clustering capabilities available only in these specialty products. To date, Microsoft SQL Server 2012 has scaled to meet the demands of Health Catalyst customers, but we acknowledge that very large, single-instance implementations are likely to require the aforementioned advanced relational database management system features currently unavailable in MS SQL Server 2012 Enterprise Edition. We are prepared to adapt to satisfy those requirements.

ANSWER	ANSWER
REDACTED	Health Catalyst's hardware architecture is simple, conventional, and requires no specialized or proprietary components. Basically, a database server based on Intel Xeon–class processors with ample memory houses the data warehouse. Hardware can be easily sourced from conventional vendors like HP, IBM, and DELL. Optionally, a visualization server may also be included in the environment. The visualization server is also a conventional, Intel Xeon–based server. Health Catalyst recommends fiber channel connections to a Storage Area Network (SAN) to optimize IO operations of the database. Health Catalyst recommends a development environment as well as a production environment to insulate the production environment from potentially destabilizing development work. The Health Catalyst solution leverages Microsoft SQL Server as the database platform. SQL Server Integration Services (SSIS) are employed to extract, transform, and load data from source systems into the EDW. The server platform we use is Microsoft Windows SQL Server 2012. Health Catalyst uses any platform that supports a web browser (i.e., tablet, laptop, smartphone, desktop). The Health Catalyst platform is browser agnostic. Our clients use various browsers, including Internet Explorer (version 9 and above), Chrome, and Firefox.

ANSWER	ANSWER
REDACTED	For clients choosing an on-premise solution, all data are stored in the local data center and are under control of the client at all times. Health Catalyst uses dedicated, reserved instances. Dedicated, reserved instances are hardware and software instances that are used by a single client. Nothing is shared. The EDW is not part of a multitenant database; it is a dedicated database running on a dedicated hardware instance. Health Catalyst dedicated instances are deployed in Virtual Private Clouds (VPCs), which function as an extension of the client's data center. A hardware gateway is placed within the data center and manages an encrypted tunnel pair between the data center and the VPC for secure data transmission from the local source systems to the cloud-based EDW. No public Internet ports are exposed in the VPC, thereby forcing all communication between the client's source systems and the cloud EDW through the secured encrypted channels. All data is stored in instances resident within data centers physically located in the continental United States.

ANSWER	ANSWER
REDACTED	The client can choose between a local self-hosted environment or a virtual private cloud option. Health Catalyst's cloud-based product has been newly introduced and is being rolled out to a small number of new clients. Health Catalyst has received considerable interest in our new cloud solution and will aggressively roll out the cloud option to customers who prefer a Catalyst-managed EDW solution. The hosted environment has the following certifications: SOC 1/SSAE 16/SAE 3402 type II report SOC 2 on the Security and Availability Trust Services Principles SOC 3 on the Security Trust Services principles PCI - Attestation of Compliance for Physical Security and Information Security Policies PCI - Attestation of Compliance for Managed Firewall Service United States – European Union Safe harbor Privacy Framework HIPAA-HITECH Assessment Report for Physical Controls • Hardcopies of each will be made available upon Health Catalyst being selected as vendor of choice
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ANSWER	ANSWER
GDIT has demonstrated an exceptional ability to satisfy client needs by providing rigorous quality controls. GDIT uses the ISO 9001:2008 Standard to ensure a consistent quality management system baseline is established and maintained. This baseline is enhanced by additional standards, models, and frameworks including the CMMI Information Technology Infrastructure Library (ITIL), Project Management Body of Knowledge (PMBOK), and Lean Six Sigma, as needs require. GDIT's CMMI v1.3 integrates an agile, iterative project management model into the software delivery life cycle. Our compliant Software Project Management discipline is based on an innovative blending of CMMI and Open UP, an industry open standard unified software development process. The end result is GDIT's All-In-One Methodology (AIM) which is lightweight, agile, but highly effective means of managing the project activities, resources, and risks. AIMutilizes a risk-driven incremental approach coupled with PMBOK best practices. GDIT will develop a Quality Management Plan (QMP) based on existing quality assurance and improvement processes to promote excellent contract results by making contract performance transparent. For all activities and requirements, GDIT will develop monitoring, leading and outcome measures, milestones, and deliverables to track our progress toward successful contract fulfillment. GDIT will use a performance management system incorporating a secure, web-based system for project management, activity tracking, and performance measurement using our system that blends detailed information with multi-level dashboards, document libraries and reporting capabilities. GDIT will work continuously to identify opportunities for improvement using monitoring data, reviewing meeting feedback, financial and performance measurements, Idaho DHW evaluation data, Idaho DHW Project Officer feedback, REDACTED	Health Catalyst tries to be as pragmatic as possible. For both our development and implementation efforts, we adhere to the Agile methodology. Brief daily standup meetings with implementers and developers address roadblocks and ensure progress. Weekly meetings with stakeholders provide status updates for milestones and address non-technical hurdles. We also maintain a frequent and iterative delivery of products. Catalyst and the client jointly manage the project. The Catalyst technical lead manages all aspects of Catalyst's technical personnel throughout the first phase of deployment. The client technical lead manages all client resources and processes. Catalyst seeks to develop a deep partnership that fosters this style of joint project management. Later phases of the deployment of Advanced Applications have project management plans that include both Catalyst and client resources.
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ANSWER	ANSWER
REDACTED	The Health Catalyst process is based on solid quality improvement processes blended with 20 years of experience with leveraging data into outcomes. Health Catalyst tries to be as pragmatic as possible. For both our development and implementation efforts, we adhere to the Agile methodology. The Catalyst team is completely engaged with the State of Idaho team in rolling out the platform.(Org Chart and Detailed Description of positions provided on pages 18-19).

ANSWER	ANSWER
GDIT will provide a detailed Plan of Operations that includes specified deliverables, key services and tasks, timeline and completion targets, and required staffing and resources for completing reports, analyses, and studies required for Idaho DHW. The GDIT project management team will maintain a detailed Plan of Operations to facilitate the transcription of Idaho DHW analytic and report requirements into implemented analyses, and ensure all deliverables are met. The Plan of Operations will guarantee all components and interfaces of Idaho DHW are tracked and managed. This includes interaction with other systems and contractors as directed by Idaho DHW. Examples of components of the Plan of Operations include: REDACTED	As noted earlier, we subscribe to an Agile philosophy. We anticipate that changes in scope will need to occur during the project. We will make reasonable accommodation to scope changes on a case-by-case basis during the project. The Engagement Executive manages overall scope change and the implementation team adapts to scope changes through normal Agile processes including Iteration Planning meetings and design reviews

ANSWER	ANSWER
GDIT understands how critical this program is, not only to Idaho DHW, but also to the State of Idaho. Therefore, GDIT will submit written Progress Reports keyed to the Plan of Operations on a frequency agreed upon by Idaho DHW. The report will contain: REDACTED Additionally, the Progress Report will contain performance measures that reflect the cost-effectiveness, timeliness, accuracy, and depth of research of the deliverables outlined in the Plan of Operations. GDIT will report the following performance measures to Idaho DHW: REDACTED A sample of the Progress Report template is provided in Appendix M. REDACTED	As Health Catalyst follows Agile methodologies for the deployment of the analytics platform and applications, the timelines will be defined during the contract negotiation process and as mutually agreed upon by Catalyst and the State of Idaho. The deliverables will be the applications being deployed on the agreed-upon timelines. Health Catalyst will work with the State of Idaho to arrive at some of the options for cost containment during the contract negotiation process. After every deployment, Health Catalyst would work with the State of Idaho to receive a Certificate of Acceptance to make sure all the requirements and expectations were fulfilled.

ANSWER	ANSWER
REDACTED GDIT's technical approach and management plan are designed to anticipate and address potential problems. Nonetheless, unanticipated problems will arise. The GDIT approach to problem resolution is to deal with problems in a timely and effective manner without compromising the schedule or quality of the project, and discussing the problems with the appropriate Idaho DHW staff. Critical aspects of the QMP include: REDACTED	As Health Catalyst follows Agile methodologies for the deployment of the analytics platform and applications, the timelines will be defined during the contract negotiation process and as mutually agreed upon by Catalyst and the State of Idaho. The deliverables will be the applications being deployed on the agreed-upon timelines. Health Catalyst will work with the State of Idaho to arrive at some of the options for cost containment during the contract negotiation process. After every deployment, Health Catalyst would work with the State of Idaho to receive a Certificate of Acceptance to make sure all the requirements and expectations were fulfilled. (Additional info/detail provided on page 20).
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ANSWER	ANSWER
The GDIT Team is anchored by our experienced personnel who will provide a diverse multi-disciplinary approach to the management and operations of the program. The Senior Program Director will oversee all work for Idaho DHW under the contract and will work with Idaho DHWstakeholders to identify and elaborate improvement opportunities. The Senior Program Director will oversee the orderly and timely status reporting, forecasting, action item tracking and progress reporting using both formal and informal means of communication and through ongoing meetings with Government and contractor counterparts. The Senior Program Director will proactively manage cost, schedule, performance, and review activities and provide cost, schedule, and performance information to Idaho DHW. GDIT will develop a Program Management Plan to define the overall approach to initiate, implement, manage, monitor, and control projects across the enterprise. The Program Management Plan includes a series of integrated supporting plans such as the Quality Assurance Surveillance Plan, Operations Plan, Communications Plan, Risk Management Plan, Integrated Master Schedule, and others. Each supporting plan is interdependent and congruent under the umbrella of the Program Management Plan to provide continuity across functional, organizational, and project boundaries. GDIT will demonstrate high-quality project management in the execution of our duties and responsibilities using these PMBOK-based processes. GDIT's risk management process is a vital part of our management approach and is integrated with our methodology. Risks may include technical, political, budgetary, schedule-related, or managerial aspects. GDIT will work with the current Idaho DHW contractor, management, and technical staff to identify potential risks and assess for probability and impact, develop a risk response strategy, and monitor and control for continuous improvement. Our collaborative efforts at identifying and mitigating risks will commence at contract award and continue	As described above in the project staffing approach, Engagement Executives will be the single point of contact for all account management. Some of the key components of our account management process include • Program management of various deployments across agreed contracts • Program status communication and feedback to State of Idaho stakeholders • Resource management as per the demands of contracts • Issues/escalation management, being single point of contact for all escalations and issues

ANSWER	ANSWER
The GDIT project team will provide the highest level of customer service and support in the implementation of the Idaho DHW health information and data analytics program. The project team will be committed to timely telephone and email responses to Idaho DHW. This commitment is evident through GDIT's success in its current support of the CMS HCQIS and the CMS QIES Help Desk operations. GDIT currently staffs eleven QIES Help Desk technicians to provide support to over 100,000+ healthcare providers, CMS, and state agency users responding to over 8,000 inquiries per month. QIES Help Desk technicians possess an in-depth understanding of the end users and supported systems in order to optimize efficiency and meet the requirement to resolve 90% of the inquiries within two working days of receipt and have a record of 90% first call resolution for technical issues. The HCQIS help desk is staffed with 110 technicians and handles 19,450+ calls and 9,900+ emails per month with a +97% satisfaction rating.	Catalyst will log and monitor help desk support calls, and they will be escalated to the appropriate person based on the SLA agreement.

ANSWER	ANSWER
For its work on the CMS QIES Help Desk, GDIT maintains a database in Remedy ARS identifying questions, problems, or concerns. We evaluate the data as part of a continuous process improvement program; and produces monthly reports on Help Desk questions, problems, and concerns and performance metrics.	Service level agreements are customized for each client during the contracting phase based on the State of Idaho's needs.
GDIT's customer relations philosophy is to approach the work from a partner stand point and not just a vendor. We have been instrumental in our customers launching premier programs because we are vested in our customer's success. This is evident through our work in launching the Arkansas Medicaid EOC and PCMH programs. We become an integral part of the process by understanding the program goals, underlying data sources, and the role stakeholders' play. We understand how vital programs can change quickly or priorities change due to federal and/or legislative requirements with continual feedback needed for stakeholders throughout Idaho. When additional services are requested by Idaho DHW, a consistent approach will be used to provide timely estimates to Idaho DHW for review and approval. The procurement process will include the collection of the following information: REDACTED Upon receiving the technical requirements, GDIT will provide a revised estimate to Idaho DHW. The cost estimate will be revised based on review of the technical requirements and a timeline for implementation will be added. The timeline will include milestone dates as approved by Idaho DHW. These dates will be added to the plan of operations.	Health Catalyst will be willing to constantly evaluate the evolving needs of the State of Idaho and educate you on the future developments of our products. Based on additional needs or new services required, the account management team will work with required stakeholders to support the procurement process

ANSWER	ANSWER
GDIT's turnaround time for fixes and enhancements is dependent on the complexity of the change and the priority assigned to the change. Fixes to existing functionality will be given a high priority and will be accelerated through the change request process. Enhancements will be given a priority with input provided from Idaho DHW. The size of the change will be estimated based on the complexity of the requirements and the amount of code impacted. The following standard size estimates are used for small, medium, and large fixes: REDACTED For large changes, an iterative development approach will be taken in order to release components of a large project sooner. Components of a large project will be released to production as approved by the QA Team. GDIT will collaborate with Idaho DHWto establish a schedule for implementation based on the estimated size of the enhancement.	Core platform updates are delivered every six months and contain significant feature upgrades and improvements along with bug fixes. Service releases are delivered quarterly and address key bug fixes identified by customers. Hot fixes are critical fix events and are issued as soon as that type of issue is identified. Content updates happen whenever Source Mart and Subject Area Mart content updates are needed. With Source Mart content, updates occur when a new version of the source system is released or when a new portion of the source system is added to the supported Source Mart content. For Subject Area Mart content, updates occur when medical definitions or evidence change (CMS definitions, ICD-10 transition, new medical evidence) or when Catalyst clinicians, data architects, or client clinicians define new intellectual property to share with licensed clients. Catalyst will provide a Service Level Agreement for details regarding escalation, RTOs (response time objectives), and SLAs based on client needs. The details of the escalation procedures are finalized and documented in the client's statement of work.

ANSWER	ANSWER
GDIT will use a Change Request (CR) process for providing application enhancements. GDIT implemented a CR process for accommodating similar requests for CMS' (CCW)and has been using the CR process since 2008. The CR process will be initiated by Idaho DHWthrough the Quality Care Insight Application. The Quality Care Insight Application will include a workflow for providing cost and time estimates for Idaho DHW approval and to track the status of the CR through implementation. Additionally, GDIT will track each request (application fix, enhancement, or request for Additional Logic) through each phase of the project lifecycle. A high-level overview of the project lifecycle phases includes: • Project Initiation Phase: The CR is submitted and a status determination is made: Approved, Rejected, or Pending (On Hold). • Planning/Requirements Phase: The project timeline is established, resources are assigned, requirements are gathered and documented, and the high-level design is completed. • Development Phase: The coding is completed to satisfy the requirement of the CR, the technical documentation is completed, unit testing is completed, and the test plan and test cases are developed. • Test Validation Phase: Testing of the CR is performed, defects identified by the testing team are resolved, and code is approved for deployment to the production environment. • Production Validation Phase: The change is validated in the production environment to ensure it has been implemented successfully. Issues with the deployment are addressed by the project team. • CR Closure Phase: The CR is closed once it has been determined that all documentation and project tasks have been completed.	System Enhancements are gathered through client interactions or explicit requests, feedback from Catalyst Client Ops team members based on their experience with clients, and the strategic direction of the company. They are developed using a Scrum methodology with two-week sprints, at the end of which they are demoed to Catalyst employees for feedback. These early looks at the functionality are also shown as needed/requested to key customers for early feedback. As the products hit a more mature and functional phase in the development process, they will be deployed at identified Alpha/Beta customers for field testing for further refinement prior to General Release.

ANSWER	ANSWER
REDACTED	Health Catalyst will offer upgrades no more than twice a year. However, customers can have some control in the timing of the upgrades. Catalyst's client support services will assist in the upgrade process for products that have not been altered by the client. Health Catalyst will provide the client written notice of any new products and will discuss license fees with each client. For existing products, Catalyst will communicate upgrades and an upgrade process to the client in advance.
GDIT looks forward to collaborating with Idaho DHWto ensure the Quality Care Insight solution meets the requirements of the program. GDIT will include a user acceptance testing phase in its implementation plan. GDIT will facilitate a user acceptance kick-off meeting on-site in Boise with all user acceptance-testing participants identified by Idaho DHW. This meeting will provide an overview of the implemented solution, guidance on reporting feedback to GDIT, and expectations for the user acceptance timeframe. The GDIT appointed user acceptance testing lead will facilitate the kick-off meeting and will gather all feedback from testing participants. To ease the feedback reporting process, GDIT created an Excel spreadsheet template for sending feedback to GDIT for review and resolution. All feedback will be sent to the GDIT point of contact for consolidation. A similar spreadsheet was used to collect user acceptance testing feedback for the initial release of the EBPS Application for the AHCPII program. Using a central document provided a simple and consistent method for submitting feedback to GDIT. It also was an efficient mechanism for responding back to the user acceptance tester.	The State of Idaho would have a significant and ongoing role in our product development direction, priority, and road map. We purposefully engage our clients in learning how to take ownership over their Health Catalyst platform and products and to become self-sufficient in their ability to successfully implement our quality improvement methodology. Of course, we are always available to provide whatever technical or methodological support our clients may need and the level of engagement we have with every client is a Key Process Indicator (KPI) we measure and review every week with our leadership team. This commitment to helping our clients take ownership over their Late-Binding™ platform includes supporting them in developing analytical applications that are customized to their unique requirements. This approach creates a strong partnership, and many of our applications have been developed in collaboration with customers in direct response to specific requests by their IT or clinical staff. If these enhancements are deemed to be of value to other Health Catalyst customers, they are then hardened and productized by our development team and then made generally available to our other customers.

ANSWER	ANSWER
Refer to Product Feature and Function Enhancement Process (item 6 of Support Services), for more information on GDIT's process to submit requests for enhancements and improvements to products and services.	Health Catalyst prides itself on 100% client satisfaction. Client satisfaction is a Board-reported and employee-incentivized measure. We use an external organization to capture client feedback.
REDACTED	See data table provided on page 23.

ANSWER	ANSWER
GDIT is the sole vendor for the Quality Care Insight solution. All customer and end-user support is provided directly provided by GDIT. Refer to Help Desk Process (item 2 of Support Services), for more information on GDIT's customer support services.	See data table provided on page 23.
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GDIT understands the value of providing clear and concise training materials and documentation to users. GDIT has vast experience with providing training to users for several State and Federal contracts. GDIT will provide a highly experienced staff to deliver training requested by Idaho DHW. The training will be provided at the client site for all users identified by Idaho DHW. The details of all proposed and required training will be fully outlined in the GDIT training plan for ongoing support of the Quality Care Insight Application and will include a component tailored to training system administrators regarding the technical configuration of the system. This training will include in-depth training on organization administrator duties and responsibilities, and an overview of the technical documentation produced by GDIT to assist Idaho DHW system administrators in using the system. In addition to on-site training, several forms of online help are available within the EBPS Application. Usability and access to help topics were key design considerations for GDIT's initial design for the application. To satisfy this requirement, more than one method for accessing critical help information was implemented. □ User Manuals. User manuals are included within the Quality Care Insight Application and will continue to be updated as new functionality and reports are added. The Quality Care Insight Application provides a link to the Quality Care Insight Application User Guide from all pages of the application. The link directs the user to the appropriate section of the user guide. □ Online Help. The Quality Care Insight Application provides online help tips on pages where data entry is required. These tips provide useful information for what data should be provided, the format, and any business rules the data must meet. □ Hover Text. The Quality Care Insight Application provides hover text within the majority of reports accessible through the Quality Care Insight Application. This high-level text provides information on what data the report column is displaying.	System administration is normally provided by the customer once they are familiar and comfortable with the products. However, Health Catalyst does offer a hosted option where we can run the solution in the cloud. This option has not been discussed with the State of Idaho and is not included in the pricing of this response. However, if this is of interest to the State of Idaho, we are happy to discuss it and provide pricing.

ANSWER	ANSWER
See vendor response to question 13a.	Any large integration project requires a significant amount of work that is specific to the existing source systems from which data must be collected. Health Catalyst has a very strong core competency in the area of source data integration, which, along with our approach to data aggregation in our platform, results in a very rapid time to implementation and realization of value for our customers. In addition, our engineering team is very committed to building tools that are used to automate repeatable processes such as loading of information from source systems. Health Catalyst provides tools that are driven by metadata definitions that allow new interfaces to be built in a matter of weeks. This process is somewhat shortened if we have interfaced with source systems before. For example, connecting to and collecting data from the Cerner EMR would be a fairly straightforward integration because we have done it before. However, because of the automated tools and metadata-driven interface creation, integration with new sources takes only marginally longer than it does with those we have done before. In addition to source system integration, we also provide custom development at the business rules and visualization layer. We provide products out of the box, products that can be modified and configured specifically to a customer's unique needs, and the ability, through our agile development and implementation methodology, to build custom applications that are specific to customer requirements. In fact, the majority of our products have been built specifically to meet customer needs at customer sites, working closely with domain experts to ensure that the products are usable, robust, and configurable to the customer environment.
See vendor response to question 13a.	Catalyst does not nickel-and-dime customers through incremental services fees. We help our customers become self-sufficient and provide them with the tools they need to extend the platform and applications to best fit their needs. Our training will leave your team competent and self-reliant with our product. On average, it takes 15 years for new clinical knowledge and best practices to be widely adopted in healthcare. At Catalyst, we call this the "Mean Time to Improvement." Although the Catalyst technology platform is the most agile and adaptive in the market, analytic technology alone will not suffice. Analytic technology must be used in a meaningful way by the people responsible for healthcare delivery. Catalyst's methodology and experience in the trenches of healthcare and the cultural issues of change management are as important to the State of Idaho's success as Catalyst's technology. During the engagement, Catalyst assists leadership in strategizing how to ensure success. We will share our key guiding principles related to measurement, content, and deployment as well as provide guidance on how to establish effective integrated organizational structures such as Clinical Programs and Clinical Support Services. In addition, Catalyst offers guidance on processes for setting priorities, coordinating resources, and monitoring project status. We consider our success to be your success. Our goal is to provide technologies, tools, processes, and services to support your transformation.
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ANSWER	ANSWER
REDACTED	Health Catalyst's applications are written in the following languages: C#, Javascript, CSS, HTML, SQL, and SSIS.
REDACTED	The Health Catalyst platform is browser agnostic. Our clients use various browsers, including Internet Explorer (version 9 and above), Chrome, and Firefox.
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ANSWER	ANSWER
QualityCare Insight utilizes vCenter Operations Manager and Oracle Enterprise Manager to monitor the infrastructure.	The Data Security and Authorization subsystem controls access to the platform's data marts, system configuration tables, and management applications. The Data Security and Authorization subsystem is managed by privileged system users and works in conjunction with a client's authentication services like Active Directory or other Windows authentication services. The Data Security and Authorization subsystem governs three classes of users: • Tier 1, the least privileged tier, is for assigned users of platform applications. These users can browse data mart configuration information in Atlas but cannot modify data marts or other configuration data. Users with this level of security must be granted data-level access to data marts by data stewards. • Tier 2 is less restrictive than tier 1. Tier 2 privilege is granted to data stewards who are responsible for controlling access to their data marts. Data stewards explicitly grant access to specific data marts under their stewardship to tier 1 users. • Tier 3 is the system administrator tier. System administrators manage the platform and have responsibility to maintain access controls and create and remove users and data stewards established by local security policies. Tier 3 users are the super users of the platform and have full access to configuration tables and management functions. System administrators manage the authorization subsystem using privileged commands within Catalyst's Atlas application. Administrators may grant or deny user access to functions in Atlas. Users designated by system administrators as data stewards manage access to specific data marts in the platform.

ANSWER	ANSWER
GDIT staff has a deep understanding of HIPAA regulations and how they affect privacy and security as HIPAA applies to the numerous GDIT CMS contracts. GDIT HIPAA compliance experts, whether with 45 Code of Federal Regulations (CFR) Part 160, 162, or 164, work hand-in-hand with information security personnel to validate the impact and implications of all enhancements to the project. As there are many common security elements between the Quality Care Insights security requirements, HIPAA, CMS Acceptable Risk Safeguards, and FISMA compliance, GDIT implements the most stringent interpretation of each security control to ensure confidence in certifying compliance with HIPAA, security legislation, and security standards. The applications and systems will be developed with security embedded into every step of the development life cycle and will continue to be continually reviewed and enhanced with security updates as needed.	The Health Catalyst solution employs a number of technologies to ensure compliance with HIPAA Privacy and Security Rules. We also enter into thoughtful Business Associate Agreements with clients to reinforce our obligations with respect to Privacy and Security. The Health Catalyst solution is not certified to comply with FIPS 200/NIST 800, but those standards greatly influence our security model, user training, risk assessments, and other security-related areas. Health Catalyst also focuses on the HIPAA Security Rule and specifically the Technical Safeguards when dealing with PHI.

ANSWER	ANSWER
The Quality Care Insight uses 2 factor authentication for the development and testing environments. This could be rolled out to the production with minimal cost and effort if required by a customer.	Health Catalyst's system uses single-factor authentication.
In its application to support the Arkansas EBPS, Quality Care Insight has met the necessary CMS review(s) to qualify for 90/10 funding as a Medicaid Management Information Systems (MMIS) development cost due to its relation to the MMIS.	To date, Health Catalyst has not encountered a need for these certifications. Our approach has been used in health systems for more than 20 years. During that time, we have continuously improved the platform, and our product portfolio continues to grow rapidly in response to client needs and our observations about the healthcare industry.

ANSWER	ANSWER
All hardware, software and networking devices record security events to a centralized security information and event management system. File integrity is monitored and alerts are sent when necessary. Other products monitor and report on vendor specific applications: vCenter Operations Manager, Oracle Enterprise Manager. Scheduled and on demand reporting are available from all of these systems. (See detailed archetectural diagram following).	Health Catalyst has many standard reports available that can be provided a la carte depending on the client's needs. Reports can be run and modified by users if security is configured to allow modification. Foundational Applications (such as Population Explorer) are centered around external/regulatory and internal reporting. Discovery Applications (such as Key Process Analysis) target areas for clinical and financial improvement. Advanced Applications (such as Asthma Population Model) focus on specific interventions that will lead to improved clinical and financial outcomes. The Executive Dashboard Integration Tool (EDIT) delivers an executive dashboard that can be tailored for each individual executive to display the key operational, financial, quality, and patient satisfaction metrics that they are most interested in and that are actively being worked on by their organizations. Building on the Adaptive Data Warehouse platform, EDIT provides a metric repository, which automates basic internal and external reporting. Key operational performance indicators are stored in basic subject area data marts and visualized in reports, scorecards, or dashboards. Basic departmental metrics and billing based patient registries can be produced consistently and efficiently. Manual data abstraction for regulatory and accreditation purposes is replaced by streamlined dashboards that satisfy requirements while also providing root cause analysis in underperforming metrics, trending, and detailed drill-down capabilities. Payer incentive and specialty society reporting can also be automated.

Company:	Intersystems	**Company:**	JEN Associates
Contact:	Tom Lowery	**Contact:**	Not Answered
Telephone:	(708) 246-7163	**Telephone:**	Not Answered
E-Mail:	thomas.lowery@intersystems.com	**E-Mail:**	Not Answered
General business type of Company:	Health Care Analytics	**General business type of Company:**	0
# of req's not met/answered by company:	1	**# of req's not met/answered by company:**	35 NOTE: COMPANY SUBMITTED "GENERIC" PROPOSAL WITHOUT ADDRESSING INDIVIDUAL QUESTIONS DUE TO INABILITY TO MEET DEADLINE.
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Support Guide (Attachment)	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
For over 36 years, InterSystems Corporation has been a technology innovation leader in database and integration software. The Caché database, Ensemble rapid integration software, and HealthShare health informatics platform enable developers to quickly create, deploy, and integrate high---performance systems. With world headquarters in Cambridge, Massachusetts, InterSystems has offices in 20 countries and provides support to customers in over 100 countries. (Additional information supplied on page 4).	JEN has worked on projects that range from the analysis of effectiveness of pharmacy therapies through the development of novel rate setting methods and the detection of fraud and abuse. The requisite knowledge for this scope of expertise includes the capacity to integrate and analyze data from a full spectrum of information sources including fee-for-service claims, managed care encounter records, patient and provider data, survey responses, patient assessments and clinical records.

ANSWER	ANSWER
Enterprise---scale healthcare integration projects built on InterSystems' rapid integration software have been developed and deployed worldwide since the product was initially launched in 2003. The choice of Ensemble as the underlying integration platform for a countrywide EHR rollout throughout the Netherlands is just one example of the power, speed, and scalability offered by InterSystems technology. In 2006 InterSystems launched HealthShare, a software product that enables fast, cost---effective, and secure clinical data exchange for rapidly expanding Regional Health Information Organizations (RHIOs) and other health information exchange (HIE) networks being designed and developed around the world. HealthShare, with its foundations in Caché and Ensemble technology, also provides the customizable, extensible end---to---end management and monitoring facilities that are key to successfully managing large, complex RHIO networks. Today, our platform seamlessly combines advanced data management, connectivity, and analytics capabilities, and our partners and clients have used it to create thousands of breakthrough applications worldwide. Our design principles when our company was founded – rapid application development, high performance on low---cost hardware, interoperability across a variety of devices and user interfaces, and ease of use and management – are still relevant to this day and remain influential in the evolution of our platform. As the scale of what our clients have to do grows steadily, with applications that now encompass millions of users and petabytes of data, they have the power to make breakthroughs. InterSystems Corporation "sweet spot" is our ability to connect with, retrieve from, and deliver to diverse electronic health records. Our analytics products, using the healthcare data that is	As we will detail in our proposal, JEN as a result has developed proprietary software for the efficient production of large databases. It also owns and maintains its own secure, HIPAA compliant data processing center. JEN understands the issues Idaho faces. We can apply our expertise and software tools to economically achieve a facilities discharge database that will provide easily accessible, valuable assistance to state officials, researchers and members of the public when confronted with healthcare decisions.

ANSWER	ANSWER
See response to question 2 above.	1. Minnesota Medicare/Medicaid Data Integration and Analytics Project Details Sponsoring Agency: Minnesota Department of Human Services Contract Number: Contract Type: Fixed price Total Amount: $560,000 Period of Performance: April 2012-June 2014 Contracting Officer: Deborah Maruska Deb.maruska@state.mn.us 651-431-2516 JEN's Project Officer: Daniel Gilden; Key staff: Angelina Lee, Dee O'Connor dmg@jen.com, 617-868-5578 Project Summary JEN imported, standardized and linked 2007-2011 Medicare (Parts A, B and D) and Medicaid final action data for Minnesota, including encounter data from managed care plans and assessment data from MDS and OASIS. These data are supporting two major projects in Minnesota: the Medicare/Medicaid Enrollee Planning Grant and the Minnesota Advance Primary Care (medical home) initiative. To support these projects, JEN also imported monthly Medicare TAP data and is continuing to receive monthly updates and linking them with Medicaid data. JEN is hosting seven users who access the data through JEN's secure web-based platform. JEN is also developing policy and provider portals to support the state in expanding access to the linked data.2. Connecticut Medicare/Medicaid Data Integration and Analytics Project Details Sponsoring Agency: Connecticut Department of Social Services
0	0

ANSWER	ANSWER
Table of use cases and customers provided on pages 5-7.	See response to question 2a
Table of use cases and customers provided on pages 5-7.	See response to question 2a

ANSWER	ANSWER
Not answered	Not Answered
Key success factors include the following: 1. Data Submission: getting the EHRs to provide a standard set of data from the records. 2. Data Quality: ensuring that the workflows in the practices are uniformly and correctly recording the required data in the EHR. 3. Learn, do, study, act: developing and supporting a philosophy and process for "management of metrics" in which stakeholders respond to (that is take action) feedback from metrics. 4. Granularity: deciding the level of data that will be the input to the analytics process – patient level or practice level. 5. Transparency: agreeing on the extent to which relative performance data will be visible amongst the participating stakeholders.	Not Answered

ANSWER	ANSWER
In our experience, the most important factor in a successful implementation is a firm, sustained commitment of energy and resources from the exchange's stakeholders. Sometimes, the participants do not do a good enough job of elevating the importance of the implementation among other internal projects on which their teams may be working. This can introduce significant project risk when some deliverable for which the participant is responsible (such as providing a spec, turning on a feed, or conducting testing) ends up on the critical path with inadequate attention or focus.	Not Answered

ANSWER	ANSWER
0	0

ANSWER	ANSWER
Implementation Services: $500,000 to $1,600,000 Training Fees: $15,000 to $40,000 Server Hosting Set---up: $10,000	JEN customarily licenses ADIT™ and iMMRS® to end users and provides training in the application's deployment. Users are then able to operate these applications and perform basic customizations without involving JEN's staff, though support personnel are always available for assistance as the need arises. Licensing and consulting fees depend on the number of users, size of the dataset and required customization. We are unable to give a specific cost estimate without further discussion about the details of the project.
Software Subscription Cost: $300,000 --- $500,000 Annually Server Hosting and Disaster Recovery: $100,000 --- $300,000	See response to question 6a.

ANSWER	ANSWER
Scope-of-use licenses are available. These licenses limit functionality to specific analytic functions and can be upgraded at a later date to full-use licenses.	See response to question 6a.
Graduated pricing models can be employed to better match adoption.	Not Answered
While every implementation is unique, HealthShare can be deployed in 3---12 months.	Not Answered

ANSWER	ANSWER
The most critical area to be addressed in the preparation of the RFP is that there are sufficient stakeholder resources available to fulfill their implementation responsibilities and any dependency on third---party software resources are sorted out in advance.	Not Answered
0	0
InterSystems HealthShare provides adapters and technology for leveraging third---party databases and plug---ins including but not limited to a JAVA Gateway, .NET Gateway, and SQL adapters (ODBC/JDBC). Additionally, virtually any data import format can be accommodated using HealthShare's visual and intuitive Data Transformation Editor which allows for formats such as flat files, Excel files, CSV, SQL, etc.	ADIT's standard input/output data dictionary-driven conversion algorithms include translators for the adaptation of Medicare, over 30 state Medicaid programs, and the national MAX/MSIS claims and enrollment data. The system design is based on SAS-Oracle cross-application interoperability to achieve high levels of efficiency in a secure and graduated access environment. ADIT™ also includes customizable input and output data dictionaries containing detailed specifications and documentation for consolidated data sets, including description of files, tables, data elements, codes, and completeness of elements. A customized data dictionary for a particular project will reveal the mapping rules for conversion of imported data into the data model. Such data dictionaries, written in easily comprehensible style, are available for viewing and downloading through the JEN data analytics interface (see the next two sections).

ANSWER	ANSWER
Analytics Model—this is an OLAP---enabled version of the Health Information Model. This provides the ability to perform OLAP---style ad hoc analysis on the information within the Health Information Model. It includes a complete set of data APIs to make it possible to tie the results of analysis into workflows and other solutions. The Analytics Model uses the analytic capabilities built into the underlying HealthShare platform. These include several important features: the ability to create sophisticated data models that better map to healthcare (such as relationships, multi---valued dimensions, computed dimensions, and so on); the ability to ingest new data incrementally in near---real time using transactional bitmap indexing and multi---level adaptive caching; and, the ability to base dimensions on structured and unstructured data, within the same model.	Not Answered

ANSWER	ANSWER
HealthShare provides the Composite Health Record which aggregates and normalizes clinical, payer, and demographic data, including documents, from multiple facilities into a consistent, patient centric record, which can be made available in a variety of formats, including all major health information exchange standards. De-duplication is handled based on matching parameters for each clinical data type – matching parameters are a combination of attributes that uniquely identify clinical information such as placer/filler identifiers.	Not Answered

ANSWER	ANSWER
Active Analytics technology supports your critical analytics across the board from retrospective analysis, real---time health monitoring, proactive management of at---risk populations, reporting, and research. HealthShare can provide your staff with insights derived from analysis of structured and unstructured data (such as in clinician notes), delivery of notifications and alerts, and can launch clinical or operational processes based on rules invoked from analysis of comprehensive patient data sets. (Additional information provided on page 9.)	iMMRS® also includes predictive modeling functionality. For example, analytic staff can create predictive models for Medicaid beneficiaries who discontinued their participation in the program. This group's characteristics and medical history could be compared to a similar population of beneficiaries who remained in the program.
Authorized users of HealthShare Analytics have the ability to create their own data marts, cubes, dashboards, and reports. See the documentation of the InterSystems reporting framework for more details: http://docs.intersystems.com/deepsee.html	The iMMRS® web-based graphical user interface provides intuitive tools that enable users to visualize data and define complex analytic representations by means of research-ready analytic records. This graphical user interface allows for the creation of dashboard charts and reports in a few minutes, even by inexperienced staff. It simply requires selecting the desired population from an array of filters and measurements of interest. Thousands of permutations are accessible. The reports can be altered on the fly simply by selecting different population filters and measurements. Multiple charts are viewable simultaneously on a computer monitor, and the entire report is downloadable in Excel or PDF formats. Although the iMMRS® graphical user interface is intuitive, a new user still needs practice to master its many features. Policymakers, providers and other stakeholders may not have the time or interest to learn all the options within iMMRS® but may still want to be able to produce data queries easily on their own. For such users, JEN offers a simplified, limited web portal known as Quick Stats. Quick Stats allows users to take obtain an overview of the data, and then point and click to zoom down to more granular detail. This data portal comes pre-programmed with a gallery of chart designs that query major aspects of health care use. The charts can be adjusted using common filters to narrow the population. Specialized versions of Quick Stat are available for policy makers and agency staff, healthcare providers and consumers.

ANSWER	ANSWER
HealthShare Analytics includes a quality measure platform, allowing users to create quality measures for analysis, tracking, and reporting. To address the broad needs of InterSystems customers across the full array of organizations in healthcare, InterSystems has a wide array of allied partners supporting and building upon the HealthShare platform. This includes solution partners building commonly, and increasingly required measure sets for value-based contracting, certification, and patient-based programs.	Not Answered
What sets HealthShare apart is that it can deliver notifications or alerts to care providers, or it can launch clinical or operational processes based on rules---based triggers or invoked from a previous analysis of a comprehensive patient data set. (Examples provided at top of page 10)	Not Answered

ANSWER	ANSWER
HealthShare Analytics includes a quality measure platform, allowing users to create quality measures for analysis, tracking and reporting. Authorized users can copy and modify existing measures. This is key to using quality measurement to positively impact care delivery, and we believe central to the value of HealthShare, a health information exchange platform using data, analytics, and integrated information exchange. “Lite” versions of regulatory quality measures are better suited for real---time monitoring of gaps, and event---triggered notifications of impending or potential gaps.	Not Answered

ANSWER	ANSWER
Authorized users can modify / customize interfaces, dashboards, and reports to meet their needs. The custom dashboards and reports can be shared across authorized users publicly into a library, privately as a notification, or kept private.	Downloaded reports include a complete data dictionary (which is also available online). The data dictionary describes the origin of each field and how it is applied. The data dictionary also includes validation rules for diagnoses and other fields subject to frequent error or misinterpretation. Each time an ad hoc report is rerun, population filters and measures can be modified to suit the needs of the moment. User customizations are preserved in a user-specific data dictionary/library along with documentation on how the customization was created. There is extensive documentation on user charts, report designs, code definitions, filters and templates. The user-specific data dictionary, sharable within work groups, forms part of the overall data dictionary accessed when a user logs on to iMMRS®. The complete dictionary controls the interface and preserves report customizations when software or data updates occur. The interface also allows creation of a report library. These reports are sharable across designated work groups, and, if permitted, are modifiable on the fly by any member of the group.

ANSWER	ANSWER
HealthShare and HealthShare Analytics are uniquely integrated to allow for registries to be created within HealthShare, or created and then populated as an action from HealthShare Analytics. This allows Analytics users the ability to not only uncover “actionable” information, but also actually take action by passing identified individuals to registries and work lists for management, tracking, or some other intervention.	Not Answered

ANSWER	ANSWER
HealthShare Analytics is a full---featured analytics platform to allow creation, viewing, and distribution of dashboards (or scorecards).	Not Answered
0	0
When InterSystems hosts health information exchange solutions, the data centers used are provisioned with redundant network appliances, firewalls, load balancers, and web servers as well as an n+1 VMware ESXi cluster with full VMware HA capabilities for all database instances. Clinical viewer and IHE traffic is load balanced across multiple servers. The modular architecture of HealthShare allows for component redundancy, and isolation, where each service can be “paused” without data loss for scheduled maintenance. The design is aimed at providing the maximum up time while still being able to upgrade in place without disrupting the overall health information exchange. In addition to fully redundant network connections from two (or more) different – non---overlapping Internet service providers, servers, and disks within the data center, any and all data stored within the HealthShare environment is recoverable from multiple locations. First all database data is continuously replicated to the disaster recovery site and is ready accessible if needed, in addition, daily backups are sent to near---line appliances such as EMC Data Domain, and also replicated between Data Domain appliances in the disaster recovery data center. Long--- term retention is sent to LTO tape media and stored offsite from the primary site.	Not Answered

ANSWER	ANSWER
InterSystems HealthShare is compatible with VMware, DELL and HP servers and EMC storage. For operating systems, HealthShare supports Red Hat and SUSE Linux, IBM AIX, HP---UX and Windows Server 2008 R2 and 2012; and can be deployed on “bare metal” or in a virtualized environment. For HealthShare, the flexibility of a modern virtual machine cluster combined with the included and easily managed InterSystems Caché database platform allows for proven scalability with a minimum of effort. As previously mentioned the initially provisioned virtual machines to support the various HealthShare products can be scaled by allocating more virtual processors and memory for organic growth, in addition the storage allocation can grow as needed and supports thin provisioning of storage for ease of management. The flexible architecture allows for adding additional virtual machines and their storage to the cluster to serve new acquisitions or new functionality. For example, new virtual machines to serve as access gateways for increased concurrent clinical viewers can be provisioned in the cluster. Stored data within HealthShare can be configured to be isolated by customer if desired, though much of the exchange---wide analytics required a certain level of content provider co---mingling within the OLAP data model.	Not Answered

ANSWER	ANSWER
InterSystems employs a secure tiered storage solution for all data stored within the proposed HealthShare based solution. Data at rest is encrypted using AES 128---bit encryption and data in motion (network) is encrypted with SSL certificates. InterSystems HealthShare utilizes the proven capabilities of the InterSystems Caché database to keep terabytes of data online and available without loss of performance. The architecture keeps data physically segregated on separate edge servers. There is no commingling of data. InterSystems data centers back up all systems using concurrent daily full SAN---based backups, creating near---line archives of all data daily. Further, utilizing EMC Data Domain and EMC Networker, the daily full backup is efficiently replicated to the secondary data center for long--- term retention. For retention beyond 30 days, LTO---5 tape media is used. The full online backup and replication process does not disrupt users or services and the replication to the secondary data center ensures the data is valid. Backups are encrypted using hardware level encryption that is built into the EMC Data Domain, Quantum iScalar tape libraries, and EMC Networker backup software.	Not Answered

ANSWER	ANSWER
An annual SOC 2 Type II (formerly SAS 70 Type II) audit is conducted at all data centers involved in hosting solutions and we have been certified.	Not Answered
0	0

ANSWER	ANSWER
Our project management approach is highly adaptable, but a typical implementation might have the following project management deliverables: 1. Project Initiation a. Roles and responsibilities matrix with contact info b. Communication plan (includes meetings, progress reports, etc.) c. Escalation plan (executive sponsors, steering committees, etc.) d. High---level project roadmap / resource plan e. Issues log / status report format f. Risk register g. Timekeeping / invoicing protocols 2. Requirements Discovery a. Functional requirements document b. Gap analysis (products, personnel, third---party dependencies, etc.) c. Technical architecture design d. Detailed project roadmap / resource plan (per deliverable) e. Detailed requirements specifications for each interface / component 3. Implementation a. Regular status reports b. Test plans for each interface / component 4. Acceptance Testing a. Completed test reports	Not Answered
0	0

ANSWER	ANSWER
(Graphic provided on page 14.)	Not Answered

ANSWER	ANSWER
Our approach to scoping a project is to define a series of “quick wins” that sum up to a larger solution. This philosophy has allowed us to show value quickly in a project, gain user acceptance and adoption, and build upon this momentum to deliver a functional implementation of the project’s core use cases. We manage scope changes through careful communication with key project leadership, and only implement changes that are mutually agreed---upon. After the project management plan is accepted, all changes requested will be clearly documented and approved by both parties including impact on project cost, time, and resources following the change management process: • Identification • Assessment • Implementation • Testing and Review • Confirmation • Close Tracking changes ensures that the impact of possible changes on resourcing, time to delivery, cost, complexity, and other areas, is considered and assessed prior to undertaking the change.	Not Answered

ANSWER	ANSWER
We define success criteria for each milestone that has been created for the implementation. Our intention is to define the criteria collaboratively to ensure that all angles are considered. It is our goal, throughout the entire project, to be in close communication with the your staff to mitigate and resolve any risk.	Not Answered

ANSWER	ANSWER
All our certified implementation partners adhere to the InterSystems implementation framework of (ARIES) Architecture for Rapid Implementation of Enterprise Systems. The ARIES framework uses a full life---cycle method, covering implementation through product support and client release management.	Not Answered
0	0

ANSWER	ANSWER
InterSystems assigns an Account Management team that consists of a Senior Account Executive who is responsible for business aspects of the relationship and a Senior Engineer who is responsible for the technical aspects of the engagement. In addition, we put in place a program manager to monitor and review the implementation status.	Not Answered

ANSWER	ANSWER
Customers may log and track the progress of support requests by using WRC Direct, InterSystems' online support system. They can also contact support by phone or email. Customer problems are prioritized as medium, high, or crisis. Typical resolution includes the following: problem solution, workaround, appropriate product modification, downgrade to a lower priority, or escalation. Simply stated, it is the customer's prerogative to elevate the priority to high or crisis at any time for any reason. WRC staff may increase priority but may not lower priority without customer authorization.	Help desk: An automated Help Desk and bug tracking system is integrated into iMMRS® and provides 24-hour access for submitting support requests and reporting system malfunctions. Service Tickets are issued for each user submission and assigned to JEN staff for response. Four types of assistance may be requested: 1) request for assistance in implementing skills covered in user training; 2) bug reports; 3) system enhancement requests; 4) initiating consulting support. Help desk questions will be answered by next business day of the submission during business hours (9am-5pm Monday-Friday). A monitored phone number and email address will be provided to users for high-priority communications.

ANSWER	ANSWER
InterSystems Support SLA states that any issue reported by the client will be addressed directly by a qualified technician within 30 minutes of contacting the InterSystems First Response Center (FRC). The following table outlines the response the customer can expect at each Priority Level, as reasonably designated by the customer: (Table provided on page 16.)	Not Answered
New and additional services may be purchased through InterSystems or directly with any of our certified partners nationally.	Not Answered

ANSWER	ANSWER
InterSystems releases major version upgrades every six to eight months, with minor/point releases four to five times annually, and critical fixes as needed. The InterSystems Worldwide Response Center (WRC) announces upgrades via email to all customers.	iMMRS® consulting support: JEN provides support for developing customized data cubes and report formats based on HFS requests. JEN staff will be available on an appointment basis for up to 2 hours per month per HFS staff user; and database programmers will be available for up to 4 hours a month per HFS staff user to support HFS-requested new population definitions and measurement variables required for special analyses. Implementation of special requests for new data attributes will be carried out within 3 business days after the receipt of a fully specified request. HFS requests for analyst/database programmer consultation will be initiated via the Help Desk or direct phone/email contact.

ANSWER	ANSWER
Enhancements may be logged via the Worldwide Response Center (WRC) by phone, email, web page, or by conversations with the account team. All requests are recorded by product and name of the requesting organization. Product managers review all requests with developers to determine level of effort and priority. Your account team will monitor requests and inform you of their status. Enhancement requests are considered on a case---by---case basis, and will be implemented at the discretion of InterSystems product management. Once enhancements are approved and they are developed into the product, InterSystems has a large internal Quality Development (QD) team whose fulltime mandate is the quality assurance of InterSystems software. When a major version release is approaching this QD team will extensively test and debug the new release. Once these tests have been satisfied, a "field test" version is released to the supported client base. Clients then (optionally) download and validate the field test and report their findings back to InterSystems via the Worldwide Response Center. There may be 2 or 3 iterations of the field test spanning a couple of months. After field--- testing completes, a "Release Candidate" version is again quality---assured and field tested, and finally released as a major version upgrade.	Other consulting services: JEN staff members are qualified in a number of areas in healthcare policy and medical research. Upon request, JEN produces proposal and cost estimates for special reports/studies, policy simulations, population specific predictive models and program performance evaluations. Costs for such studies are calculated on the basis of regular JEN labor rates.

ANSWER	ANSWER
InterSystems releases major version upgrades every six to eight months, with minor/point releases four to five times annually, and critical fixes as needed. Customers are encouraged to upgrade to the latest releases, but are never forced to do so.	Not Answered
Integrated testing (and, where necessary, regression testing) of all components and interfaces, with stakeholders to ensure that all functional and performance requirements are met, is critical. This phase of the project is usually a perfect opportunity for internal resources to gain increased exposure and confidence on the HealthShare platform.	Not Answered

ANSWER	ANSWER
InterSystems sponsors a national user group meeting annually, called Global Summit. This venue is an opportunity for our customers to meet our executives, developers and take part in a wide variety of educational and informational forums. Enhancements may be logged via the Worldwide Response Center (WRC) by phone, email, web page, or by conversations with the account team. All requests are recorded by product and name of the requesting organization. Product managers review all requests with developers to determine level of effort and priority. Your account team will monitor requests and inform you of their status.	Not Answered
Our recommendation would call for the following resources: • One full---time project / program manager responsible for coordinating and supervising all work to be performed on the project (including coordination of all communication with stakeholders) • One FTE of systems administration (responsibilities ideally shared by two resources for redundancy) to set up hardware, configure the network, participate in HealthShare environment setup, and assume responsibility for maintaining the system • One integration lead, ideally with prior knowledge of the X12, HL7, and C---CDA standards, responsible for collaborating with stakeholder integration and assuming responsibility for maintaining completed interfaces Each stakeholder would also need to make available certain key resources on a part---time basis: • An overall project / program manager responsible for coordinating efforts • Appropriate subject matter experts to assist with requirements discovery and user acceptance testing • Systems administrators / integration resources capable of activating and validating bi---directional feeds • Third---party vendor application resources responsible for implementing data exchange	Not Answered

ANSWER	ANSWER
InterSystems would engage a third---party certified implementation partner who would handle implementation and first line technical support for stakeholders.	Not Answered
0	0
InterSystems believes in including the application administration staff directly in the implementation process, encouraging side---by---side, hands---on learning during all phases of deployment. It has been found to be the most efficient method of both knowledge transfer and “ownership” transfer, leading to a more engaged and efficient administrative staff.	Not Answered

ANSWER	ANSWER
Knowledge transfer and mentoring can start at just about any point in the project timeline. Particular interfaces or application modules can often be worked on in parallel, allowing us to begin implementation on one deliverable without having completed requirements discovery and analysis on another deliverable and involving staff in each aspect of the system from design to development to deployment.	Not Answered
The first set of deliverables will involve the establishment of an appropriate systems infrastructure and project---planning framework. Specific deliverables are to be discussed, and may include: • HealthShare systems infrastructure • HealthShare best practices mentoring • HealthShare tools and templates We strongly recommend that one or more systems administrators are identified who will attend one or more administration training courses provided by InterSystems. Upon completion of this training, the administrator(s) should be able to work alongside the implementation team to set up the HealthShare environment. Unless instructed otherwise, our goal will be to get to a point of self---sufficiency with respect to HealthShare administration as soon as possible. We expect to conduct knowledge transfer and mentoring throughout the course of the project.	Not Answered
0	0

ANSWER	ANSWER
HealthShare contains all of the major software development solutions InterSystems offers: the InterSystems Caché rapid development environment which contains a scalable and flexible database and object---oriented programming language, the HealthShare Foundation integration engine which provides the interoperability/integration solution, DeepSee Analytics which is a business intelligence platform, as well as the .NET and Java Gateways for leveraging .NET or Java code libraries. HealthShare also provides native deployment tools, which optimize the deployment of new or updated functionality; in particular there is a focus on, wherever possible, being able to promote new/updated code/functionality without any impact to live users or live systems connected to HealthShare.	The iMMRS® application is designed to be a mixed SAS and Oracle database environment. The core files are maintained in SAS. Data aggregated in an iMMRS® processing step are exported to an Oracle environment. The security model is implemented in Oracle using the JEN security architecture. The security system maintains object-specific permissions set by the data object owner. The larger security structure relates users to their data use agreements, granting hierarchical access to data sources according to iMMRS®-defined role types.
The analytic services include the ability to easily create visual information dashboards. These are rendered using standard HTML5 and can be used within any HTML5---compliant web browser. Dashboards also include the ability to invoke actions—defined software services that are executed in response to a user request and within the context of the information displayed within a dashboard.	iMMRS® databases are accessed through a web portal that is used to control user access to the underlying data files. The system's analytic and reporting functions are available to any user with a current version of popular web browsers. This easily accessible web interface allows users to design and produce analytic representations of the data (including charts, spreadsheets, and pivot tables). The iMMRS analytics engine translates user specifications from drop-down menus to optimized programming code and does not rely on users' computing capabilities.
0	0

ANSWER	ANSWER
(Detailed info provided on pages 20 and 21)	JEN has policies and procedures in place to adhere to HIPAA and FISMA requirements in the operation of its data center, the storage of sensitive data and in its processes for the release of information to outside entities. Data available via iMMRS® takes the form of aggregate summarizations drawn from person-level longitudinal records. The available data reveals only pooled service utilization, disease markers and flags for treatment outcomes over time. This information qualifies as a “Limited Data Set” (LDS) that requires secure transmission and secure data storage. User accounts can only be set up and altered from the server by running the desktop administration program. It is not possible to administer accounts through the web server. A system administrator adds users and defines their roles once the access level has been established. Reports and data extracts can be downloaded to an end user only if supported by the correct role assignment. The download is transmitted as an encrypted and compressed data set that requires a password to access. All logins and downloads generate an audit trail.

ANSWER	ANSWER
Privacy and Security requires both a technological as well as operational solution. HealthShare lays the groundwork for implementing a secure and protected solution by including the necessary tools within the product. This includes providing strong encryption for both data at rest and data in motion, user authentication, automatic user logoff, role based access control to limit uses and disclosure of PHI, consent policies to control who can access what data, and ATNA auditing to capture all accesses to patient data. Our staff monitors the legislative area for changes that could impact the HealthShare product. Through our involvement in several standards committees, we also remain informed on any changes that may be required to continue to meet the industry standards for privacy and security. (Additional info provided on pages 21 and 22)	See Response to question 15a.

ANSWER	ANSWER
As part of any proposal, and deployment planning process, user provisioning is an important component, involving many interrelated options and considerations. Two---factor authentication is available as an option for HealthShare user identification. The following summarizes some key features of HealthShare's security model: (Additional info provided on pages 22 and 23)	Not Answered
InterSystems IHE Integration Statement—InterSystems is committed to the IHE's objectives, which are focused on improving the ways in which computer systems in healthcare share information. IHE is becoming the de---facto means through which health information is exchanged, and InterSystems HealthShare utilizes IHE profiles extensively within its framework. InterSystems will continue to actively support IHE in its ongoing efforts to define and certify the standards that can transform sharing concepts into reality. http://www.intersystems.com/assets/IHE_Integration_Statement---2014.pdf HealthShare is certified for Health IT interoperability by IHE USA and ICSA Labs— HealthShare was among the first healthcare IT products to receive interoperability certification—helping healthcare organizations move forward on the path to connected care. http://www.intersystems.com/assets/ICSA---IHE---Compliance---2014.pdf HealthShare is certified for both Meaningful Use 1 and 2—HealthShare has been certified for Meaningful Use as an electronic health record (EHR) module for ambulatory and inpatient settings. http://www.intersystems.com/our---products/healthshare/meaningful---use---certification	Not Answered

ANSWER	ANSWER
The reports, displays, and dashboards available from the HealthShare platform are only limited by the data populated into the systems. InterSystems focuses on customers' gaining value by leveraging our experience, technology, and partnerships to deliver rapid and continuous, incremental value. Healthcare organizations need rapid, reliable high---value solutions to today's problems, not lengthy technology projects. InterSystems works with you to build a collective vision and translate that into a roadmap of short, repeatable, scalable projects that deliver meaningful results.	Data, charts, and grids as well as chart templates and filters can be shared among analytic teams within iMMRS®, thus supporting a team approach to production of final reports and presentations. Data can also be exported as Excel and SAS files, which enable additional analyses outside of iMMRS. iMMRS® reports are downloadable as PDF or Excel documents via a pull-down menu. All types of reports, whether nominally dashboard, standard or ad hoc, are treated equivalently since they have the same basic format within iMMRS®. The downloaded reports have the same appearance and contain the same metadata, including creation date, author, data source, filters applied and a detailed data dictionary. The data dictionary at the end of every report describes the variables in use, how they are constructed and their range of values.

Company:	John Snow	**Company:**	LexisNexis
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E-Mail:	mstelmach@jsi.com	**E-Mail:**	william.ornelas@lexisnexis.com
General business type of Company:	Public Health Consulting	**General business type of Company:**	LexisNexis does not provide solutions or services for most of the areas described, but we are confident that we can provide added value to DHW/IHC in what we do offer. Therefore, we have responded only to those portions of the RFI that we can directly address.
# of req's not met/answered by company:	1	**# of req's not met/answered by company:**	49
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
John Snow, Inc. (JSI) is a public health consulting firm headquartered in Boston, MA. JSI is privately owned and has been in business for over 30 years. JSI provides U.S. domestic and international public health related consulting services. In partnership with BOWlink Technologies (dba Health-e-link), JSI is offering program registry and health information exchange tools that meet the requirements of this RFI. JSI has partnered with BOWlink Technologies for over ten years. For the purposes of this RFI, please contact Michael Stelmach, Director Health IT Projects at mstelmach@jsi.com or (617) 385-3764. Please visit www.jsi.com and www.health-e-link.net for more information.	LexisNexis began in 1973 as Mead Data Central. In 1994, Mead Data Central was acquired by Reed Elsevier. LexisNexis Risk Management was organized in 2001. Soon after, the name was changed to LexisNexis. In 2009, LexisNexis Risk Solutions FL Inc. was formed. However, we have been providing health care solutions for more than 15 years.

ANSWER	ANSWER
JSI and BOWlink are capable of providing the technology and support staff needed to meet the requirements of the RFI.	Yes, as mentioned in our cover letter, LexisNexis is capable and interested in furnishing those services that we specialize in and that we can provide. Accordingly, we have responded to this RFI in that manner. LexisNexis has been providing data-fueled solutions for more than 40 years, and our customers have included government and commercial health care organizations. Our ongoing commitment to the health care industry is evidenced by recent acquisitions of Enclarity, MEDai, EDIWatch, Inc., and Health Market Science. All of these acquisitions reinforce our data access, analysis, and management capabilities for health care organizations.

ANSWER	ANSWER
We have established COTS solutions and a long history of supporting data collection, data management, data analysis and reporting projects in the healthcare field.	Among the areas in which LexisNexis is a leader in the health care industry are: • Predictive analytics to deliver the best patient-focused and collaborative care • Identity management of providers and patients • Provider data – including professional and personal risk • Data cleansing of Medicaid claims • Demographic data hygiene with continual monitoring for change
0	0

ANSWER	ANSWER
JSI's client base consists of healthcare providers (small to large private practices, community health centers, small to large hospitals and integrated health systems), public health agencies (state and federal) and healthcare coalitions across the nation's healthcare system.	LexisNexis enjoys a wide range of health care, government, legal, business, and academic customers including: • Working with all 50 states: 70% of local government and almost 80% of federal agencies use LexisNexis • 17 of the 20 largest health insurance plans • 4 of the 10 largest preferred provider organization • 5 of the top 15 pharmaceutical companies • The two largest medical device manufacturers ensuring appropriate access to health care data and programs, enhancing disease management contact ratios, improving operational processes, and proactively combating fraud, waste and abuse across the continuum • Providing solutions to 50 of the Top 50 US banks • LexisNexis is involved in 99% of all US auto insurance claims and 96% of all homeowner's claims • 80% of the Fortune 500 companies • 92% of Fortune 1000 companies • 99% of the top 250 U.S. law firms • 100% of the American Bar Association accredited law schools • Big 4 accounting firms • 99% of all US auto insurance claims and 96% of all homeowner's claims. • 80% of major U.S. colleges and universities • 600+ universities and colleges Additionally, LexisNexis is associated with the following organizations: • American Health Insurance Plans (AHIP) - LexisNexis is a designated provider of solutions • National Health Care Anti-Fraud Association (NHCAA) - LexisNexis has a strategic alliance to fight FWA • HIMSS G7 – LexisNexis is a committee member
JSI supports clients on our network that have used our technologies and services for over 25 years.	Not answered

ANSWER	ANSWER
JSI has a strong client base that is very satisfied with our technologies and services.	Not answered
1) Clear understanding of business need to be addressed. How will our COTS solutions provide value and benefits to patients, health care provider staff, healthcare oversight agencies and the healthcare system. 2) Be careful about the burden that new solutions impose on staff. If a solution doesn't provide clear value or make things easier, it won't be adopted. 3) Be careful of the burden imposed on your partners. Find a solution and process that meets requirements and is acceptable to project participants. Phased implementation of system features may help. 4) There are many technical integration challenges. Even with the proliferation of HIT standards, interoperability of healthcare systems remains a major challenge across transport, document types, message formats and code sets. 5) Understand how you'll measure success. Number of organizations on-boarded, number of transactions processed, number of clients served, positive changes in clinical indicators. 6) Technology-enabled change can be painful. Expect resistance and delays. Try to anticipate areas of concern and be proactive. 7) Consider sustainability early in the project. Grant funding typically will support the project in early phases but may not be available n subsequent years.	Provider Data quickly becomes outdated, and there are issues with duplicates and provider identification that further reduce the usefulness of the results. With physicians and other providers moving and working from multiple locations, more than 25 percent of provider demographic information changes each year.

ANSWER	ANSWER
1) Sound project management and systems development methodology. 2) Highly effective communications and collaboration model with senior managers across participating organizations must be sustained. 3) Focused business review and requirements gathering to ensure the best solution is built to meet the business need - use of mockups and iterative review with stakeholder groups. 4) Solid information technology that enables transformation and evolution and doesn't become a roadblock - e.g. flexible systems integration capabilities (one of our key technology-based capabilities). 5) Well defined and managed service level agreements between all parties to ensure that the system operates in a highly effective manner and meets customer expectations. 6) Solid monitoring and evaluation practices to ensure that issues are proactively identified and managed. 7) Strong communication and collaboration with external parties that can influence adoption and long term commitment to the project.	From our experiences in supporting health care organizations and managing massive amounts of data, we present two examples of lessons learned. Example 1: If a diabetic patient cannot be reached in a timely and cost-effective manner, then Medical Home staff will waste program money on postage and days/weeks/months of time in multiple attempts to intervene and work with the patient. Timeliness and prompt contact enhances the ability to monitor patient risk factors, assure attendance at clinical educational classes, or to obtain regular laboratory checks to monitor the patient's progress. Example 2: A transient patient seriously challenges a Medical Home; the staff will likely never render the savings and results desired unless the agency is able to access the kind of data resources LexisNexis provides. Applying intuitive, accurate, and powerful health care data tools will decrease administrative costs (return mail, delayed contact, etc.) and assure better management of long term patient care. The LexisNexis patient management system, combined with accurate patient and provider data, will help the State of Idaho's Patient Centered Medical Home achieves its goals faster and with greater savings.

ANSWER	ANSWER
0	0

ANSWER	ANSWER
Implementing the COTS solutions including configuration and on-boarding of initial pilots is $300-500k depending on the complexity of the program(s) being supported and the number of participants on the network. There is significant cost associated with business review/requirements gathering to formalize workflow, data collection requirements, data analysis and reporting requirements. Development of use cases and user interfaces are critical as well. These activities require substantial commitments from State resources as well as partner resources. These contributions may be in-kind contributions but many times are not. These "solution design" costs can range from $200-500k depending on the complexity of the program and the effectiveness of the project and key stakeholder teams. Technical integration work by healthcare provider IT staffs or 3rd party staff may be substantial. Prices can range from as low as $2-3k to as much as $20-30k. These costs do not include in-house staff.	Not answered
Ongoing infrastructure and technical support fees for maintaining the COTS solutions range from $50-150k annually. Ongoing operational costs associated with service availability, help desk, training, and on boarding new customers can range from $100k - over $1M annually depending on program complexity and the size of the customer base.	Not answered

ANSWER	ANSWER
State and/or federal grant funding should be seriously considered. Leveraging existing technologies such as state infrastructure or state HIEs may be beneficial. Healthcare provider costs are highly variable and depend on a number of factors including technology-based systems such as EMR system being used, the extent to which these systems are interoperable, and the extent to which the vendors goals align with the goals of the project. Capabilities of partner IT staffs is another key concern. Qualified in house staff can significantly reduce costs.	Not answered
Leveraging the project across larger groups of customers will reduce fix costs allocated across the customer base. JSI/BOWlink may consider attractive pricing models for the customers if longer tem commitments are made. Strategic engagements with EMR vendors is an important consideration. For example, templates/forms/interfaces developed for one healthcare provider should be made available at reduced costs to other healthcare providers using the same system.	Not answered
Our COTS solutions consist of two software applications. EXCHANGE is our systems integration platform for supporting data exchange between participants on our network. RAPID REGISTRY is our enterprise data warehouse that supports data collection and management across multiple supported programs of care. Infrastructure is readily available through our hosted environment but may also be licensed and operated within client environments. Following installation, both applications must be configured to meet the specific requirements of the defined business model. Once the software applications are available, customer data systems are integrated and user interfaces/reports/data analytics are made available to monitor and evaluate the system. Time/costs associated with these activities varies widely depending on the complexity of the business model and the number of customers being on boarded. Rough estimates include: 1) EXCHANGE/RAPID REGISTRY INSTALLATION - 1-3 weeks 2) Stakeholder engagement and requirements definition - 3-12 months 3) EXCHANGE/RAPID REGISTRY configuration and customization - 3 - 6 months 4) Healthcare provider on boarding - 1-3 months each (*** NOTE - EXCHANGE integration takes 1-2 weeks; bulk of time is provider time) 5) Monitoring and evaluation - ongoing 6) Enhancements - repeated 3-6 month cycles until service maturity	Not answered

ANSWER	ANSWER
In order to minimize time and risk associated with these efforts, there are key considerations that should be addressed. *** See answer to question 3 above.	Not answered
0	0
Our application software is JAVA based with Microsoft SQL server database. Our technology solutions have been specifically designed to provide scalability, flexibility and performance across multiple healthcare programs and across multiple integrated systems. EXCHANGE provides data exchange interfaces between virtually any platforms. RAPID REGISTRY provides a highly flexible data warehouse containing unique client profiles, visit profiles, surveys and code sets across multiple healthcare programs	Not answered

ANSWER	ANSWER
EXCHANGE provides for the development, operation, monitoring and support of any number and type of data exchange interfaces. Interfaces may be developed to support one time data migrations or ongoing data exchange requirements. JSI has extensive experience supporting collection, normalization, management, analysis and reporting of claims data.	Not answered

ANSWER	ANSWER
RAPID REGISTRY contains a master patient index module that supports the definition of multi-level patient matching algorithms and the assignment of those algorithms on a data interface specific basis. This flexibility allows for specific analysis of data elements on an interface-by-interface basis in support of patient matching. Patient matching thresholds are assigned to each rule and may specify "auto-match", "manual review" or "no match" where a high confidence level match will match a record automatically. A moderate confidence match will queue the record for manual review, and a no match will create a new patient record.	Not answered

ANSWER	ANSWER
RAPID REGISTRY contains a code set module that supports the definition and tracking of clinical codes (CPT, ICD, SNOMED, LOINC) but also the creation of program specific "activity codes" that are uniquely defined and are tied to client activity within the system. Activity codes provide tremendous capacity for tracking program specific data content. This information can then be reported through the RAPID REGISTRY reporting module or can be extracted for subsequent import to 3rd party data analytics tools.	Not answered
RAPID REGISTRY provides a role-based and organization based user account feature to support authorized access to data. The tool also provides canned reports, an ad-hoc query data analysis tool as well as data extract capabilities for users to extract data for subsequent import to 3rd party data analysis tools.	Not answered

ANSWER	ANSWER
RAPID REGISTRY supports data capture, normalization, management, analysis and reporting of all clinical data and activity codes which collectively support tracking/reporting of quality measures. Data analysis and reporting capabilities at an organizational level are supported by organization hierarchy and data sharing rules within RAPID REGISTRY.	Not answered
EXCHANGE is a highly configurable data exchange tool that supports evolving data exchange requirements. Flexible data transport, message type, document type and code set features are applied on an interface by interface basis. Examples of supported transport methods include web services/API, SFTP, web site-based batch file upload/download and direct messaging. Message formats include xls, csv, txt and xml. Examples of document types include CCD, CCR and HL7. Standards-based and proprietary code sets are also supported. Data exchange is managed through user specified schedules and triggers.	Not answered

ANSWER	ANSWER
Clinical codes and activity codes are specified to track quality measures within RAID REGISTRY. Canned and ad-hoc reports can be used to report activity and data extracts can be used to export data to 3rd party data analysis tools.	Not answered

ANSWER	ANSWER
As part of the RAPID REGISTRY business review, requirements gathering and system configuration process, standard displays, dashboards and reports are reviewed with clients and are enhanced as required to meet the specific needs of the customer.	Not answered

ANSWER	ANSWER
RAPID REGISTRY is an enterprise platform that is a "registry of registries". The strategic goal of RAPID REGISTRY is to provide a single technology platform that can be used to replace or supplement siloed. legacy program registry systems. Using RAPID REGISTRY, costs associated with disparate technology infrastructures, redundant technical support requirements, redundant system operations and customer support are significantly reduced. Furthermore, the potential for data management and data analysis across multiple programs is greatly enhanced.	Not answered

ANSWER	ANSWER
As part of the RAPID REGISTRY business review, requirements gathering and system configuration process, standard displays, dashboards and reports are reviewed with clients and are replaced and/or modified to meet the specific needs of the customer.	Not answered
0	0
RAPID REGISTRY and EXCHANGE are hosted in a secure data center facility with redundant power, HVAC and network capabilities. Web, database, application and firewall servers are maintained by data center staff and have four hour failover guarantees.	Not answered

ANSWER	ANSWER
EXCHANGE and RAPID REGISTRY are coded in JAVA and JAVA Script with Microsoft SQL server database. Software applications operate on servers with UNIX or Microsoft operating systems and Apache web/application server. JSI hosted services are offered on virtual as well as physical platforms. Resources may be shared across customers but dedicated environments are also available. Technology infrastructure may also be installed at customer facilities.	Not answered

ANSWER	ANSWER
Database Servers (Active/Passive) - Dell PowerEdge 2950 II - 32 bit Microsoft Windows Server 2008 Standard Edition - Single socket Intel 2.0 Ghz dual-core processor - 2 GB RAM (fully buffered) - 2 X 73 GB (15k RPM) SAS 3.5” Drive(s) RAID 1 - Redundant Power - 100 Mbps - Standard drive partitioning - External storage connection - Private network backup connection - HA Fiber HBA Connection External Storage - FC SCSI SAN Storage - Drives: Fiber Channel SCSI - Configuration: RAID 5 + HS - Unmetered backups: Weekly Full, Daily Diff Managed Backup - Initial setup, configuration and monitoring - Automatic tape rotation - 2 week on-site retention - 7 year off site retention Full network backups of operating system, code base, database and flat files are performed weekly with daily incremental backups. RAPID REGISTRY and EXCHANGE may be configured within customer specific isolated environments.	Not answered

ANSWER	ANSWER
RAPID REGISTRY and EXCHANGE are hosted with RackSpace (www.rackspace.com). The following excerpt is from their web site. Their web site indicates that they meet the SSAE 16 certification standards.	Not answered
0	0

ANSWER	ANSWER
Administrative Tasks and Structure • Project team - JSI will provide an project team and organizational model that clearly defined roles, responsibilities and reporting relationships. The project team varies from project to project but typically involves a project director, technology staff (system admin, network admin, • Leadership team - JSI recommends the formation of a collaborative leadership team or customer stakeholder group for project monitoring and support. • Communications - JSI works collaboratively with the client to establish and sustain clearly defined communications protocols including standing meetings, recurring reports, status updates, call lists, work groups, etc. • Project plan - JSI provides documented project plans including tasks, milestones, timeframes, resource assignments and task interdependencies and manages the project plan for the duration of the engagement. • Risk mitigation plan - JSI will provide documented approach for tracking project activities, identifying and prioritizing risks, developing and executing contingency plans, and communicating with leadership. • Financial management - JSI has a highly qualified financial management system that meets all requirements of federal and state agencies. This system supports the ongoing management and reporting of budget expenditures to meet customer expectations. System Development Lifecycle • Business review - The critical first step of any project is to understand the existing business model and how the project will impact the business from staffing, workflow, patient care and other perspectives. Interviews and focus groups are typical in this phase. • Functional requirements specification - The capabilities of the system are documented in detail from a business perspective to ensure that customer expectations and requirements are clearly understood. System mockups are typically used and a representative stakeholder group	Not answered
0	0

ANSWER	ANSWER
JSI provides project management staff including project director/manager and staff associates. JSI also provides program-based experts in the specific focus area of the program registry being developed. Technical writers and training staff are also provided by JSI to support documentation and training requirements. JSI will also provide operational and help desk staff to support the ongoing operation of the system and customer support needs. BOWlink provides a technical project manager to coordinate all RAPID REGISTRY and EXCHANGE related activity as well as systems integration with partners that will join the network. BOWlink also provides technical resources including software developers, database architects, network and system administration staff.	Not answered

ANSWER	ANSWER
Program registry development projects are typically tied to legislatively mandated business practices and/or grant specified requirements. Program registry projects are also heavily influenced by existing business practices and the technology-based capabilities of partners on the network. These assumptions put a great deal of focus on the initial stages of the project. Business review and functional requirements specification phases of the project must be well conceived and executed to ensure that subsequent phases of the project are successful. Stakeholder interviews, focus groups, system mockups and representative stakeholder groups are key features of the project scoping process.	Not answered

ANSWER	ANSWER
Not Answered	Not answered

ANSWER	ANSWER
JSI has extensive experience managing small to very large projects in the public health field. Customers range from the smallest healthcare providers to federal public health agencies such as CDC, CMS, DHHS and others. Project management tools include meeting agendas and minutes, status reports, project plans and risk mitigation plans.	Not answered
0	0

ANSWER	ANSWER
JSI manages large scale projects for federal agencies and must comply with rigorous account management processes. These capabilities provide the framework for all clients.	Not answered

ANSWER	ANSWER
JSI provides help desk support and service level agreements for all services. Service level agreements are developed as part of the requirements gathering process. SLAs may specify support specifications, staff availability, qualifications and responsiveness. SLAs are also reviewed in the context of system development and the system is configured to ensure that SLAs are met. System features that support SLAs may include job scheduling, system monitoring, operations policies and procedures, and auditing policies and procedures.	Not answered

ANSWER	ANSWER
See above.	Not answered
Following installation of EXCHANGE and RAPID REGISTRY, the data exchange and program registry features of these applications are available to support other requirements. Our solutions are highly configurable and are specifically designed to serve as an "enterprise" platform for building integrated systems supporting care delivery, care coordination, program management, program monitoring and evaluation.	Not answered

ANSWER	ANSWER
Scheduled product releases are typically every 6 months but point releases are scheduled as required to ensure system performance.	Not answered

ANSWER	ANSWER
Product features are reviewed as part of the initial engagement with the client (business review and requirements gathering). System configuration specifications and enhancement requests are formalized through this process. Following initial implementation, subsequent enhancement requests are gathered, prioritized and implemented according to project schedule.	Not answered

ANSWER	ANSWER
All software progresses through development, QA test, pre-production and production environments. Customers using the network are certified in the pre-production environment and maintain connections to that environment for subsequent testing associated with modifications and/or enhancements to their configuration(s).	Not answered
Key stakeholders are engaged as part of initial business review and requirements gathering processes. Engagement protocols may involve questionnaires, surveys, interviews and focus groups. Following system configuration and design, mockups are reviewed with a representative group of stakeholders to obtain sign off on system features and functionality. Following QA testing by JSI staff, user acceptance testing involving key stakeholders is performed. Following implementation, scheduled reviews are performed with key stakeholders to review concerns as well as enhancement requests.	Not answered

ANSWER	ANSWER
Following implementation of RAPID REGISTRY and EXCHANGE and the activation of services, standing weekly meetings are conducted to review system performance and other operational issues. As part of this process, enhancement requests are documented. The BOWlink project manager reviews requests with a group of key stakeholders (standing leadership committee) to ensure that requirements are understood. The project manager then reviews the request with the development team for scoping. Design specifications, mockups, cost and timing is documented for review with the key stakeholder group. Enhancement requests are accepted or rejected. For those that are accepted, they are prioritized and fit into the delivery schedule of the next release.	Not answered
Staffing requirements depend on several factors including the number of programs supported, the availability of the system (M-F, 24 X 7, etc.), operational requirements of the system and the number of partners on the network. Staffing requirements can be categorized as follows: IT infrastructure support - JSI hosted solution is managed by RackSpace. Data center, network and system administrator staff is provided by RackSpace. For client hosted systems, existing IT staffing is expected to support the infrastructure. Typically .5 - 1.5 FTEs are required. Operations/Customer Service/Technical assistance support - JSI hosted solution is supported by a pool of JSI resources that support multiple clients. Client hosted systems typically follow similar staffing models. Typically, 1-3 FTEs are required. Program-based technical staff - Resources that have expertise in the healthcare program areas being supported. .25 - 1 FTE. System manager/project manager - Senior level resource that manages customer relationships, manages staff, monitors system performance and coordinates resources and activity. Typically .5 - 1 FTE.	Not answered

ANSWER	ANSWER
The solutions offered in this RFI response are supported by JSI and BOWlink. JSI is a public health consulting firm and BOWlink is a technology firm. JSI provides subject matter experts in a wide variety of public health domains. JSI also provides project management, operations staff and customer support staff for ongoing availability and operations of our systems. BOWlink developed the RAPID REGISTRY and EXCHANGE solutions and is responsible for the technology infrastructure, COTS solutions, systems integration with partner systems, and ongoing technical support of these platforms.	Not answered
0	0
For those clients that elect to host and operate RAPID REGISTRY and/or EXCHANGE, system administration responsibilities are typically transitioned over time and only after the system is implemented and stabilized. Transition will start with day-to-day operational responsibilities and transition to more complex system configuration and system management responsibilities. BOWlink staff will provide on-site training and support documentation. Following transition, BOWlink technical support staff are available for remote support. Staff qualifications to operate and manage EXCHANGE are mid-level to senior-level network/system administrator. Qualifications to operate and manage RAPID REGISTRY are mid-level to senior-level database administrator.	Not answered

ANSWER	ANSWER
EXCHANGE is a highly configurable tool supporting the development of data exchange interfaces with any number of technology-based systems. While BOWlink promotes the adoption of widely accepted standards and best practices, we also recognize that flexibility is the key to interface development. EXCHANGE allows a network administrator to configure each interface with its own transport, message type, document type and code sets. This approach minimizes the burden imposed on partner IT staffs and 3rd party vendors. BOWlink also structures engagements with 3rd party vendors so that we can leverage existing interoperability features of their systems. Qualifications to develop and manage system interfaces in EXCHANGE are mid-level to senior-level network/system administrator.	Not answered
JSI and BOWlink put a great deal of effort in integrating business practices with our technology-based systems. Our approach ensures that systems are utilized fully and that they make the best possible impact to the success of the organization. In practical terms, this means that we define and document best practices and develop policies, procedures and system functionality to ensure that best practices are followed. Examples of best practices include proactive monitoring and auditing data exchange interfaces; scheduling and execution of operational procedures such as data processing and report generation; provision of status reports to customers reflecting processing activity. These efforts are backed up by the provision of training to customers and support staff to ensure that expectations are consistently set and that system users and support staff are provided the tools to do their jobs well.	Not answered
0	0

ANSWER	ANSWER
Java, Java Script, Hibernate, HTML, and JSP are used for EXCHANGE and RAPID REGISTRY.	Not answered
Internet Explorer, Google Chrome, Mozilla Firefox, Safari	Not answered
0	0

ANSWER	ANSWER
EXCHANGE and RAPID REGISTRY are hosted in a professional data center with all required physical and technology-based security capabilities for preventing system access by unauthorized entities. Nightly incremental and weekly full backups are performed on operating system, database, flat files and code base to protect patient/client data and IT assets. RAPID REGISTRY uses a role based user account/password access control structure that authorizes users to specific system functions as well as providing role-based and organization-based access to client data. EXCHANGE and RAPID REGISTRY employ ongoing system monitoring and operational controls to ensure that security violations are identified and addressed in a timely manner. Data exchange capabilities between the RAPID REGISTRY database and external resources are controlled through widely accepted secure network transport and encryption protocols. Collectively, the security and privacy features of EXCHANGE and RAPID REGISTRY are integrated into business associate agreements with JSI clients to ensure that technology-based capabilities are aligned with HIPAA required business practices.	Not answered

ANSWER	ANSWER
Information Security is taken very seriously at JSI and BOWlink. Our systems use a role-based user account/password access control structure that authorizes users to specific system functions as well as providing role-based and organization-based access to client data. Our comprehensive IT Security Policy covers all aspects of data security, including data collection, secure storage and transmission, backup and recovery, need to know access, and data destruction. JSI operates a number of systems which are required to meet the Federal Information Processing Systems (FIPS) standards specified in FIPS-200, FIPS-199, SP800-53 and others. These systems are also in compliance with MASS 201 CMR which addresses safeguarding of personal information contained in both paper and electronic records. Each of our information systems is covered by a specific security plan addressing Risk Management, Information Integrity, Access Control, Training, Security Assessments, Configuration Management, Contingency Planning, Identification & Authentication, Incident Response, Data Protection at rest and in transmission, Physical Security, and others. All security policies are reviewed and updated at least annually. We also employ organizational policies and procedures, such as business associate agreements and memoranda of understanding with covered-entity clients, to ensure compliance with HIPAA expectations.	Not answered

ANSWER	ANSWER
RAPID REGISTRY and EXCHANGE currently support user name/password based access to the system. We don't currently support two-factor authentication.	Not answered
Not currently certified by 3rd party organizations.	Not answered

ANSWER	ANSWER
EXCHANGE has standard user interfaces to support the configuration and operation of user interfaces. EXCHANGE dashboard provides a snapshot view of data exchange activity for a given timeframe and selected group of interfaces. RAPID REGISTRY has baseline user interfaces for client intake, client engagements and other program registry functions. These user interfaces may be enhanced to meet the needs of a specific program. RAPID REGISTRY also has a survey builder tool which allows the customer to build surveys to structure client engagements. Reports, displays and dashboards are custom developed based on client specifications defined during business review/requirements gathering.	Not answered

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General business type of Company:	by providing the tools and solutions to develop new methods for data discovery and analytics, care coordination, accountability for performance, and new payment models based on health outcomes.	**General business type of Company:**	Software & Services
# of req's not met/answered by company:	2	**# of req's not met/answered by company:**	0
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted.
Company had additional information on:	Nothing noted	**Company had additional information on:**	ALL PAGES MARKED CONFIDENTIAL AND PROPRIETARY
ANSWER		**ANSWER**	

ANSWER	ANSWER
For the past 20 years, MedeAnalytics (Mede) has been delivering robust healthcare analytics and reporting solutions to the healthcare industry, including Providers, Commercial and Government Payers. One of the core foundations to our success is our team of highly skilled people responsible for development, implementation and support. Mede is a California corporation with our corporate headquarters in Emeryville, CA and offices and data center in Richardson, TX as well as regional sales and local support located throughout the country. Mede also has an office in London, UK to support our UK National Health Service contracts. As a pioneer in healthcare analytics, our goal has always been simple: strengthen the business of healthcare in order to improve care. Since 1994, we have fused this single-minded focus with leading technologies and a multidimensional understanding of healthcare to become a leader in performance management. MedeAnalytics is a privately owned corporation and is financially stable. In 2014, we were also named as Modern Healthcare's top 100 Best Places to Work in Healthcare for 2014. The high level organization chart pictured below will help provide you some insight into our management structure.	Page 1: Company, Services, History - One of the largest independent actuarial and business management consulting firms in the United States, Milliman, Inc. specializes in four markets: 1) healthcare insurance and management, 2) employee benefits, 3) life insurance and financial services, and 4) property and casualty insurance for more than 60 years. Our team is comprised of actuaries, information technology consultants, and clinicians. Milliman has over 50 offices in principal cities in the United States and worldwide. The firm has provided health care consulting services since 1947. SEE DOC FOR MORE Ownership - Milliman is wholly owned and managed by approximately 400 Principals, who have been elected in recognition of their technical, professional and business achievements. SEE DOC FOR MORE Financial Information - Milliman is a cash basis taxpayer and, as such, distributes essentially 100% of cash earnings each year. The management of our receivables prevents any significant growth in accrual based profits. SEE DOC FOR MORE 2014 Revenue: $838,000,000 2013 Revenue: $739,000,000 2012 Revenue: $754,000,000

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Yes, MedeAnalytics strongly believes we are uniquely positioned to assist the State in meeting their goals providing the tools and solutions to develop new methods for data discovery and analytics, care coordination, accountability for performance, and new payment models based on health outcomes. Mede is one of the pioneers in healthcare analytics solutions and continues to be recognized as one of the premier solutions providers.	Page 2: Yes, Milliman is interested and capable of furnishing Health Information and Data Analytics services to the Idaho DHW and IHC.

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The solutions we propose for the State of Idaho, Department of Health and Welfare (DHW) and the Idaho HealthCare Coalition (IHC), were built for Medicaid agencies addressing both fee for service and managed care operations. MedeAnalytics' solutions put actionable information on a user's desktop with scorecards, dashboards, ad-hoc reporting, and root cause analysis capabilities. Our analytic solutions are delivered via a Software-as-a-Service business model with the flexibility to grow as your business needs expand. Due to our focus on Medicare business and compliance needs, reporting and query functions are much more functional then generic, non-healthcare related Business Intelligence or Decision Support products.	Page 2: Milliman has a number of MedInsight clients whose primary focus is on performance measurement and quality, including Washington Health Alliance, Oregon Health Care Quality Corporation, Midwest Health Initiative, and Pacific Business Group on Health. For each of these organizations, Milliman aggregates data from multiple payer and pharmacy benefit manager data suppliers and uses MedInsight technology to create the measurement results and corresponding reports down to the individual provider level. Evidence Based Measures (EBMs) is a key methodology within MedInsight. We have generated EBMs in MedInsight since 2006, and will continue to include in the future. The development of EBMs is overseen by David Mirkin, MD, MedInsight Chief Medical Officer and Milliman Principal. Dr. Mirkin and Milliman work collaboratively with our clients on the identification and development of new measures to be included within MedInsight. More information about Milliman's EBM expertise is included throughout this response.
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Today, Mede has more than 1,000 active clients. Nationally, we serve more than 47 million covered lives. Our payer clients include the State of Mississippi Department of Medicaid, Blue Cross Blue Shield of Montana, Wellmark Blue Cross Blue Shield, Blue Shield of California, Health Care Services Corporation, BlueCross BlueShield of Minnesota, Blue Cross Blue Shield of Massachusetts, Kaiser Permanente, and the National Health Service of the United Kingdom. Our clients include payers (commercial and government) and providers (hospital, clinics, health systems, labs, etc. We have over $200 million in contracts backlog.	Milliman has a successful track record at developing, implementing, and operating claims and clinical data warehouse and reporting and analytics tools organizations such as Idaho DHW and IHC. Organizations aggregating data from multiple suppliers represent our fastest growing client segment. The MedInsight system is currently in use as the all payer claims database in four states, as well as in use by four community coalitions. The MedInsight practice serves clients in several markets, including state government agencies, health plans, employers, brokers, accountable care organizations, third party administrators and community coalitions. Today, more than 250 clients are using MedInsight and MedInsight Tools from Milliman.
Our client retention rate is 84%. Clients typically initially contract with MedeAnalytics for three to five years. Upon renewal, they extend for one to five years.	Page 2: State APCD clients - Washington Health Alliance (formerly Puget Sound Health Alliance) Since 2006; Oregon Health Authority Since 2010; New Hampshire Department of Health and Human Services Since 2012; Virginia Health Information Since 2013 Community Coalition clients - Oregon Health Care Quality Corporation Since 2008; Midwest Health Initiative Since 2011; Pacific Business Group on Health Since 2012; California Health Performance Information System Since 2013

ANSWER	ANSWER
For the past 20 years, MedeAnalytics (Mede) has been delivering robust healthcare analytics and reporting solutions to the healthcare industry, including Providers, Commercial and Government Payers. One of the core foundations to our success is our team of highly skilled people responsible for development, implementation and support. Our longest tenured customers have been with us since the beginning; our newest customers have been with us since this year.	Page 3: Milliman has enjoyed a high retention rate over the past decade. Our MedInsight client retention rate is over 98%. The MedInsight practice has grown by approximately 25% for each of the past three years.
With over 20 years of experience Mede has come to understand what items and issues are important in ultimately delivering a successful project. Besides the project implementation lessons learned (described below), the main issues that should be addressed to prepare a successful RFP range from engaging executive leadership early in the RFP process to clearly defining scope and requirements using subject matter experts within the agencies. Engaging executive management early in the RFI/RFP process to provide a high-level roadmap and specifically articulate the business case for the procurement is essential to gaining executive level buy-in throughout the procurement implementation. This includes designing the specific business questions and gaps that DHW and IHC are trying to answer with the RFP. By doing this early in the procurement process, your agency can shape the RFP with this roadmap in mind. Once an executive roadmap is clear, the next step is to engage subject matter experts (SMEs) to ensure that the staff members living the “pain points” every day are integrally involved in the RFP development – including scope, business and functional requirements. Given that vendors participating in public procurements rely solely on RFPs to define the scope and requirements – it is important that the SMEs have adequate and thorough input in defining each use case and function of the new system to meet their needs. Throughout the procurement process, providing the opportunity for vendor question and answers (Q&A) while also articulating answers to vendor Q&A gives vendors a clearer picture of how to construct a solution to best meet the needs of DHW and IHC. Vendors understand the difficultly of clearly expressing each aspect in a procurement document and rely on the Q&A to get clarification on what DHW and IHC may be looking for. The Q&A will not only help vendors formulate a more accurate response, but it will also allow vendors to better assess their capabilities to meet the State of Idaho’s needs. Allowing adequate time to prepare for the written RFP and Oral Presentation is essential to giving vendors time to analyze and respond-to the RFPs requirements.	Pages 3-4: In order to successfully integrate clinical data from the Idaho Health Data Exchange (IHDE) with claims data from payers and additional vital statistics data that will result in a statewide health care analytics system to track, analyze and report feedback to individual providers on selected performance and outcome measures to improve their practice, it is critical that potential technical and legal impediments be addressed by Idaho DHW and IHC prior to project initiation. SEE DOC FOR MORE

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including milestones, high-level tasks and business cases. By defining the destination for where the State of Idaho is headed with an analytics solution, we can effectively map out specific tasks to get there. Our project managers are experience enough with implementing our solution that this is the first item on the project kickoff meeting agenda. Once success criteria have been clearly defined, effective requirements gathering is the next step to proper implementation. Although “requirements gathering” is a buzz word in implementations, Mede has learned the hard way that it is the foundation for any successful project, not just superior cloud-based, software-as-a-service (SaaS) solutions. While success criteria are the blue prints, the requirements discussion with SMEs - for data mapping and the overall site build - are the brick and mortar. As a part of this, SME engagement and buy-in is a critical component of this process. Without SMEs (and top-down leadership to engage SMEs), the requirements gathering process is a futile exercise. Third, regardless of the client-vendor relationship, Mede bases our implementations on the foundation of a partnership – which includes open and honest communication channels, feedback loops and agile development. Working towards the goals laid out in the RFP and executive management requires a level of teamwork between client and vendor that formulates a “get us to the goal” mentality. Much of this starts with top-down support, but most of it is built within the project teams. Lastly, we have learned that regardless of implementation strategy and project team acumen – it all comes back to the data. While many of our clients assume that analytics vendors will come in, load data and have an incredibly effective site at first blush – the reality is that analytics requires more than just requirements gathering and a site build. Many times, it also includes providing data quality checks/processes, implementing a business rules engine (for mass adjustment and quality issues), and implementing standard terminology code sets.	Page 4: SEE DOC FOR DETAIL OF BULLETS: It is our experience that project timelines are in jeopardy when scope changes continuously throughout initial implementation, when client or data supplier personnel fail to meet, or delay completion of, key tasks and if the client tries to include a substantial amount of customization into the initial phase of implementation. Key lessons learned include □ Communication with data submitters □ Data audit processes – □ States and coalitions have unique and developing needs; □ When there a multiple data suppliers involved, the timing of each data load is highly dependent on timing of the receipt of data from each of the suppliers both during implementation and on an ongoing basis. Some other obstacles that can potentially impact project timelines include: □ Data quality issues – □ Customized codes – □ Missing data – □ Issues with provider directories – □ Modification of data submission requirements –

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Professional Services Labor –(one time cost) $450,000 to $850,000 Implementation T&L $165,000 to $180,000 TOTAL ESTIMATED ONE TIME COST $615,000 to $1,030,000	Pages 4-5: Milliman estimates that there will be costs for three different categories of services as described in more detail below. Those categories and estimated costs are: 1. One time implementation and program set up - $300,000-$500,000 2. Ongoing data hosting and management - $120,000 - $240,000 3. Annual software licensing - $250,000 - $500,000

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Mede estimates a team of 3.5 FTE's for a period of 6 calendar months and a team of 2.5 FTE's for a period of 2 calendar months for a total of 26 FTE/months. Using an average blended rate, we estimate a total one-time cost for implementation Professional Services Labor between $450,000 and $850,000.Travel and Living Expenses: Mede estimates that T&L for this implementation team will be approximately between $165,000 and $180,000 and will be based on actual costs.	Page 5: Typical one-time services for these types of projects include all activities related to implementation and program set up. These types of services can include but are not limited to the following: □ Work with data sources to establish file lay out and ETL process □ Load and map in all historical data □ Prepare database infrastructure for receipt, processing and organization of data □ Data intake, standardization and quality report programming □ Perform all member, physician and specialty crosswalks along with desired attribution methodology □ Set up and produce desired population and physician analytic reporting capabilities □ Portal design and set up □ Perform all related system and data quality testing The cost for these initial one-time services can range depending on the number of data sources and program requirements. Milliman's estimates that for one-time costs for implementation will range from $300,000 - $500,000.
Below is an estimate for the State of Idaho with the following assumptions: · Average of 400,000 members per year · 6 years of claims history per member · SLA agreement based on an average of 7 second response · Daily data refresh for Claims, Pharmacy and Membership Response to RFI1500409 – Health Information & Data Analytics MedeAnalytics Considers All Information Contained In This Response Confidential 11 · Total DHW/IHC users of 75 or less. · Enterprise Master Person Index (EMPI) NOT included in Phase I Based on these assumptions, the table below shows the estimated annual fees for our solution which include licensing, ongoing operations and support: REDACTED	Page 5: Ongoing services will include continued data hosting and intake of new data. It will also include the annual software licensing and support of the Milliman MedInsight analytic reporting system and portal environment. Costs can range for these services depending on the frequency of refreshes and the different type of analytic components and methodologies that are included within the MedInsight reporting system. Milliman estimates the cost of data hosting to range from $10,000 - $20,000 a month and estimate that the annual license of the MedInsight reporting system to range from $250,000 - $500,000 a year.

ANSWER	ANSWER
There are several additional factors listed below that could contribute to discounts. In addition, during contract negotiations MedeAnalytics would be willing to discuss other cost savings opportunities specific to DHW/IHC.	Page 5: Frequency of data refreshes and number of data suppliers will affect the cost of data hosting services. New data sources that are not originally mapped and loaded during initial implementation will incur additional one-time data processing fees of $10,000 - $20,000. The number of covered lives within the database, number of physicians and the different analytic components will affect the annual software licensing fees for MedInsight. Examples of typical analytic components that impact the licensing cots include: □ Predictive modeling software □ Episode groupers □ DRG software
The discount opportunities listed below include substantial savings for Professional Service fees if purchased in advance and multi-year contracts for Ongoing Services (SaaS Fees). Examples of discounts for these services are: REDACTED	Page 5: Yes, Milliman offers economies of scale discounts as the member count within the database gets higher. We also take into consideration the number of analytic components that are desired to offer volume discounts as well as provide discounts for guaranteed contract terms, such as three or five years.
We have a standard implementation methodology for all clients. Prior to the kickoff of the implementation, we discuss any circumstances such as resource availability that would require us to tailor the implementation to best serve that client's needs. After kicking off the implementation, we will gather requirements, and build and test the client's site utilizing the agile methodology. As components of the site are completed and tested by MedeAnalytics Engineering and Business QA teams, they are turned over to the client for testing. After all the requirements have been built out and successfully tested, the client provides approval for go-live.As part of the go-live, we will work with the client to develop the roll out plan. This plan will cover successfully training the user base. Post go-live, an Account Manager works with the client for the life of the contract to monitor and drive adoption. Changes are regularly made to the site based on client needs and feedback to ensure maximum usability and adoption.	Page 6: Considering multiple data submitters, Milliman estimates it will take 10-12 months to implement MedInsight for the Idaho DHW and IHC.

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A key MedeAnalytics differentiator is our ability to rapidly deploy resources and typically implement a solution within 90 business days of project kick-off. The caveat is that to meet this timeframe, there are several dependencies, including but not limited to, a well-defined client leadership team which aids efficiency in the planning phase, a quality—yet rapid—development of the solution extract and design, and a clean initial data extract to reduce testing time. Additional factors include clearly defined (and confined) scope, open communications, project governance and availability of client resources.	Page 6: Many of the items discussed in response to item 4 above may impact delivery times and should be addressed by the Idaho DHW and IHC. It is our experience that timelines deviate when scope changes continuously throughout initial implementation, when client or data supplier personnel fail to meet, or delay completion of, key tasks and if the client tries to include a substantial amount of customization into the initial phase of implementation. In addition, when there a multiple data suppliers involved, the timing of each data load is highly dependent on timing of the receipt of data from each of the suppliers both during implementation and on an ongoing basis. Idaho DHW and IHC should consider how it wishes to address data submission timing issues and data supplier requirements.
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Yes, our system is able to support SQL Server, DB2, Oracle, Teradata, and others. Data can be provided from different database technologies, and also structured or unstructured, including clinical data. All data sources are combined into one single, coordinated database during the ETL process.	Page 6: MedInsight is built on the SQL Server 2008 R2 platform. We are planning an upgrade to SQL Analytic Platform System (APS) to be complete by approximately January 2016. Starting in the third quarter of 2014, Milliman started a development effort to move MedInsight to Microsoft's APS. This development will continue throughout 2015. Based on a completed proof of concept with Microsoft, we expect significant gains in MedInsight system performance, data loading and refresh cycle times, and data storage. The proof of concept performance improvements included the following: □ Milliman audit process ran 15.6X faster than the current system □ Data compression was achieved at higher than 8X the current rate □ Data load speeds topped out at 500 GB/hour So far, Milliman is leveraging the APS to power our Query Express functionality, which gives a MedInsight user greater capabilities to generate detailed queries directly against the MedInsight database. In addition, the user may create customized member and/or claim line based datasets, and then generate detailed queries using the created datasets. The functionality is part of a new feature called Query Express. Query Express will, in essence, allow a user to generate a SQL query against the underlying data warehouse without coding SQL. The Query Express development effort using APS is complete and in production. In addition, the development effort is complete and Milliman is performing data loads and audits using APS. Development is still underway to use APS to perform the monthly data processing, including running of the various MedInsight groupers, analytics and methodologies.

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We ingest all kinds of data, structured and unstructured, including clinical data as mentioned above. Our integration server (Rhapsody) allows MedeAnalytics to integrate claims and clinical data. Our Enterprise Master Person Index (EMPI) applies a probabilistic matching algorithm to the data set to ensure all of a patient's records are accurately matched and grouped, drastically reducing duplicate instances of a member. The end data store uses Vertica, Mongo and Hadoop Distributed File System, allowing Mede to turn around your data quickly. Our distributed computing capabilities handle things like groupers, statistical analyses and data mining tasks. Everything is then loaded into Vertica and Pentaho (OLAP) which allows us to perform complex calculations on large datasets quickly. After that, we use predictive caching to make sure that users' analyses and queries are returned quickly when accessed via our web-based analytic platform.	Pages 6 - 7: The MedInsight data model includes over 450 data elements in the base tables as well as over 100 standard dimensions for stratification and/or filtering of the data within dashboards, standard reports and OLAP cube (ad hoc) analysis. In addition, Milliman configures MedInsight to meet the business needs of our clients. For example, clients typically have a number of business dimensions by which they need to generate and filter reports. The MedInsight data model includes client defined dimensions and fields in each subject area for the inclusion of additional business segmentations and data that may be unique to the client's data and reporting needs. SEE PAGE 7 FOR MORE

ANSWER	ANSWER
Our Enterprise Master Person Index applies a probabilistic matching algorithm to the data set to ensure all of a patient's records are accurately matched and grouped, drastically reducing duplicate instances of a member. One client using our EMPI has a REDACTED member records. In a separate test, this client was provided HCA enrollment data and asked to match it using their MMIS system and achieved a 22% match rate. The same test using our EMPI found an REDACTED out of the box.	Page 7: Prior to the initiation of the SHIP project, the Idaho DHW and IHC would need to clearly define the data sources with the data collector/processor. If the IHDE is a consolidated system, it is unclear why separate data feeds would be needed from individual providers, unless specific data are not in the IHDE system or the associated claims data. If that is the case, an auditing process can be created after the data are consolidated from the various sources using patient information, dates of service, and diagnosis/procedure codes to identify and remove duplicate data (e.g. – MRI results as part of an EHR and also submitted directly from a free standing diagnostic facility) . As discussed previously, when integrating health care data from various sources, it is critical that accurate patient/member and provider cross-walked links be established. If the IHDE is a distributed system and direct data feeds will be received from all participating providers it is imperative that the data file specifications (content, format, generation schedule) will need to be clearly defined in order to minimize the submission of duplicate data sets.

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MedeAnalytics provides the ability to produce retrospective and prospective resource utilization and outcomes. We provide forecasts for future resource utilization, projected outcomes, and projected improvements. A common analysis is how a provider compares to a benchmark of their peers based on utilization and outcome. Also, providers can track their improvement throughout the year and if they are meeting or exceeding their projected improvement.	Pages 7-8: The Milliman Advanced Risk Adjuster (MARA) provides a comprehensive set of concurrent and prospective models for financial and medical management. Using linear and non-linear regression methodologies, MARA underpinnings begin with a proprietary clinical classification system that groups codes from medical and pharmacy claims into more than 1,000 disease and condition groupings. Originally developed to support medical-based underwriting decision-making, the classification system is used extensively by Milliman consultants and their clients. It is more extensive than most groupers, clinically intuitive, and practical. SEE PAGES 7-8 FOR MORE
Any MedeAnalytics' user is able to create custom or canned reports. The creation of new data marts and cubes is handled by MedeAnalytics, and they are robust enough that they meet the needs of all users. The only time additional cubes would be needed is if additional data sources are introduced, in that case, the client provides the new data files to MedeAnalytics so they can be added to the existing ETL process and cubes built for this new data. Authorized users do not have access to the repository or warehouse levels; we do this for security purposes. If there is a need for the data structures as they have been loaded by MedeAnalytics, we are able to provide copies of the database after the ETL has been completed.	Page 9: MedInsight includes a variety of capabilities for users to access the data at a very detailed level, including at the claim line or member level. All reports generated using MedInsight may be exported by authorized users to Excel further analysis. In addition to the ability to generate, save and export custom ad hoc reports, authorized MedInsight users have access to advanced capabilities to generate detail claim line level data sets using MedInsight's Query Express, and users with SQL query expertise have direct access to the database using Microsoft SQL. Example MedInsight ad hoc and Query Express screens may be found in the final section of this response. Milliman establishes an automated data extract for a number of our clients. This automated system extracts and makes available a full or incremental database for use within each client's environment. Extracts are typically set up to automatically generate at the time of data refresh.

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MedeAnalytics supports ALL nationally recognized quality measures out of the box. We have an extensive library of measures that fully encompasses NCQA, AHRQ, PQRS, CMS, MSSP, and NQF. Our HEDIS Quality Management solution is NCQA-certified. All quality measures are configured to be used “out of the box” or with customization. This provides flexibility to our clients to use the standard measures or modify them to fit their population more appropriately. Users are able to report on the numerator, denominator, and outliers for each measure. This includes being able to report on summarized information such as number of outliers, and detail information such as demographics about the outliers to be provided to the Provider or as a contact list.	Page 9: Milliman is NCQA Certified for HEDIS® 2015, MedInsight Evidence Based Measures, 23 measures. Measures passing certification include: □ Breast Cancer Screening; □ Cervical Cancer Screening; □ Chlamydia Screening in Women; □ Controlling High Blood Pressure; □ Use of Appropriate Medications for People With Asthma; □ Antidepressant Medication Management; □ Follow-Up Care for Children Prescribed ADHD Medication; □ Use of Imaging Studies for Low Back Pain; □ Appropriate Testing for Children With Pharyngitis; □ Ambulatory Care; □ Comprehensive Diabetes Care; □ Well Child Visits in the First 15 Months of Life; □ Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life; □ Adolescent Well-Care Visits; □ Plan All-Cause Readmissions; □ Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis; □ Adults’ Access to Preventive/Ambulatory Health Services; □ Children and Adolescents’ Access to Primary Care Practitioners; □ Persistence of Beta-Blocker Treatment After a Heart Attack; □ Appropriate Treatment for Children With Upper Respiratory Infection; □ Colorectal Cancer Screening; □ Follow-Up After Hospitalization for Mental Illness; □ Childhood Immunization Status Milliman uses two types of sources for ideas for developing quality measures. The first is a set of industry; sources, such as National Quality Forum (NQF), Agency for Quality Alliance (AQA), Institute of Medicine (IOM), National Committee for Quality Assurance (NCQA), and the American Medical Association (AMA). SEE PAGE 10 FOR MORE
MedeAnalytics is able to utilize event triggers such as HL7 messages (ADTs, CDAs, etc) to obtain clinical information from HIEs, hospitals, and practice systems. Other triggers include eligibility transactions (ANSI X12). Along with our EMPI, this allows us to combine claims information with clinical information for analysis. Our connection is bi-directional so in addition to utilizing event triggers to receive information, Providers are able to download a CCDA document from MedeAnalytics and place it in their EMR/EHR system to assist with treating new patients or augmenting the information they have about existing patients.	Page 10: Milliman currently employs “sniffer” technology in many of our systems that allows data files submitted to our secure FTP servers (SFTP) to be processed very quickly. The technology, which waits for events to happen and then takes actions (verifies or modifies the incoming data, performs calculations, runs SQL commands), has been in use for a number of years and has the ability to process thousands of files without cumbersome human intervention. The sniffer technology not only improves speed but also reliability. Though not as common, and not recommended, Milliman also has employed automated sniffer technology that can pull data from various sources. Because a data processor must set up a process to sweep data files from an individual data supplier’s server, pulling data from health care providers and/or payers would be much more cumbersome and complicated. SEE PAGE 10-11 FOR MORE

ANSWER	ANSWER
Authorized users are able to copy and customize national quality measures and all other metrics within MedeAnalytics. After modifying the measures to meet their need, these custom measures are able to be used in any existing or new report. Users have the ability to share these custom metrics with other users, or they can be limited to that user for their reporting needs.	PAGE 11: Milliman frequently builds custom measures on behalf of our clients. Such custom measures are made available through the MedInsight interface, allowing the user to generate reporting, and track compliance with the measures over time. Milliman or users may clone EBM programs and create custom measures. This requires programming skills. Also, users can use Query Express to create simple measures.

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The standard display for each MedeAnalytics user is their landing page. Landing pages are configured for each user which allows each user to determine which information they would like to see upon logging in to MedeAnalytics. User security determines which dashboards and reports a user is able to access, but users are able to modify any dashboard and report which they can access. These modified dashboards and reports can be saved as Favorites within MedeAnalytics that only that user and anyone with whom that dashboard/report is shared can see. Authorized users are able to modify dashboards and reports and set them to the standard dashboard/report that is seen by the rest of the organization. Alerts can be configured by each user to allow them to manage by exception. The user simply chooses a value for the alert to track and when it should trigger an alert to the creator. An example is to receive an alert if the Paid PMPM rises by more than 3% from the previous month, MedeAnalytics will monitor the Paid PMPM and alert the creator if/when the Paid PMPM rises more than 3% from the previous month.	PAGE 11: MedInsight users have access to a dashboard containing high-level. The dashboard is accessible through the MedInsight web portal, allowing the user to drill down within the dashboard metrics and images. The user has flexibility to modify the dashboard reports and graphs, and then save those modified reports for later use. SEE PAGE 11 FOR MORE

ANSWER	ANSWER
During the implementation process, MedeAnalytics will work with the client to determine which standard analyses, including disease registries, the client would like implemented on their site. The registries available include but are not limited to chronic conditions by each condition, smoking cessation, body mass index, screenings, immunizations, and allergies. These registries are able to be accessed by each user provided their security role does not restrict them from seeing the information in the registry. Just like all other reports, registries are able to be created by users which can be kept for their own use or shared with other users. Each client also has monthly Engineering hours that can be used to add new functionality such as registries, and each client has an Account Manager to drive adoption, training, and help with requests like building registries. There are multiple ways to distribute the registries. Users can add the registries to their landing page, MedeAnalytics collaborations allow registries to be shared amongst users from within the system, and email distributions can be setup for ad-hoc or regular distribution of the registries.	PAGE 11: Using MedInsight, a user may create patient registries. There are a number of methodologies available to the user for creation of these registries. In addition, all clinical indicators, health risk factors and cost and utilization profiles are available by patient and attributable to a primary care physician. SEE PAGE 11 FOR MORE

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Similarly to registries, during the implementation process, MedeAnalytics will work with the client to determine which quality measures and score cards the client would like implemented on their site. These quality measures and score cards are able to be accessed by each user provided their security role does not restrict them from viewing. Just like all other metrics, quality measures are able to be modified by users which can be kept for their own use or shared with other users. Each client has monthly Engineering hours that can be used to add new functionality such as new or updated quality measures and score cards, also each client has an Account Manager to drive adoption, training, and help with requests like modifying quality measures and score cards. There are multiple ways to distribute the score cards. Users can add the score cards to their landing page, MedeAnalytics collaborations allow score cards to be shared amongst users from within the system, and email distributions can be setup for ad-hoc or regular distribution of the score cards.	PAGES 11-12: MedInsight has a Provider Portal which delivers the EBM / quality data to physicians in a dynamic, online report format, enabling physicians review the quality data in aggregate and at the patient level, view scoring relative to other providers and to provide electronic-based feedback. In similar engagements with other organizations, MedInsight has facilitated online feedback generation from providers, incorporating HIPAA-compliant language as part of the online terms of use. An example Provider Scores by Practice report from Milliman's Provider Portal is below: SEE PAGE 12
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MedeAnalytics understands that maintaining the confidentiality, integrity and availability of our client's information is vital to their business success and ours. In order to maintain the trust of our clients, we have made an investment into multi-layered security that is able to protect the critical information that is most important to our clients and in turn to their customers. The table below outlines the detailed information requested by DHW. See Table on pages 15-17	PAGE 12: As a web-based system, MedInsight is available to users 24 hours per day, 7 days per week. Typically, the MedInsight SaaS License and Services Agreement includes a service level agreement (SLA) that focuses on software uptime. For the uptime SLA, Milliman warrants that the system shall be available to the client 24 hours except for backup and maintenance purposes as communicated in advance to the client. Milliman warrants a minimum monthly system uptime of 95% during normal business hours.

ANSWER	ANSWER
MedeAnalytics Considers All Information Contained In This Response Confidential 17 o User access disabled after five unsuccessful attempts (configurable) · TLS1.x encrypted secure web access · System safeguards against inappropriate distribution of patient information in notification emails ü Selective encryption of data at rest ü All data entering/leaving datacenter is encrypted (SFTP, HTTPS, IPSEC VPN) ü Effective NIST SP 800-88 compliant data sanitization – as appropriate “Clear” and “Destroy” ü Backups that feed into an effective Disaster Recovery Program Network and OS Security ü Active/Standby Redundant Firewalls ü Segregated networks with restrictive firewall rules between web, application and database tiers ü Remote administrative access is requires administrators connect via a secure IPSEC VPN and then further authenticate and manage the systems through a hardened Bastion Host ü Patch management solution ü Log aggregation, correlation and alerting solution deployed ü Network and server monitoring and alerting solution deployed ü Anti-malware solutions deployed	PAGES 12-13: The Milliman solution is deployed in a Software as a Service (SaaS) environment via Milliman’s data center. For users, MedInsight is a web-based application. In a SaaS environment, Idaho DHW and IHC’s system environment will consist of at least two separate servers dedicated to Idaho DHW and IHC. A loading environment is used for load processing, a development environment is used for testing enhancements, and a production server is used for front-end access to MedInsight. Data or and system enhancements are not transferred to the production server until they are fully peer reviewed. This also results in nearly no downtime on the production server. All MedInsight servers are virtual, so they share resources with respect to scalability and configuration, but resources are carved out of the pools of computer and disk resources and dedicated to each client. Clients do not share virtual computers or virtual disks, and of course, never the same database. SEE PAGE 13 FOR FLOWCHART

ANSWER	ANSWER
Not answered	PAGE 13: MedInsight is built on the SQL Server 2008 platform. The database structure of MedInsight is based on a star schema design with integrated facts and dimension tables. In MedInsight's star schema database design, an eligibility common key (usually a member identifier) is established and linked through fact tables that are common across several dimensions, including enrollment and claims. Milliman uses several industry-standard third-party software tools within the MedInsight platform. Milliman uses these tools "behind the scenes," and MedInsight users do not need a working knowledge of these tools in order to access and utilize the robust capabilities of MedInsight. Milliman uses the following software tools within the MedInsight solution: □ Microsoft SQL Server 2008 R2 – Relational database management system □ Microsoft Reporting Services 2008 R2 – Reporting tool □ Microsoft Analysis Services 2008 R2 – OLAP tool □ Microsoft SharePoint 2010 – User interface/web portal □ Microsoft Silverlight – Browser plug-in for reporting □ RadarSoft – Drag and drop OLAP interface □ Microsoft Performance Point – Dashboard All MedInsight dashboards, standard reports and ad hoc reporting (OLAP cubes) are delivered via web portal. Users only need to have a PC with Internet Explorer version 8+ or Mozilla Firefox version 18+ or newer, with an Internet connection that allows the users to connect to our MedInsight portal over SSL (port 443). Microsoft Silverlight version 4.4+, a free browser plug-in is also required. Preferred for future compatibility is Internet Explorer version 10+ or latest released version of Mozilla Firefox. Microsoft Excel is required if a user wishes to export data from the MedInsight web portal-based reports. PAGE 14: See above for a description of MedInsight data storage and architecture. Clients do not share virtual computers or virtual disks, and of course, never the same database. SEE PAGE 14 FOR MORE

ANSWER	ANSWER
MedeAnalytics proposes to deliver our solutions on Software as a Service platform (SaaS) leveraging technology that is secure, powerful, and cost effective. Therefore, no hardware or software is required by the end user except a PC, Internet access and a browser.	PAGE 14: All of Milliman's SaaS production servers are housed in two secured, off-site co-location facilities in the State of Washington. Each facility boasts a three-tiered redundant power system that consists of UPS protection and diesel generator backup. Additionally, the facilities contain state-of-the-art cooling systems and climate control, redundant network connectivity to an Internet backbone and stringent physical security that includes 24-hour on-site guards and all external and internal areas are monitored with closed-circuit television. The co-location facilities have a list of approved employees (provided by Milliman management) that can access the secured cages containing the MedInsight servers. To gain access, an individual must provide government-issued identification, pass through a biometrics checkpoint (also requires previously distributed access card), and then access the secured cage with keys (also previously distributed). Previously distributed access cards and keys cannot be re-issued without written consent from MedInsight security administrators. Our network is protected by a pair of redundant firewalls that have automated health-monitoring and intrusion detection. In addition, a centralized set of servers deploy anti-virus and anti-spyware throughout our network. We have another set of automated tools that contain rules that automatically monitor the health of the network and all our servers. The MedInsight data centers have successfully completed the SSAE 16 Type II audit. The SSAE 16 audits are conducted annually on a schedule determined by the data centers. Statements of successful audits are available upon request.
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ANSWER	ANSWER
A key MedeAnalytics differentiator is our ability to rapidly deploy resources and implement within 90 business-days of project kick-off. However, to meet this timeframe, there are several dependencies, including but not limited to, a well-defined client leadership team which aids efficiency in the planning phase, a quality yet rapid development of the solution extract and design, and a clean initial data extract to reduce testing time. Here are the typical milestones in our implementation	SEE PAGE 15: Milliman utilizes a practical and effective approach to managing large MedInsight implementations. Milliman follows a traditional project management approach based on the principles promoted by the Project Management Institute and is familiar with the Fifth Edition of the PMBOK. Milliman's approach includes: (1) use of a Project Manager; (2) a kick-off meeting and initial working session; (3) formal management of a project plan and work breakdown structure; (4) periodic project management meetings, (5) status reporting, and (6) issue and risk logs…... .....A few of the skill sets that our consultants provide include: □ Project management and leadership □ Oversight for the data collection, data set design, development and testing □ Tasks and process documentation □ Quality assurance □ Plan participants' management updates and reports □ Project plan documentation and updates, milestones, action items and activities list
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ANSWER	ANSWER
A key component of our success is our people. The MedeAnalytics team is comprised of healthcare experts who have spent their careers working in the industry. Our expertise includes a Chief Medical Officer, nurses, actuary and underwriters, network management specialists and data scientists. The makeup of our team is a critical point as it helps define the company and how we approach the partnership with our clients. The combination of our analytic solutions, thought leadership and domain expertise allows us to deliver actionable data in a practical, pragmatic fashion enhancing our client's ability to arrive at more meaningful conclusions. Typically, the MedeAnalytics Implementation Team and Operations Team consist of the staffing positions described below. MedeAnalytics is prepared to adjust accordingly based on specific functional, technical and implementation timeframe requirements. Implementation Project Manager —having more than five years implementation experience, two years with MedeAnalytics. Responsibilities include the management and overall success of the implementation including managing MedeAnalytics resources, deliverables, and sign-off of documentation and approach. MedeAnalytics' implementation project manager will be the key participant for MedeAnalytics in the project leadership. During the operations phase, the Implementation Project Manager is replaced by an Account Manager (1). However, the Account Manager will serve the same functions and act as the single point-of-contact for the DCH throughout the maintenance and operations of the project. Data / Business Analyst —having more than two years ETL design and mapping experience. Responsibilities include working with clients to identify, document and organize all business requirements and focusing on the design and mapping of the ETL (extract, transform, load) process. The ETL process also includes working with the customer to identify and resolve any data issues. The analyst also works with MedeAnalytics' engineers to ensure that site development meets the client's requirements and participates in the testing and acceptance process.	PAGE 16: An example project plan for implementation of MedInsight for a client with multiple data submitters (indicated as "carriers" in the example), may be found in Attachment 2. Milliman creates a custom project plan that reflects the individual client's needs and circumstance for each MedInsight implementation. In developing any staffing plan, we first examine the client's needs and contract specifications to identify the mix of skills and experience required both of our team and that of the client. We then translate those requirements to the roles and positions needed. Finally, we then look within the firm to identify team members best suited to serve the client's needs and meet contractual specifications.....SEE DOC.....The key Milliman team lead resources are listed below. These individuals would be the "business leads" for each stage of the project. Each business lead oversees a team of individuals that would be responsible for project management, development, data process and loading, analytics, reporting, and implementation. SEE PAGE 16 FOR DESCRIPTIONS: □ Managing Principal -; □ Director of MedInsight Operations; □ Product Development Manager / Principal –; □ SaaS Operations Manager –; □ Implementation Manager -; □ Director, MedInsight APCD Products –; SEE PAGE 17 FOR ORG CHART

ANSWER	ANSWER
The project scoping process begins with the RFP, but is fleshed out more thoroughly in the contract negotiations and project kickoff. Mede has learned to define scope up front during the project kickoff, which includes ensuring the success criteria is explicit and agreed to. This includes cost containment tactics, such as requesting official approval prior to traveling and incurring time and expense costs.	PAGE 17-18: For each MedInsight implementation, Milliman creates a Scope Management Plan. The purpose of the Scope Management Plan is to ensure that the project scope is well defined, understood by stakeholders, and documented. Scope management is the process of defining the work required to successfully implement the project, ensuring that the project team focuses on in-scope work elements to meet project timelines and reduce project risk. Effective scope management is the key to successful project execution. Frequent contributors to project failure are unclear scope definition and scope creep (uncontrolled change or expanded requirements). The scope process consists of scope planning, scope definition, work plan development, scope verification, and scope control project management processes. These processes describe how scope will be planned, executed, and controlled. The Milliman team will ensure processes and procedures are in place to effectively manage the scope and ensure changes go through the formal change management process. The Project scope statement is defined from the RFP, and any approved change requests. The scope definition is primarily concerned with what is and what is not included in the project. The scope of the project is represented by the work plan developed by the project team. Activities are decomposed into manageable components of work called work packages that can be realistically and confidently estimated and reported against. SEE PAGE 18 FOR MORE

ANSWER	ANSWER
As previously explained, it is Mede's first priority to define success metrics and criteria; this will help our project manager and implementation staff determine our clients are going and how to best get them there. Specific success metrics, timelines, priorities and deadlines are defined up front in the project kickoff meeting. Although Mede touts a 90-120 day implementation from the receipt of "clean" data – we have also been subject to conducting "soft" go-lives for prioritized components of our analytics solutions (for example, membership/enrollment needs to come in the first 30 days). Using the aforementioned methodology and processes, in the past six (6) months, Mede has successfully gone live with 100% of our projects in under 120 days, and that includes weekends and holidays.	PAGE 18: For the Idaho Health Information and Data Analytic project, Milliman will create a Project Management Plan (PMP). The PMP is the primary tool for managing and supporting the overall project. The objective of the plan is to formally document the approach used by the project team to measure project success, document the project baselines, and determine how to effectively manage variances. Key project deliverables are documented in the PMP, and are integrated into the project schedule to ensure the timely completion of required deliverables. A Schedule Management Plan is developed which defines the process used for schedule development, schedule baselining, schedule updating, and schedule reporting. Milliman's processes are designed to ensure the project schedule is maintained to accurately reflect the project's current status. In addition, a Budget Management Plan establishes how project costs will be managed and controlled throughout the project lifecycle. Cost estimates are planned using a combination of analogous and bottom-up estimating based on the expert judgment of Milliman management. Milliman creates a deliverable and milestone driven work plan. The work effort estimate of the planned activities corresponds to the cost to complete the work.

ANSWER	ANSWER
During project kickoff meetings, we schedule success criteria meetings where high level milestones (that we refer to as Epics) are listed out and defined. Using the Epics, our subject matter experts work with our client's to break them down in workable units (User Stories) and tickets (Tasks). Each Epic is designed with specific acceptance criteria and smaller components are all aimed at achieving that criterion through a series of development cycles (known as sprints). All project scope is managed within our web-based ticket management system: JIRA (Atlassian) and web-based document sharing site: Confluence. In addition to our web-based implementation management tools, Mede uses MS Project for formulating project plans and MS Visio for executive level roadmaps. Each of these tools assist Mede in providing a transparent and rigorous project management processes – including scope and cost containment.	PAGE 18: The PMP is the key planning document guiding the execution and control of the MedInsight implementation project. Milliman's project management approach conforms to the Project Management Body of Knowledge (PMBOK) guidelines. The objective of the plan is to formally document the approach used by the project team to measure project success and document the project baselines and how to effectively manage variances. The MedInsight implementation project schedule will be maintained in Microsoft Project. Key information from the project schedule will be updated weekly and communicated in executive and project management status reports. The project schedule depicts a comprehensive set of implementation activities with task duration, start and end dates, and predecessors and successors. The work plan will be augmented with more detailed tasks, as well as critical internal and external dependencies, as the project progresses and each phase becomes clearer. This is referred to as rolling wave planning. The Milliman team will work with the project management team to ensure that the activities for each phase are accurately reflected in the project schedule and the relative phase PMP.
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ANSWER	ANSWER
During the operations phase, the Implementation Project Manager is replaced by an Account Manager. Account Manager will serve the same functions and act as the single point-of-contact throughout the maintenance and operations of the project. The Account Manager is typically assigned priorprior to the go-live and will work with the client to help develop the roll out plan. This plan will cover successfully training the user base. The Account Manager will continue to work with the client for the life of the contract to monitor and drive adoption. Communication with the Account Manager is daily and there is a weekly account status meeting to discuss adoption and future enhancements. In addition, users are able to reach MedeAnalytics for support or additional questions via phone or email.	PAGES 18-19: The Milliman TOPS practice has re-engineered its account management program from a reactive to a proactive approach. This more consultative approach has led to expanded use of the solutions and tools within client organizations, along with assistance in identifying new ways to leverage the solutions that have already been licensed. In developing a service delivery plan, we first examine the client's needs and contract specifications to identify the mix of skills and experience required both of our team and that of the client. We then translate those requirements to the roles and positions needed. Finally, we then look within Milliman to identify team members best suited to serve the client's needs and meet contractual specifications. Milliman has many resources within our firm who have the necessary expertise for this initiative. The key Milliman team for Idaho DHW and IHC will be a Strategic Advisor, SaaS Technical Services Consultants as well as an Account Management and Sales Team.

ANSWER	ANSWER
Our account management team and help desk are available 24x7x365 via email and phone to help with system use, user access, and system issues. The support staff is located in Richardson, Texas. The response time is dependent upon the complexity of the issue and average resolution time ranges from 29 minutes to next business day for resolution. All phone calls are immediately acknowledged and all emails are acknowledged within 1 hour.	Page 19: Milliman has dedicated staff that can answer data and system questions. This level of support is provided as part of the service. Support is provided in the following manner: 1. The client formulates questions or identifies issues. 2. The client communicates questions/issues to Milliman in one of the following ways: a. First, the client is provided with an email address for the direct creation of support tickets in the MedInsight Production ticketing system. The client is also given access to the ticketing system in order to monitor progress and communicate with Client Services Manager. b. Second, the Client Services Manager can be contacted directly, or; c. Third, a call can be made to 877-514-8465. Milliman's telephone support is available from 8:00 AM to 5:00 PM Pacific during normal business days. Off hour support is available via email as well as via phone by Milliman offices throughout the world. 3. Milliman will document the question or issue. 4. The question or issue will be categorized into one of the following three categories: □ Level I, Not Serious: When the problem is of a minor nature and does not render any portion of the system unusable. Milliman will respond within one day and initiate action within three days. □ Level II, Serious but not critical: When the problem affects a portion of the system and makes a portion of the system unusable. Milliman will respond within two hours if the service call is received by 2:30 PM Pacific. Milliman will initiate action within one business day. □ Level III, Critical: When the problem leaves the client's entire system unusable or severely impacts normal system-wide processing. Milliman will respond within 30 minutes if the inquiry is received within normal business hours. Milliman will initiate immediate action. Milliman will initiate the appropriate action and work to resolve the issue until the client agrees that question/issue is closed.

ANSWER	ANSWER
Mede signs multiple SLAs with every client in regard to performance standards. The standards in each SLA vary and are negotiable. A 15-second/90% query result time is a common SLA. Other SLAs include time to instantiation by data source/format, availability, and uptime. Mede will work with our clients to determine mutually acceptable service levels as well as how these metrics are defined, measured and reported. Analytics and reports become available 48 hours or less after receipt of data rather than days or weeks. Our underlying technology is able to handle volumes of data in time periods inconceivably short even a couple years ago. Results are returned, on average, in less than fifteen seconds regardless of the client. Book of business analysis is possible at the same level of performance and granularity as any other type of specific analysis. The Mede solution provides accessibility with very high availability with 99.99% reliability and minimal scheduled maintenance windows. Monitoring is built throughout the MedeAnalytics Solution and is overseen by a 24x7 Network Operations Center (NOC). If performance degradation is occurring, it is very clear to the NOC where it is and senior technical personnel are notified and an investigation/remediation will occur quite quickly. An alert is generated each time the CPU, memory, or disk reach a performance level at or below 80%. Nimsoft and Nagios are used to monitor performance of the systems and application. Additionally, there is custom application monitoring of the application from within the MedeAnalytics application. Finding where the problem is has not been an issue with our current customer implementations. The Information Security team provides an uptime report to management on a monthly basis (by the 10th day of each month). Several of our clients choose to receive the uptime report for their organization on a monthly basis. The Average Client Uptime on a Monthly basis through the first 11 months of 2014 was 99.68% (This uptime calculation includes partial impairment of the MedeAnalytics Solution – many clients actually were unaware of some of the issues as	PAGE 19: Typically, Milliman measures system performance as outlined in MedInsight service level agreements that focus on software uptime and availability as well as the amount of time for a standard report to run properly. Further, we will agree to the length of time it will take for periodic data loads to be processed and the refreshed data to be made available in MedInsight. For example, typical system performance measurements include: □ The SaaS Service will be refreshed within ten (10) Calendar Days of Milliman's receipt of new Client Data from Licensee provided that the files containing such Client Data meet the file layout and content specifications provided by Milliman. □ The SaaS Service will be accessible ninety-five percent (95%) of Business Hours measured on a monthly basis. □ The average logged response time for each Defined Query over any ten (10) consecutive tests of the Defined Query will meet the Response Metric for each Defined Query. MedInsight generates performance reports on a monthly basis, including system uptime and downtime. The tracking/reporting feature is running 24 hours per day, 7 days per week. When a small footprint of downtime or no response shows on the report, it is generally due to scheduled maintenance or during non-traditional business hours. Milliman's standard MedInsight Software as a Service License Agreement includes service level credits for failure to meet the agreed upon service level agreements.
As the Mede solution is delivered as a Software as a Services (SaaS) model there are no maintenance fees associated with the operations	PAGE 20: MedInsight upgrades that are provided generally to Milliman's MedInsight licensees are made available at no additional charge. In addition, MedInsight contains a wide variety of Milliman-developed as well as third party-developed methodologies and techniques to meet the business reporting needs of our clients. These include methods to calculate evidence based measures, cost and utilization measures, service classification measures, episode grouping, predictive models, risk adjusters, and others. Many of these methodologies are optional and a client may opt to include or exclude any methodologies during the initial implementation. Further, Milliman may make new methodologies available to its MedInsight clients. Should the client choose to add the methodologies or functionality at a later date, an additional license fee and implementation fee will apply.

ANSWER	ANSWER
Suggested, agreed upon changes are regularly made to the site based on client needs and feedback to ensure maximum usability and adoption.	PAGE 19: Our policy is to apply all patches once per month during our scheduled maintenance window. Any patches that are considered "critical" or in response to virus/malware attacks are applied immediately. System upgrades or patches are coordinated with the client to limit system downtime and are scheduled during an after-hours maintenance window. During this time, all access is shut down. During the maintenance window, all MedInsight security protections and protocols remain active. Each month our system produces a report detailing what patches have been applied. Any change is thoroughly reviewed and approved by each member of the security team. A change implementation plan is determined, which includes testing and roll back if necessary. Changes are only applied and tested in scheduled maintenance windows.

ANSWER	ANSWER
New features are being added to benefit our customer base on an ongoing basis. If a client requests unique and custom enhancements, these may be provided under a Statement of Work (SOW) with appropriate fees for engineering and development. Mede provides annual training updates to accommodate the use of new features and employee turnover within the department.	PAGE 19: The MedInsight product development team has three general tracks for product development. The first track is based on general maintenance of the system. The MedInsight product development team maintains a repository of issues that it prioritizes, along with routine maintenance, to issue small patches to the software. The second track involves individual client requests to add functionality or reports to the system. During these projects, the product development team collects both functional and detailed technical requirements and works with our programming and testing staff to incorporate them. Once the final product passes system testing and Milliman peer review, the enhancement is released to the client in Testing. Many times, these enhancements become functionality made available through a subsequent general release. The third track is based on actual market feedback from channels such as our clients, our sales and marketing department, and Milliman's health research group. This feedback is aggregated, analyzed and prioritized, and a development agenda is created. MedInsight is fortunate in that Milliman has an extensive healthcare research area and often we use this research as the impetus for new features to the software. From the development plans, functional and technical specifications are created, programming and testing is completed and Milliman peer review is conducted prior to formal release.

ANSWER	ANSWER
After successful implementation, enhancements are released every three weeks. These releases include new data elements, dimensions, metrics, reports, and security roles as determined by the client's needs.	PAGES 20-21: MedInsight is highly flexible and most of our clients have some level of system customization. MedInsight's current version was designed to facilitate a more seamless process for client customizations and for accommodating customizations during the upgrade process. System upgrades or patches are coordinated with the client to limit system downtime and are scheduled during an after-hours maintenance window. Historically, the MedInsight team has averaged one major release every 18-24 months with industry code updates twice per year. Major releases are based on research and development and include major functionality improvements. We regularly provide minor releases to account for legislative changes and new analytic methods and trends. Minor releases typically occur quarterly depending on the priority and associated work-effort.
Mede coordinates several external focus groups. The intent of the focus groups are to share best practices, discuss use cases and identify clinically-relevant enhancements to the product to ensure that the Mede is strategically providing an effective solution to its users.	PAGE 21: Each client's system environment consists of at least two separate servers dedicated to that client. A test server is used for load processing and testing enhancements. Any change is thoroughly reviewed and approved by each member of the security team. A change implementation plan is determined, which includes testing and roll back if necessary. Changes are only applied and tested in scheduled maintenance windows. The client may also review the tests and un their own tests before the change or enhancement is promoted to the production server.

ANSWER	ANSWER
Additionally, Mede conducts bimonthly meetings to internal stakeholders to discuss usability, functionality and data integrity of the product.	PAGE 21: Milliman holds a regular Client Forum, a valuable event for MedInsight clients, including the opportunity to learn about how other clients use MedInsight solutions, to learn about and provide input to the product roadmap for MedInsight solutions, and the opportunity to network with MedInsight personnel (management, staff). The most recent Client Forum was held November 2-5, 2014 in Tucson, Arizona. Planning is underway for the next Client Forum. SEE PAGE 21 FOR MORE
1. Executive Sponsor – provides guidance and leadership for the project roadmap, including priorities and functionality. 2. Project Manager – works directly with the Mede project manager to implement the scope identified in the RFP. 3. Claims Business Analyst – provides subject matter expertise on the Medicaid claims, including MMIS, DSS, and other architecture relevant to claims processing and integration into an analytics solution. 4. Clinical Business Analyst – provides subject matter expertise on the clinical data, including EHRs, terminology code sets, and clinical mappings to claims data. 5. Data Subject Matter Expert – provide subject matter expertise on mapping data components to the MedeAnalytics site build, including enrollment, claims, financial, provider, medical and pharmacy. This directly impacts the usability and data mapping to the analytics metrics, dimensions and reports.	PAGE 21: During implementation we suggest Idaho DHW and IHC have a project manager and subject matter experts from business, IT and data management. In addition, an executive sponsor from Idaho DHW and IHC should be identified to help make decisions on complex issues. Both during implementation and on an on-going basis, Idaho DHW and IHC should appoint a liaison contact with the data suppliers. After implementation, Idaho DHW and IHC will need a point person for MedInsight training of new Idaho DHW and IHC staff (we can conduct a "train the trainer" session) and a point of contact responsible for issues management, such as a project manager or business analyst and an executive sponsor.

ANSWER	ANSWER
MedeAnalytics does not rely on any third parties for implementation, operation or customer support. Our client's deal directly with Mede eliminating any finger-pointing associated with a multi-vendor situation.	PAGE 22: Milliman does not anticipate using third-party vendors as part of the Idaho DHW and IHC initiative. If future components of the proposed project work requires us to sub-contract for a particular expertise that we cannot source through Milliman, we will adhere to the business fundamental of passing along all terms and conditions of our agreement on deliverables directly to the sub-contractor, and will take full responsibility within our relationship for such work relating to cost, quality, and timeliness of delivery.
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The Account Manager is typically assigned priorprior to the go-live and will work with the client to help develop the roll out plan. This plan will cover successfully training the user base. The Account Manager will continue to work with the client for the life of the contract to monitor and drive adoption.	PAGE 22: MedInsight is a Software as a Service solution. Milliman will provide all system administration and interface development services.

ANSWER	ANSWER
Communication with the Account Manager is daily and there is a weekly account status meeting to discuss adoption and future enhancements. In addition, users are able to reach MedeAnalytics for support or additional questions via phone or email.	PAGE 22: MedInsight is a Software as a Service solution. Milliman will provide all system administration and interface development services. (SAME AS 13a)
Not answered	PAGE 22: A User Training Plan will be finalized and approved early in the project for the establishment of training goals to be implemented throughout the project. The standard training approach is a “just in time” training. The training is coordinated to be delivered once the customer data is available in MedInsight. Using actual customer data is preferred rather than the use a training database with generic data for two reasons: 1) It provides a more relatable and meaningful user experience; and 2) It provides a more timely training delivery that allows portal access within 1 week of training so retention of training is successful. The training sessions are categorized into two components: □ MedInsight Product Navigation – The primary learning objective in these standard MedInsight sessions is to understand how to access and navigate through the MedInsight reporting components. □ MedInsight Analytic Engines – The primary learning objective of these introductory sessions are to understand the framework and concepts associated with the respective analytic engine. Advanced training sessions are available upon request, for a more detailed explanation and demonstration of use cases based on the analytic engines using MedInsight report tools. Training documentation is provided for each training module. Documentation includes description of concepts, as well as visual representations of the MedInsight system.
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ANSWER	ANSWER
MedeAnalytics proposes to deliver our solutions on Software as a Service platform (SaaS) leveraging technology that is secure, powerful, and cost effective. Therefore, no hardware or software is required by the end user except a PC, Internet access and a browser. The ability to scale the solution is virtually unlimited. This includes additional users, data sources and volume, etc.	PAGE 22: MedInsight was written by Milliman expert IT consultants using SQL Server and .NET programing language. MedInsight is built on a SQL Server 2008 platform. Several Microsoft tools are used, including Reporting Services, Analysis Services, SharePoint, and Silverlight, all from Microsoft.
The solution is built utilizing modern programing languages and technologies. Our data store is built on Vertica, Mongo DB, and utilizes the Hadoop Distributed File System. Our analytics database farm is built on Vertica and Pentaho. Our programming languages are SQL, Java, and C#. Supported Browsers include Internet Explorer, Firefox, Chrome and Safari.	PAGE 22: Internet Explorer version 8+ or Mozilla Firefox version 18+ or newer.
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ANSWER	ANSWER
Mede/Analytics: DHW/IHC-facing, web-based application that includes the following capabilities: Configurable Dashboards, Graphs and KPI Indicators Multi-Dimensional Summary Analysis Chart Builder Drill down to Claim, Provider or Member Level Detail On-Demand Report Personalization Account and Transaction Level Detail Drill-Down Personalized Menu Trees Trending Analysis Metric Forecasting Proactive Alerts Target Management Export File Protection Data Filtering, Nesting, and Grouping Report "Favorites" HIPAA Compliant Role Based Secure Web Access User Management and Audit User Self Service and Preferences Variance Analysis Advanced Filtering Point and Click User Interface Visual Breadcrumb Trail Dynamic Collaboration	PAGES 22-23: The MedInsight portal interface uses roles-based security. Each user's unique ID is assigned a particular role and privileges to ensure that access is limited to system areas for which the user is authorized. Milliman uses a roles-based protocol to standardize rights management. Idaho DHW and IHC users and other authorized system users can access only those systems, databases, reports and functions that are authorized by the access rights assigned to their user ID, including access to PHI and/or individual claims.

ANSWER	ANSWER
MedeAnalytics has built an Information Security Management System in compliance with HIPAA/HITECH and ISO 27001/27002/27005. The policies are built upon the same compliance frameworks in addition to ISO 22301/22313 (for Business Continuity). In our response to the section Hosting Hardware and Software, you will find an outline of security controls. In “Attachment A Security Overview” you will find slides explaining the program and the layers of security that have been implemented. “Attachment B –MedeAnalyatics Policies” includes a list of the policies that are currently in place.	PAGE 23: The Milliman MedInsight platform was designed with the security needs of the healthcare industry in mind. The system offers state-of-the-art encryption and security technologies and protocols to ensure that patient data remains uncompromised yet is accessible to authorized users. Milliman stores sensitive data in an encrypted state (128-bit) and only authorized users have the ability to decrypt this data for viewing. Network access is controlled by firewalls, intrusion detection systems and Active Directory. The firewalls ensure that a user is only directed to the servers/applications appropriate to them. The intrusion detection system ensures that the type of activities the user is performing are appropriate and Active Directory ensures that the user only has access to the systems, applications and information appropriate to their role. Milliman recognizes that some of our clients function as Covered Entities under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Our work for these clients (or related entities) may require us to have access to Protected Health Information. In such instances, these clients are obligated to enter into a written Business Associates Agreement (BAA) which imposes HIPAA mandated requirements on Milliman to limit its use of the Protected Health Information to certain specified purposes, safeguard the Information from misuse, and help Covered Entities comply with some of their duties under the regulations. The BAA addresses the parties’ expanded obligations as outlined in the HITECH Act. These obligations include, but are not limited to, Milliman’s implementation of appropriate administrative, physical and technical safeguards as described in the HIPAA Security Rule and Milliman’s duty to provide the client with notice of any breach of unsecured protected health information, as defined in the HITECH Act.

ANSWER	ANSWER
Yes, the Mede solution supports 2-factor user authentication via SAML 2.0 assertions.	PAGE 23: Two factor authentication is not currently supported.
The MedeAnalytics solution components are certified as follows: · SSAE 16 SOC1 Type 2 for MedeAnalytics, · SSAE16 SOC1 Type 2 and ISO 27001 for CenturyLink (DR Datacenter in Fort Worth, TX), · SSAE16 SOC1 and SOC2 (both Type 2) for RagingWire (Production Datacenter in Sacramento, CA). · We are currently working through ISO 27001 Certification for Mid-year 2015 for MedeAnalytics.	PAGE 23: Milliman is NCQA Certified for HEDIS® 2015, MedInsight Evidence Based Measures, 23 measures. In addition, several Milliman MedInsight clients have achieved Certified Qualified Entity status. As part of the certification process, MedInsight security practices, policies and procedures have been reviewed according to CMS Qualified Entity Certification Program for Medicare Data (QECP) requirements.

ANSWER	ANSWER
MedeAnalytics has 1000s of standard analyses available out of the box. The main categories for these analyses are financial, clinical, utilization, and membership. A non-exhaustive list of examples includes High Cost Claimant Analysis, Diabetes Registry Dashboard, Chronic Condition Overview, Teen Pregnancy, Readmissions by Diagnosis Group, Utilization Overview, Top 100 Hospitals, Top 25 Physicians, Top 25 Drugs, Potentially Avoidable ER Visits, ER Frequent Flyers, Top 1000 Members by Total Cost, and Members by County. In addition to these dashboards and reports, each user is able to configure their own landing page to add the dashboards, reports, alerts, and collaborations that are most important to them and their role. Authorized users are able to access usage reporting that tracks user activity such as number of logins, reports accessed, and data elements accessed.	PAGES 23-26: MedInsight contains a wide array of reporting and analytic tools. With the MedInsight roles based security protocols, users can access only those systems, databases, reports and functions that are authorized by the access rights assigned to their user ID, including access to PHI and/or individual claims. Milliman can also configure MedInsight to generate reports that have the individually identifiable information de-identified or redacted access. SEE PAGES 23-26 FOR DETAIL AND IMAGES.

Company:	Molina	**Company:**	NORC
Contact:	Sandy Dunbar	**Contact:**	Michael Davern
Telephone:	208-373-1303	**Telephone:**	(312) 357-3770
E-Mail:	Not Answered	**E-Mail:**	davern-michael@norc.org
General business type of Company:	Public sector healthcare	**General business type of Company:**	Founded in 1941, NORC at the University of Chicago (NORC) is a public policy and social science research organization affiliated with the University of Chicago
# of req's not met/answered by company:	1	**# of req's not met/answered by company:**	15
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	Nothing noted
ANSWER		**ANSWER**	

ANSWER	ANSWER
The programs we support are designed to improve the healthcare and outcomes of patients by enhancing healthcare delivery and are aligned with Medicaid, Medicare, and other government-funded programs. We offer the tools, subject matter expertise, and a thorough understanding of Idaho's current initiatives to successfully implement and operate the Health Information and Data Analytics project. As a proven partner with the Department today, Molina offers a state-of-the-art solution that works with our subject matter expertise and thorough understanding of Idaho's current initiatives to provide health information and data analytics that are relevant to improving health outcomes and controlling costs. Molina provides fiduciary management of Medicaid benefits, supplies Medicaid managed care services, and operates medical clinics for approximately 9.2 million members in 16 states and 2 territories. We have supported the Idaho Medicaid Program as its Medicaid Management Information System (MMIS) fiscal agent since contract initiation in 2007, go-live in 2010	As part of its statewide transformation efforts we understand that Idaho's Department of Health and Welfare (DHW) in conjunction with the Idaho HealthCare Coalition (IHC) plans to implement a patient-centered medical home model (PCMH) that is integrated within the local medical community, and is supported and incentivized by multi-payer, value-based reimbursement methodologies. Idaho seeks to achieve its goal of placing 80 percent of Idahoans in a PCMH and utilizing performance measure reporting and a statewide health analytics system to track and improve population health across the state. To accomplish this objective, Idaho plans to establish a data analytics platform to effectively integrate clinical and claims data and facilitate measurement of the impact of Idaho's healthcare system and the health of Idaho's population.

ANSWER	ANSWER
Molina is both capable and interested in providing the items and services described in this RFI.	NORC at the University of Chicago (NORC) and its partner Audacious Inquiry (Ai), the NORC team, are pleased to respond to the State of Idaho's Statewide Healthcare Innovation Plan's (SHIP) Request for Information (RFI) on Health Information and Data Analytics.

ANSWER	ANSWER
We currently support our clients with the following relevant services: • Big data analytics • Master data management • Dashboards and scorecards • Business intelligence mobile solutions • Predictive analytics • Data cleansing and maintenance • Data warehouse and decision support services • Training for client users, providers, members, managed care plans, and other project stakeholders • Enterprise reporting solutions • Business process analysis and improvement • Call center and help desk services • Web portal services	Founded in 1941, NORC at the University of Chicago (NORC) is a public policy and social science research organization affiliated with the University of Chicago. NORC's mission is to conduct high-quality research in the public interest. Our work frequently helps to inform decision-makers about critical issues facing society through data collection and interpretation. NORC expands the reach and power of this research through policy analysis and technical assistance activities that supports many government and nonprofit organizations. Headquartered in Chicago, Illinois NORC also has regional offices in Washington, DC; Bethesda, Maryland; Atlanta, Georgia; Boston, Massachusetts; and San Francisco, California as well as nationwide field data collection operations. To support Idaho's Health Information and Data Analytics effort, NORC will commit its most seasoned management, technical, and analytic staff and resources to the project and draw upon our exceptional analytic teams including – both internal subject matter expertise and the skills and capacity of partners that complement our in-house resources. Through our extensive work on health information technology, health information exchange, work to support the transformation of the Maine Health Data Organization's all payer claims database, and Health Care Cost Institute's (HCCI) Academic Research Partnership, we bring exceptional expertise in architecting and building statewide health care analytics systems. NORC offers additional experience through our ongoing contracts supporting healthcare system transformations, including the CMS Health Care Innovation Award (HCIA), State Innovation Models (SIM), the Financial Alignment Initiative, as well as multiple other complex projects for states and the Centers for Medicare and Medicaid Services (CMS). NORC's partner, Audacious Inquiry (Ai), works as a strategic partner to government, business, and non-profit organizations to maximize the positive outcomes and minimize the risks of strategic information technology initiatives. Ai offers a range of services, including: health IT systems integration, policy and strategy consulting; health information exchange (HIE) planning, implementation, and technical development; and master data management
0	0

ANSWER	ANSWER
Molina's relationships with our MMIS clients are long-standing. In addition to our current relationship with Idaho, we have been Louisiana and New Jersey's MMIS fiscal agent since the 1980s, West Virginia's since 2003, Maine's since 2008, and most recently, the United States Virgin Islands since 2012.	Ai's current customer base includes state agencies and state-designated entities for HIE, federal agencies, hospitals and large integrated delivery networks (IDNs), national payers, as well as private-sector clients in the financial services, education, and non-profit sectors. Its project mix is weighted towards stable, long-term client relationships with some shorter-term, deliverable-based engagements. The team has designed and developed systems that work with data and transport interoperability standards using HL7, EDI X12, IHE Profiles (e.g. XDS.b, PIX/PDQ), and CCD. More broadly, the Ai Team has a wealth of experience and skill in the Enterprise Application Integration (EAI), web application development and Systems Integration space.
We have supported the Idaho Medicaid Program as its Medicaid Management Information System (MMIS) fiscal agent since contract initiation in 2007, go-live in 2010	NORC's client base includes federal and state government agencies, foundations, institutes, universities and private sector firms focused on aging, child development, disparities, health care provision, public health, and epidemiology. NORC also provides project management, data collection, and analytic support to university-based researchers leading investigations of health topics. NORC's state-based health work supports nutrition, early child development, and health insurance utilization in California, and our team is currently engaged with the Maine Health Data Organization to transform the structure, technology, and overall operations of the its all-payer claims database. Ai's clients include state agencies and state-designated entities for HIE, federal agencies, hospitals and large integrated delivery networks (IDNs), and local and national payer organizations. Below we highlight select projects from NORC and Ai. See Exhibit 1 on page 3 for table of projects

ANSWER	ANSWER
Not Answered	Not answered
• Data quality: As the old idiom, “garbage in garbage out,” infers, an analytical system’s results can only be as accurate as the data that are input. Data quality is of the utmost importance and is the highest priority during the extract, transformation, and load (ETL) process. Data quality includes accuracy, completeness, and accessibility. • State resource roles and allocation: Making sufficient dedicated State resources with the proper skill set available is critical to overall project success. Consider developing an organization plan to support the project’s design, development, and implementation (DDI) effort and include this plan within the RFP. • Implementation methodology: The State should consider allowing vendors to propose an implementation methodology of its own choosing—one that the vendor has presumably used before that supports the vendor’s implementation approach and proposed system. We have found that an iterative approach to delivery is the most effective. • Clear, concise requirements: Clear, concise language should be used when defining requirements. • Appropriate infrastructure: The infrastructure to be implemented needs to be based on the defined business requirements. Growth estimates, mission criticality, real-time access, and business continuity are among the important factors to carefully consider. • Knowledge transfer: It would be advisable to request multiple training delivery options, including instructor-led, eLearning, coaching, and electronic and hard-copy job aids and reference guides.	In our experience, achieving success for a complex project such as this one requires an experienced team, with strong leadership and a documented track record of successfully implementing projects of similar size, scope, and complexity. Below we highlight six critical components emblematic of a successful project. Potential Data Sources. Clinical and administrative data require greater specification regarding potential data sources. ■ Clinical data integration is a complex process. Having a clear understanding of different systems that are submitting data (e.g., Electronic Health Records systems, Clinical Data Registries, etc.) is crucial. Small changes in an electronic clinical message can have large downstream, clinical integration impacts. For example, Consolidated Clinical Document Architecture (C-CDA) documents from different Electronic Health Records (EHRs) often have slight differences in the way data are structured. These differences must be individually accounted for in each clinical data feed. ■ In addition, it would be helpful to understand whether the clinical data will only be obtained directly from the practices or whether there will be opportunities to leverage data already collected by other entities, for example by the Idaho Health Data Exchange (IHDE). Requirements Specifications. System users and developers often use different terminology or vocabularies. Failure to bridge this gap is a common source of failure. To avoid this problem the state needs to develop an assessment of all the likely data sources and mechanisms by which data will be obtained. Project teams should include members with content and data user expertise, as well as those with technical system development expertise; these integrated teams conduct stakeholder interviews to obtain a firm understanding of system requirements from a variety of perspectives. ■ Esnuring high quality clinical and administrative data is critical to enabling subsequent analytic repurposing. On the clinical side, we anticipate a large number of practices submitting data as part of their participation in the PCMH model. Administratively, we may need to

ANSWER	ANSWER
Answer response repeated the same as #16	Potential Data Sources. We recommend that the state conduct a thorough review of potential data sources and data collection specifications as part of this effort. It would be helpful for the vendor to engage directly with data holders to clarify any open questions regarding data sources, their ability to share the data, and other potential sensitivities. Requirements Specifications. The Consolidated Clinical Document Architecture (C-CDA) contains the necessary information for the majority of measures specified in the RFI (please refer to the Clinical and Claims Based Analytics section for a more detailed discussion on measures). However, given our experience in working with C-CDA's we know variations exist in C-CDA implementations across different organizations; and there may be limitations with respect to the amount of data that can be extracted and compared across sites. To mitigate this issue, we recommend mapping the C-CDA implementations across different sites to ensure data comparability and consistency. Data Quality. We recommend implementing standard operating procedures to assist in guiding quality assurance, e.g., defining how data are received, data validation, data warehousing procedures, and data transformation procedures (managing data provenance). To further improve data quality, it is important that data coming into and moving through the system are processed using well-documented, consistent, and reliable methods. Development of Data Quality Reports for Data Providers. To maximize its value, data must be complete, consistent and comparable across providers/payers, and capable of being rolled up into meaningful semantic concepts. Often, achieving this type of quality requires working with data submitters to address deficiencies in their data. To achieve this, data quality reports must be developed that allow such deficiencies to be detected. Identity Management. Based on our extensive experience providing HIE services in multiple states and though our all payer claims database work in Maine, we recommend that Idaho implement a probabilistic MPI, which depends heavily on a strong patient and provider hub. Since all reporting capabilities will be driven by MPI matching capabilities, using a finely

ANSWER	ANSWER
Given the scope of this project and complexity of the data analytics needed, more specific requirement information is needed in order to provide a cost estimate.	To assist the state, below, we provide some suggested components/cost drivers potentially relevant to the solution the state envisions. Refining this list of components/cost drivers will help bidders develop budget estimates for the Idaho Health Information and Data Analytics System. We provide further details about some of these components in different sections of this response and we would be pleased to provide additional clarification on potential costs as a follow-up to this response.

ANSWER	ANSWER
Answer response repeated the same as #18	Master Data Management ■ Master Patient Index Upfront License ■ Master Patient Index Implementation ■ Master Provider Index Upfront License ■ Master Provider Index Implementation Database and Hosting Infrastructure ■ Hardware Purchase ■ Software purchase/upfront license ■ Implementation (labor) Clinical Data Integration (we suggest that the state specify whether or not costs should assume supporting a model that integrates inbound C-CDAs from certified ambulatory/inpatient EHRs) ■ Development and Setup Quality Measure Engine ■ Development and Setup ■ Clinical Data Mapping Clinical Data Reporting Website ■ Development and Setup ■ Software Purchase/Upfront License Costs (e.g., business intelligence tools)
Answer response repeated the same as #18	Master Data Management ■ Master Patient Index Annual License ■ Master Patient Maintenance and Support ■ Master Provider Index Annual License ■ Master Provider Maintenance and Support Database and Hosting Infrastructure ■ Data Management Project Management ■ Data Hosting ■ Hardware Maintenance ■ Software Licenses Clinical Data Integration ■ Support and Maintenance Quality Measure Engine ■ Clinical Data Reporting Website Clinical Data Reporting Website/Portal ■ Support and Maintenance Software License Costs (e.g., business intelligence tools)

ANSWER	ANSWER
Answer response repeated the same as #18	Not answered
Answer response repeated the same as #18	Not answered
Molina's healthcare data analytic solution is typically installed in phases. The first phase includes the installation of the solution's baseline framework ("out-of-the-box" solution). Figure 1 represents the functionality included in the baseline framework. Subsequent delivery phases would include the Idaho-specific customization of this baseline framework functionality. Based on specific requirements and the number of data input sources and quality, the duration of the baseline framework installation is typically 10 to 16 months. Further customization with intermittent deliverables can occur in multiple phases, and the duration is variable based on Idaho's specific requirements. This approach works well, as each iteration includes active participation from end users. Active participation helps obtain feedback throughout the project lifecycle, avoids rework, and provides training throughout implementation.	Not answered

ANSWER	ANSWER
• Number of data sources • Data quality and quantity • Quantity of customizations to analytics components such as dashboards, scorecards, and analytical and operational reports • Number of modifications of current out-of-the-box quality measures • Development of new components like custom measures and new data visualizations • Number and frequency of integrations with other existing applications • Infrastructure performance requirement variables such as system availability percentage, system response time, and support response time	Not answered
0	0
The proposed system is able to extract data from virtually any data source where a data connectivity provider is available such as Open Database Connectivity (ODBC), Object Linking and Embedding (OLE) DB, ActiveX Data Objects (ADO), and ADO.NET. Structured, unstructured, and semi-structured data source systems include SQL Server, DB2, Oracle, SAP, and MySQL and data interchange formats such as Extensible Markup Language (XML), comma separated values (CSV), JavaScript Object Notation (JSON), and text.	● Ai has deep experience with a wide range of data management tools, having implemented clinical data warehouses and custom database solutions for numerous clients. They administer and manage SQL Server across multiple client engagements, and have built custom applications that work with databases from Oracle, DB2, SQL Server, and PostgreSQL. Ai also has strong capabilities and experience in implementing the IBM Master Data Management Patient and Provider Hub. Beyond the IBM MDM tools, the core components of Ai's technology stack are either Microsoft .NET or Java. When utilizing .NET, the core components of our technology include ASP.NET MVC, JavaScript frameworks, and Microsoft SQL Server on Windows. When utilizing Java, core components of our technology stack include Spring Framework, Hibernate, and PostgreSQL on Linux/Windows. We also support the following database management systems: Oracle, IBM DB2, and MongoDB.

ANSWER	ANSWER
We also provide an online analytical processing (OLAP) database where users can create reports and perform analysis using common business intelligence tools like Excel, Business Objects, and Cognos as well as predictive modeling tools such as SAS and SPSS. Our solution has the ability to consume data from both online transactional processing (OLTP) and OLAP databases.	● Ai provides data migration and integration services for various statewide health information exchange organization including Maryland's CRISP, the Delaware Health Information Network (DHIN), and the Utah Health Information Network (UHIN). This work includes parsing and processing of real-time hospital ADT messages and case mix data, as well as clinical messages (e.g. laboratory, radiology, and transcription messages), CCDs, C-CDAs, DIRECT messages, payer eligibility files, prescription drug data, etc. For example, Ai facilitates the submission of real-time data from all 46 Maryland hospitals and five Washington, DC acute care hospitals to CRISP. Through Ai's work with CRISP, our team has integrated hospital case mix data, and designed, developed, and managed data warehouses and corresponding analytical tools – for the CRISP reporting system (CRS). CRS generates readmission and utilization reports for the Maryland State government and all Maryland hospitals.

ANSWER	ANSWER
Several algorithms and business rules are included to prevent the duplication of data from multiple data feeds (i.e., hospitals, labs, electronic health records [EHRs], etc.). Our solution includes exception handling where loaded data can compromise the system. We also provide out-of-the-box data quality reports where users can easily monitor and manage data quality issues that could affect reporting or analytics such as violation of uniqueness rules (avoiding duplications), absent rendering provider National Provider Identifier (NPI) from the provider's catalog, or a missing lab claim's logical observation identifiers names and codes (LOINC) from the service codes catalog. In addition, we can configure powerful and custom business rules for additional data quality handling using the solution's ETL tool.	● Ai's Master Data Management (MDM) capabilities are used to ensure that all data feeds (hospitals, ambulatory practices, labs, and radiology centers) are de-duplicated for multiple clients. This involves collapsing all incoming records at the patient level and, if necessary, building custom logic to ensure duplicative events/messages are collapsed. Ai is able to customize de-duplication rules based on individual client's needs. They provide MDM services to CRISP, DHIN, UHIN, the New York eHealth Collaborative (NYeC) and have experience with IBM's Master Data Management products as well as Mirth Match. In addition to its MPI technical implementation experience, Ai has patient matching policy expertise. In 2013, Ai was engaged by the Office of the National Coordinator for Health IT (ONC) to identify patient matching best practices used by private sector health care delivery systems and Federal agencies and conducted an exhaustive environmental scan – including a formal interview process with a diverse set of organizations representing four sectors of the healthcare industry – and literature review to support the Patient Identification and Matching Initiative. The findings serve as a credible and comprehensive review of patient matching practices for healthcare stakeholders. The final report Patient Identification and Matching Final Report was published in February 2014 and is available at: http://www.healthit.gov/sites/default/files/patient_identification_matching_final_report.pdf

ANSWER	ANSWER
The solution is configured to store historical data, accumulate history with each data upload and quality measure calculation, and create snapshots of data to be able to recreate how the data was at any point in time. The ability to produce retrospective analysis of utilization and quality performance or outcomes is critical for Idaho's Statewide Healthcare Innovation Plan. The solution has the ability to monitor events of specific time-sensitive quality measures and alert appropriate stakeholders about upcoming events that can have a noncompliance consequence or potential creation of quality gaps. The use of predictive algorithms helps prevent those undesired events from occurring. The solution supports (based on SQL Server functionality) predictive models	● The NORC team offers significant technical expertise to assist the IDHW in developing predictive models for costs of care, including experience using claims and encounter data to model health care utilization and costs using advanced statistical modeling. As the evaluation contractor for the CMS Innovation Center's Health Care Innovation Award program, we evaluate awardees focusing on interventions for complex/high risk patients and patients with specific disease using a variety of analytic tools and methodologies to evaluate program effects on costs and health care utilization, e.g. by linking program data to Medicaid claims data across states to understand how specific interventions affect cost and health care use. ● The NORC team also has experence estimating episode-based costs of care (bundled events of health care use and costs which can demonstrate variation in costs across facilities and providers), an innovative and leading-edge approach to value-based reimbursement. In our work with the Maine Health Data Organization (MHDO), we are applying episode grouping software to claims and clinical data to better understand payment variation across plans and providers. For example, we have analyzed variation in costs across health plans for knee-replacements, from the inception of the episode of care (i.e., first office visit) to rehabilitation therapy.
One of the key solution features is the flexibility it gives users to perform self-service analysis. Users can modify existing out-of-the-box reports to meet their needs, as well as create new ones to meet future needs. Reports can be created using the solution's reporting and analytics tools; or users can use their preferred reporting tool, connect to the solution's databases, and create their own reports or visualizations (e.g., dashboards, scorecards, etc.). For "power users" or for an internal technical team using the solution's data API, data sets can be extracted with multiple purposes, such as to create additional data cubes or to feed existing data marts with complementary data for additional analysis.	● For the CRISP Reporting System (CRS), Ai provides role-based web access to reports for authorized users in State government and hospitals. CRS reports allow hospitals and the State government to track both inter-hospital and intra-hospital readmissions on a monthly basis. Policymakers also use CRS to track and analyze public health measures, such as Medicaid population utilization, drug overdose hotspots, behavioral health hotspots, geographic trends in readmissions, mother/newborn post-delivery utilization, and Maryland's Health Enterprise Zones (HEZ). ● Currently, Ai is developing a tool that policymakers, hospitals, and ambulatory practices/PCMHs/ACOs can use CRS to create real-time custom reports and dashboards. Currently, state policymakers can run custom reports to better understand specific utilization and geographical hotspots. Providers and hospitals would be able to generate lists of patients for care coordination, or narrow down specific subsets of patients through criteria-based searches (e.g. high utilizers, diabetes patients, etc.) for further follow-up.

ANSWER	ANSWER
Our solution includes a quality measures engine which processes and calculates quality measures from Healthcare Effectiveness Data and Information Set (HEDIS), CMS, Pharmacy Quality Alliance (PQA), and others, including custom measures based on Idaho's specific requirements. These measures are available out-of-the-box and are updated annually with the latest additions or changes in regulations. In addition, the solution includes the foundation to create additional quality measures needed. The solution provides users with extensive quality measures analytics with the ability to drill down into specific components of the calculation for root cause analysis. This feature can be used to report quality performance on Patient Centered Medical Homes or other categories and segments of the healthcare industry as needed. For the HEDIS measures, the solution gets certified annually by the National Committee for Quality Assurance (NCQA).	● NORC has a solid understanding of the sources of data for the quality measures identified in the Idaho Health Improvement Plan, as reported in the catalogue of measures identified by the the State of Idaho's Statewide Healthcare Innovation Plan's (SHIP) stakeholder group, e.g., through our work with the Maine Health Data Organization (MHDO) in selecting quality measures for use in their cost and quality compare site for a range of provider types. ● NORC has relationships with nationally-recognized technical experts, including academic and industry leaders available for consulting and convening and evaluating different quality frameworks and quality metrics. NORC also can inform IDHW of national trends in quality improvement and identify additional performance measures (for inclusion in the Initial Performance Measure Catalog). For example, NORC can ensure IDHW and IHC are informed of developments and issues related to the priority quality measures identified in the Idaho Health Improvement Plan (tobacco, obesity, and diabetes). ● In addition to metrics identified in Idaho's Initial Performance Measure Catalog in Attachment A, we understand that Idaho also is interested in evaluating patient experience of care, as described in the SHIP. The PCMH Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, which NCQA makes available to PCMH-Recognized practices to obtain Distinction in Patient Experience reporting, captures patients' experiences with the components of primary care that define a medical home. NORC has direct experience in the administration and reporting of CAHPS surveys. For example, we recently conducted the first Nationwide Medicaid CAHPS survey which will be used to understand the effects of national and state health care reform efforts and can leverage lessons learned to help IDHS implement a PCMH CAHPS, and facilitate quality improvement in this domain. ● NORC has extensive experience engaging diverse stakeholders in quality measure selection. Currently, we are working closely with consumer advisory groups and other coalitions of health care industry stakeholders in Maine (e.g., insurance companies, hospital associations, local non-profit organizations) to understand the strengths and limitations to reporting
Our extensive experience working with complex data integration projects allows us to create advanced ETL processes, integrates with structured and semi-structured source systems, including but not limited to legacy mainframe data, proprietary format files, JSON documents, XML, free-text documents (applying text mining), open source systems and repositories (e.g., Big Data's Hadoop), data in Web pages, data-streaming services, and social networking's Representational State Transfer (REST) Web services. The ETL processes can be configured to run on a predefined schedule and can be executed based on events using triggers connecting to outside sources of information such as hospitals, MCOs, and provider groups. Using a mix of scheduled ETL strategies, users can get the lowest possible latency to enable "near-real time scenarios."	● Ai recently developed the Encounter Notification Service (ENS) to deliver real-time, event-triggered notifications about a patient's medical services encounter. Using the tool, information about a patient's encounter may be sent to a permitted recipient with an existing relationship to the patient, such as a primary care provider or health plan. Presently, Ai implements ENS live in Maryland and DC (CRISP), Delaware (DHIN), and Florida (FHIE), and Utah (UHIN). Across these deployments, Ai is sending over 360,000 notifications per month to payers and providers for over 5.8 million subscribed patients. ENS also has clinical document routing capabilities. Meaningful Use (MU) requirements around Transitions of Care are making it imperative for hospitals to be able to transmit CCDA-formatted summary of care documents. ENS can receive a CCDA from a participating hospital via Direct messaging, wrap it in an alert notification, and deliver it to a PCP. ENS can, in turn, deliver an alert to the discharging hospital that provides the name of the PCP subscribed to that patient, so the hospital can update the PCP information within their own internal EMR. While there may be competing products in the marketplace that can deliver ADT-based notifications on hospital events to PCPs, Ai's ENS is the only notification solution in the marketplace that is end-to-end compliant with Stage 2 MU requirements for Transitions of Care.

ANSWER	ANSWER
Our solution is an NCQA-certified Quality Measures Platform and Analytics Solution for proactive monitoring, reporting, and advanced analytics to help clients improve quality measures performance as mandated by CMS. This analytics and reporting solution includes a portal, set of reports, dashboards, and the flexibility to do ad hoc analytics for those unpredictable analytics needs. It also includes a scoring methodology, as well as a star rating configuration to be defined by the State based on what CMS has already approved for Medicare Advantage health plans. The quality measures engine processes and calculates quality measures from HEDIS, CMS, PQA, and others. This includes the ability to include custom measures based on specific client requirements. The out-of-the-box measures as well as any custom measure automatically inherit the reporting and analytical capabilities of the solution. Moreover, quality measures are kept up-to-date with the latest additions or changes in regulations. Idaho can benefit from this solution as it can be configured to follow virtually any quality rating and scoring methodology. In addition, healthcare professionals can easily identify members' stars gaps in care, disseminate information to all parties that have ownership in closing these gaps, and monitor improvements in closing star gaps in care.	● Ai worked with ONC to develop the open source PopHealth tool (http://projectpophealth.org), which calculates Meaningful Use Clinical Quality Measures based on EHR C-CDAs. PopHealth is an open source reference implementation software service that automates the reporting of Meaningful Use quality measures for both ambulatory and inpatient providers. PopHealth integrates with a healthcare provider's electronic health record (EHR) system using continuity of care records. PopHealth streamlines the automated generation of summary quality measure reports on the provider's patient population, and facilitates qualification for Meaningful Use incentive payments. ● Specifically, Ai developed a strategic plan for the conversion of PopHealth to an open source user community based on a full understanding and familiarity of the target audiences and support needed to facilitate a seamless transition. Ai incorporated feedback from the open source community stakeholders to inform this process. ● Currently, Ai is developing a scalable version of ONC's PopHealth tool for CRISP. This Clinical Quality Measure Engine will accept C-CDAs from ambulatory and inpatient EHRs and calculate required Meaningful Use CQMs. It will utilize ONC's open source PopHealth code as a baseline. However, custom development is required to process high volumes of C-CDA data. This tool will also provide export functionality such that CQMs can be easily sent to CMS. ● The CRISP Clinical Quality Measure Engine will include the technical infrastructure to support additional, customizable, quality measures - provided adequate data are received from data submitters. ● Ai is actively developing the ability for practices to view clinical data for its patients through the CRS tool - including the ability to view practice - and provider-level information in addition to a tool that allows providers to customize quality measures.

ANSWER	ANSWER
One of the solution's key features is the flexibility it gives users to perform self-service analysis. Users can modify existing out-of-the-box reports to meet their needs, as well as create new ones to meet future needs. Reports can be created using the reporting and analytics tools provided with the solution, or the users can use their preferred reporting tool. Authorized users can use the solution's data API to extract data sets with multiple purposes (e.g., create additional data cubes or feed existing data marts with complementary data).	● In CRS, authorized users are given access to a web-based version of the business intelligence software Tableau. User access is limited based on patient relationships and Data Use Agreements and Policies. For example, Maryland State Government users have access to data from the entire state, but can't see individuals' specific encounter information (i.e., they have no access to PHI). Hospitals and practices will only be able to view see data for patients that it has a treatment relationship, as defined by relevant Data Use Agreements. Additionally, user access is limited based on a user's role. For example, interactors can run custom reports; viewers only have access to pre-populated reports.

ANSWER	ANSWER
This innovative solution can integrate with multiple data sources to support the retrieval and reporting of the right data in a near-real time fashion. Registries can be accessed and data extracted to complement other key data fields in the solution. This also facilitates the creation of different analytical variables to enable cross-analysis.	■ NORC's analyses, case-studies and evaluations of health information technology frameworks and infrastructure have kept our team abreast of best practices for the development and implementation of registries. This knowledge, along with the technical capabilities of NORC and Ai, can support the identification and selection of a software application that is most appropriate for IDHW's creation of interactive patient registries.

ANSWER	ANSWER
Provider-centric reports and scorecards including detailed gaps in care and actions required to remediate at the member, provider, and measure levels are included with the solution. Reports and dashboards can be stratified by many attributes including independent practice association (IPA) or provider. Additionally, the solution provides a mechanism to measure provider and member quality performance as well as risk to establish comparisons among peers or peer groups. The solution includes robust reporting and drill-down capabilities from the contract level down to the provider organization, provider, member, and claim levels. Additional reporting capabilities include: • Reporting on available data and configuration to produce results in multiple formats, showing current and forecasted performance • Provider-, member-, and quality measure-centric reporting that includes detailed gaps in care and actions required to remediate at the member and measure levels Users have the ability to create their own ad hoc reports using Excel or other reporting tool. These reports and dashboards can be grouped by functional area. The solution's portal and reports can be configured to provide provider access to relevant quality measures data. However, existing provider and member facing applications can be leveraged as distribution channels (i.e., existing provider and member portals) so that providers can continue to access information as they have been. A secured API integration layer is provided for any tool to query member level gaps in care at a provider level and single member level.	● For CRS, Ai is building capabilities for practices (particularly those participating in the PCMH or ACO program) to create custom reports through Tableau. For example, this would allow practices to run reports, in real-time, for patients that are hospital high-utilizers. Additionally, practices would be able to query for patients to target care coordination services, based on demographics and clinical characteristics (e.g., diabetes patients, over age 65, with at least one hospitalization in the last year).
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The Molina Health Information and Data Analytics system will be hosted on the same type of reliable infrastructure as the current Idaho MMIS, extended, if necessary, to accommodate the additional functionality. The Idaho MMIS is available 24/7 except for times authorized for scheduled maintenance downtime. The Molina data center in Albuquerque, New Mexico is the primary repository, and we also maintain a disaster recovery (DR) site in Richardson, Texas, that is continually replicated from the primary site using EMC storage array technologies. Molina provides and maintains the necessary telecommunications circuits between the Idaho offices and our data center facilities. Our local area network/wide area network (LAN/WAN) supports the immediate and long-term performance requirements of the Idaho MMIS, all State and Molina users, and defined external interfaces.	We recoomend that Idaho's Health Information and Data Analytics System be hosted by the NORC Data Enclave, often referred to as the industry leader in providing secure remote access to confidential data. Recently it was cited in a January 2014 Health Affairs peer-reviewed article (http://healthaffairs.org/blog/2014/01/27/the-need-for-a-smart-approach-to-big-health-care-data) as a Henry Ford moment for health care research. Developed in 2006 with seed funding from the National Institute of Standards and Technology's Advanced Technologies Program (NIST/ATP), the Enclave leverages cloud technologies to provide a robust, scalable, and highly secure data platform capable of handling high volumes of data and achieving high levels of availability and allows authorized users to access the system via an encrypted terminal, virtual private network (VPN) sessions that are load balanced with failover capabilities, redundant systems, including an offsite backup data center and fully tested disaster recovery plan.

ANSWER	ANSWER
Molina has implemented a “private cloud” environment for information technology infrastructure to provide high availability. The private cloud is the convergence of the industry-leading solutions from VMware, Cisco, and EMC (VCE). This “converged infrastructure” of hardware, software, and firmware represents the latest technology from the three manufacturers, with Molina continually benefitting from product upgrades as technology evolves. This infrastructure is fully configured, integrated, and optimized by VCE engineers, providing a fully pretested and validated stack of compatible hardware, software, and firmware. The cloud is managed as a single entity for Idaho, which makes adding capacity as simple as adding more blocks. Cloud computing fosters greater efficiencies, and allows the State to take full advantage of newer technology and that of an environment that continuously optimizes its infrastructure to improve delivery of service	In terms of hardware and operating system (OS) architecture we utilize HP/Dell hardware, VMWare virtualization + SAN overview, and a Windows enterprise environment. Our servers are configured per CIS security standards, and we utilize a robust system of monitoring tools. Our hybrid model involves multitenant systems, whereby clients are separated by logical layers. There are no direct connections between NORC’s facilities and clients, except as described under Access Controls, by remote access. In addition, there are no other interconnections other than those identified in the IT Security Plan documentation and accompanied by the system diagrams. All system connectivity occurs via TCP/IP across the NORC Network Infrastructure. The Network Infrastructure systems provide all services for physical cabling, network frame synchronization/flow control/error checking, routing, switching, DNS, and remote dial-in access. Remote connections to NORC’s internal resources (i.e. telecommuting, travel, etc.) are made via Virtual Private Network (VPN) Secure Client/Secure Sockets Layer (SSL) Remote Access services, all of which is managed as part of the NORC Network Security system. To ensure protection of the communication channels and of the information exchange between the connected components, the network security plan includes products such as firewalls, crypto capable routers, other network encryption devices, transport layer security (TLS) or secure sockets layer (SSL) certificates for communication over the Internet. Our security interface is based around a Citrix infrastructure that allows authorized users access via an encrypted terminal, virtual private network (VPN) session that effectively renders end users’ computers as ‘secure remote terminals’ providing access to data, statistical software, and collaborative spaces on a farm of central secure servers that are double firewalled within NORC’s network. The system is flexible in that access may be restricted to particular users and/or particular locations depending upon data producers’ preferences. We enforce security by requiring that all data manipulation occur on NORC’s secure servers, which are maintained to the highest of security protocols.

ANSWER	ANSWER
The data and storage network is centered on the Cisco Nexus converged switch. This provides for a 10-Gbps backbone throughout the entire cloud environment. Within the servers, we use fiber channel over Ethernet (FCoE), with no partitioning, to allow the full bandwidth to support either data or storage, as required. The storage subsystem is the industry-leading EMC VNX 7500 array that features an optimized design for virtual server workloads and fully automated storage. EMC's redundant array of independent disks (raid) technology mirrors the data, which virtually eliminates the possibility of data loss due to a disk crash. Our solution fully maximizes current SQL Server platform strengths to achieve optimal query response and high scalability (e.g., parallelism, partitioning, data compression, indexed views) that can grow with Idaho business operations. In addition, at the database level, storage has been configured using multiple LUNs/volumes in order to achieve maximum and balanced performance between computational power and the disk subsystem. The Idaho databases will not be shared with other Molina clients.	NORC utilizes a number of different storage technologies. We primarily utilize MSSQL for standard database applications, and Vertica, an analytic database management system used for big data requirements. We also utilize EMC's VNX 5500, a robust platform for consolidation of legacy block storage, file servers, and direct-attached application storage that enables organizations to dynamically grow, share, and cost-effectively manage multi-protocol file systems and multi-protocol block storage access. The VNX operating environment enables Microsoft Windows ® and Linux/UNIX clients to share files in multi-protocol (NFS and CIFS) environments. It also supports iSCSI, Fibre Channel, and FCoE access for high-bandwidth and latency-sensitive block applications. The combination of EMC Atmos ™ Virtual Edition software and VNX storage supports object- based storage and enables customers to manage web applications from EMC Unisphere. The VNX series next-generation storage platform is powered by the Intel Quad Core Xeon 5600 series with a 6-Gb/s SAS drive back-end and delivers demonstrable performance improvements over the previous generation mid-tier storage.

ANSWER	ANSWER
Molina is a well-qualified data center host and has extensive experience in this area. We host the infrastructure for our MMIS and managed care clients in our data center; and in 2011, Molina invested in a new, state-of-the-art data center in Albuquerque, New Mexico. Molina has successfully completed SSAE16 certification and audits for existing clients, including Idaho, confirming to the State that the annual audits will continue to be successfully completed.	NORC provides two classes of applications to Enclave users: local applications and published applications. Local applications do not require significant computational resources and are embedded seamlessly into the Enclave desktop. Examples of local applications include productivity and text editing software, such as MS Office and Notepad++. Published applications include statistical software and other programs requiring computational resources beyond those available on a user's desktop. The following applications are available a la carte to Data Enclave Users: SAS, Stata, Adobe Dreamweaver, Adobe Fireworks, Adobe Professional, ArcGIS, Corda Builder, GAMS, GVIM, Lotus Suite, Matlab, NLogit, AlpineMiner, SPSS, Oracle SQL Developer, pgAdmin, R, RevolutionR, Stat Transfer, Tableau, Talend, Toad, UltraEdit, and PKsecureZIP. These applications are provisioned through Citrix and may be accessed similarly to local applications (i.e., links on the desktop and start menu). However, the applications run on a farm of servers in the Enclave that have much more CPU and memory allocated to them. The exhibit on page 15 provides detail of the NORC Data Enclave's architectual design and topology.
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ANSWER	ANSWER
Molina employs an iterative waterfall approach to project management. During each product phase: • Requirements for the solution are gathered and approved by the Department. • The project team begins work on the high-level design (HLD) after approval for the requirements is received. • Once the HLD is approved, detailed designs are created and approved. • After the approval of the detailed design, development begins. • System testing, including demonstration to the client, occurs once development is complete. Implementation occurs when testing is completed and no remaining defects are found. Implementation is the culmination of DDI activities resulting in go-live of the solution. We demonstrate, to the client's satisfaction, the technical, procedural, and organizational readiness to successfully meet the business requirements. Project success is facilitated through rapid review of configuration and business rules, readily reviewed test results, and detailed plans for training, conversion, and solution readiness preparation.	Successful implementation of an IDHW Health Information and Data Analytics project will require an experienced group of managers, developers, health data content specialists, IT experts, information systems analysts, business analysts and trainers working seamlesslt to execute a solid management plan, supported by well-tested project management tools that have been tailored to IDHW's needs. As a longstanding organization that has responded to industry shifts for over 70 years, NORC fosters a work climate with a high tolerance for change and a high comfort level with technological adoption. Moreover, our depth of experience allows us to anticipate areas that might pose challenges and rapidly develop approaches to mitigate these. NORC's reputation for managing complex and challenging projects is based on successful planning, coordination, and completion of diverse activities by teams of talented professionals that require involvement from a variety of stakeholders and subcontractors. We pride ourselves on being able to stay on budget and on time with efficient and effective communication practices implemented at every stage.
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ANSWER	ANSWER
The Idaho project manager is responsible for project deliverables, resource allocation, and direction of day-to-day activities throughout the project, including design, configuration and development, testing, documentation, system planning and execution, status reporting, and any necessary post-implementation recovery. The Idaho project manager works closely with the Department's project lead throughout all project phases. Projects are supported by a core team of subject matter experts (SMEs). The project manager and core team are further supported by additional staff as needed, as well as the Idaho account leadership team.	The foundation of our approach is a highly organized and empowered team structure led by an experienced and highly regarded Project Director, equally capable Project Manager and open lines of communication among team leads within and across partner organizations. In addition to being prepared for any management challenges, the NORC team places a high premium on understanding the landscape in which its clients work. This deep understanding facilitates the development of a tailored management plan that describe how NORC in conjunction with our partners will efficiently organize team resources; provide staff coverage appropriate to content, data and IT issues; and assure high quality, timely, and on-budget throughout the life of the project. As such, NORC's management approach will comprise of the following components to foster success across all aspects of the project: ■ A strong organization and infrastructure to ensure coordination and high quality deliverables, as well as cost and schedule management; ■ A skilled, experienced, and deeply dedicated project team composed of staff with superior management, technical and assessment competence as well as research and policy expertise; ■ A detailed, yet flexible, project schedule to serve as a roadmap for activities; it will become a "living" document of the work steps required by each partner organization, and will allow the management team and the client to ensure the contract requirements are consistently fulfilled; ■ Open and effective communication paths across the project team, with the IDHW and with the SHIP Stakeholder group; and ■ Well-established quality control processes that ensure superior deliverables.

ANSWER	ANSWER
Prior to performing design and development of the solution, Molina works closely with the Department to determine the scope and requirements for each phase of the project. During the first phase, the project portfolio is prepared by the Department and areas of impact are identified. Project teams are established for both the Department and Molina based on the areas of impact. Molina reviews requirements with the project teams to address outstanding questions, constraints, and risks.	NORC project managers use Analyst, a financial planning and software package, to input budget projections and monitor costs incurred against the project budget, for easy identification and avoidance of cost overruns. This software tracks costs billed, and can produce reports that specify spending across the project as well as within individual tasks. The reporting capabilities allow for comparisons between budgeted versus actual costs, variance, past and future expenditures, and indirect or direct costs. Cost containment is very important at the organizational level, so NORC looks for proactive strategies to reduce costs. Our innovative use of automation technologies to reduce manual and repetitive analytic and report production tasks frees up staff to focus on higher value tasks. Our use of virtual work environments and other related technologies help reduce our overhead and travel costs. We also ensure that staff assigned to tasks have the appropriate training and experience level for each task, ensuring efficiency and maintaining overall quality. In addition to the tools and processes for tracking and monitoring project costs described above, we utilize Deltek Time and Expense software for project staff to accurately record their time billed to the project, and Concur Expense for accurately recording expenses charged by project staff for project-related expenses.

ANSWER	ANSWER
The phased approach to projects allows for flexible and successful implementation of the solution. Project dates are confirmed by the Department, at which point Molina is given approval to proceed. Project deliverables are tied to Molina's service-level agreements (SLAs). Deliverables help to ensure adherence to the project timeline, as well as support design, development, testing, and implementation activities throughout the project. The timeline of the project is tracked using Microsoft Project in conjunction with Primavera as our time reporting system. We use these tools to review progress of deliverables and to alert to deviations from plan both using the cost performance index (CPI) and schedule performance index (SPI). As part of our project management process, we analyze time and effort spent vs. deliverables to confirm that we are delivering within the projected plan with the efficiency expected. This review takes place on a weekly and monthly basis. As deviations from the plan are identified, the Department is alerted promptly and corresponding contingency plans are developed and submitted for approval.	Using SAP BusinessObjects data warehousing technology, we combine data from the various cost tracking and case management databases into an integrated reporting platform for reporting and monitoring cost and production performance. The data warehouse system itself is a secure reporting system developed to provide projects with cost and production information primarily during data collection. It is also a way to obtain data cube information via Excel and other applications on financial data.

ANSWER	ANSWER
Molina uses a set of project management tools to manage its projects. The project portfolio houses business requirements, checklists, questions and decisions, risks, change requests, and the HLD for the project. The business rules and exit criteria are noted for each business requirement, and all risks are assigned an impact level (high, medium, or low) and a probability level, to ensure that requirements are met and issues are resolved as the project progresses. The Idaho site uses Project Tracker to provide weekly updates and track the project, including the following activities: • Maintain project schedule with tasks and dates • Schedule weekly internal team meetings • Schedule meetings as needed by the Department • Update weekly by posting the project status to our shared SharePoint site Project resource application and activity progress is managed using a combination of Microsoft Project and Primavera as our standard tools. These tools allow us to review the project metrics and the project earned value. Change requests, report requests, and defect management are handled with the Molina Request Management System (RQMS). The Molina test environment is used to perform testing and validation of the solution. The test environment matches the current production environment in terms of capacity and will include more up-to-date hardware and storage infrastructure for better performance and stability.	For the IDHW Health Information and Data Analytics project, NORC will likely apply IT Project Lifecycle (PLC) methodology to ensure the completeness, accuracy, and quality of all project deliverables, or other project management paradigms, such as Agile. The PLC is grounded in project management standards from the Project Management Institute's A Guide to the Project Management Body of Knowledge (PMBOK® Guide), and software development life cycle (SDLC) best practices. The PLC helps to ensure consistency of good project practices, clarifies project team member responsibilities, and lays the groundwork to improve project quality over time. The two main purposes of the lifecycle phases are to provide a logical way to organize all the activities that occur in a project, and to serve as a control mechanism for the project. The phases are designed to help control the project by ensuring certain work is satisfactorily completed before other work begins, and to allow for formal reviews of the project's progress at key points, such as at the end of each phase and before the next phase begins. The PLC defines procedures for project plan development, issue tracking, risk mitigation and continual metrics-based analysis. The lifecycle is intended for most IT projects at NORC, and is designed to be scalable to the size and complexity of each project. That said, for certain software development projects, NORC may choose to forgo the PLC in favor of the more nimble Agile methodology. The benefit of the latter is greater stakeholder involvement and frequent product demonstration at the end of each sprint cycle. For this reason, the SHIP's Stakeholder group's project may be a good Agile candidate, though that determination will be made upon contract initiation. Moreover, all IT work is managed as a project to ensure tasks are completed on time and within the budget. Tools employed by the IT team include Microsoft Project for project work plans, schedules, resource allocation, and cost estimation; and JIRA for management of individual project tasks and issues.
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ANSWER	ANSWER
Molina is led by a superior leadership team of highly credentialed individuals with broad-based Idaho, Medicaid, healthcare, systems development, and implementation experience. Molina's management techniques involve the integration of system and manual functions, internal resources, full corporate commitment, enhanced communication, and trained staff to facilitate smooth operations. Formal and informal meetings and frequent contact between Idaho and Molina management personnel fosters shared ideas, resolves issues, and alleviates concerns. Idaho's approach to account management includes: • A partnership between the client, Molina, and any client-selected vendors • Project management based on lessons learned in systems execution, risk mitigation, and knowledge transfer • An experienced team of Medicaid professionals ensuring Idaho benefits from years of experience • A robust platform that is widely used, with n¬-tier client/server common technology available from many vendors • Predominately commercial-off-the-shelf (COTS) software components for solution architecture • An integrated Medicaid database, based on open technology	NORC will engage our Requirements Management Methodology (RMM) to assure that we comprehensively and accurately document all project IT requirements. The RMM defines our approach for capturing and analyzing requirements for all IT systems used on NORC projects. Based upon best practices, it describes at a high-level how project managers, business analysts, and developers marshal the appropriate requirements within a standard framework. NORC created this process to foster replicability and predictability in the requirements process to minimize risk and increase quality. The RMM comprises five phases: Planning, Elicitation, Analysis, Review & Verification and Validation. In each phase, the business analyst is responsible for a set of activities and outputs. This methodology is flexible enough to be tailored for each project, so only the activities and outputs of the Planning phase are required at the onset. During the initial phase of Idaho's Health Information and Data Analytics project, the business analyst will determine which activities and outputs from the other phases best support the project's objectives and scope, capturing those conclusions in the Requirements Management and Business Analysis plan. NORC stores the outputs from the RMM in a project-specific SharePoint site, a centralized repository that provides templates, document version control, workflow enforcement, stakeholder sign-off, and other important project deliverables.

ANSWER	ANSWER
Molina operates member, provider, and user help desk functions. Molina leverages the Contact Manager component of our Health PAS system, as well as our extensive help desk knowledge and expertise, to operate the help desk function for Idaho. In our Idaho MMIS operation, help desk support consists of technical assistance, a call center for provider and member inquiries, email support, and statewide face-to-face support provided by our provider relations consultants (PRCs). Idaho's SLAs help to ensure that support is provided in a timely manner; that technical issues are quickly resolved; that support-related interactions are tracked and follow-up is performed when necessary; that support is available, at a minimum, during a specified timeframe; and that support-related reports are made available when needed. We intend to follow this proven pattern of operation.	Data Enclave help desk hours are 9AM-5PM ET Monday-Friday. Enclave staff are available to help users with any issues pertaining to accessing the environment and functionality within the environment, transferring files and optimizing code for the database solution. All support requests will receive a response and be assigned to a technical support resource within 4 hours.

ANSWER	ANSWER
Under our Idaho MMIS operation, SLAs are closely monitored and considered a key to quality support and services. SLAs are reviewed weekly and monthly. We work collaboratively with our client to review and monitor SLAs for compliance.A wide variety of metrics are tracked by these SLAs, such as: • System uptime • Support response times • Claims processing • System defect resolution • Payment processing • Reporting • Enrollment processing In addition to SLAs, regular auditing practices are used for operations activities to provide an additional layer of quality assurance.	The required level of availability for the Data Warehouse is set at 99 percent uptime measured by a rolling 6-month period, excepting all scheduled downtime for maintenance and upgrades. For purposes of determining whether the availability of the Data Warehouse meets the service availability standard, availability excludes “downtime,” defined as any time during which Customers are unable to access the Data Warehouse or deposit/download data. Outages are counted as “downtime” beginning with the receipt notification from a Customer that he/she is experiencing an outage. Security policies and procedures as described below will be enforced. Included in these procedures will be at least quarterly testing of the security of the Data Warehouse and protocols for reporting security breaches and remediation. Reports on the results of these tests will be provided. Metrics as agreed to by the customer in service tickets are tracked within the Service Management system and are provided on a bi-weekly basis for the first 60 days following major system deployments and monthly thereafter.
Molina welcomes the opportunity to continue to provide additional and new services to the Department through the review of products and services available in our portfolio such as care management, provider incentive management, and predictive modeling. Molina can include in our offer a not-to-exceed number of consulting hours to be used at Idaho’s discretion for the improvement of the current solution and to adapt other products currently available in our portfolio. We continue to research and implement new ways to provide superior service, better care, and outcomes. This is reflective of our expertise in developing healthcare services.	Not answered

ANSWER	ANSWER
A post-production evaluation is conducted by Molina to assess the results of the activities and releases. Internal discussions with the implementation team, and external discussions with the client, are conducted to identify any on-going contingencies or problems. For areas where problems occur, Molina creates and tracks defects through a process for remediation. The client, system programmers, and network engineers may all request system software changes, changes to the operating system, software package support, and scripts or based program code packages unrelated to business processing. Requests are made using production incident tickets, change control forms (CCFs), change requests, internal maintenance requests, or defects. Once development/configuration is complete, the changes follow the standard testing, approval, implementation, and post-implementation process (see item 30 below). Emergency changes may also be requested and implemented outside of the standard process.	The expected Recovery Point Objectives and Recovery Time Objectives for the Data Warehouse in the event of a major catastrophe are 4 hours RPO for the central data store and all data deposits and 4 hours RTO for the central data store and all data deposits. The expected Service Continuity Standard for the Data Warehouse in the event of a major catastrophe is 4 hours Recovery Point Objective (RPO) for the central data store and all data deposits and 4 hours Recovery Time Objective (RTO) for data deposit, ETL, download, and storage functions.

ANSWER	ANSWER
Product feature and function enhancement are typically executed through the planning, design, development, and testing phases of Idaho's project management process. CCFs may pertain to system and operational modifications and enhancements; maintenance; the creation, modification, or production of a report; or other changes.	Not answered

ANSWER	ANSWER
Prior to a product release, Molina is responsible for demonstrating the fulfillment of the solution requirements and preparing the implementation plan. Once test results have been approved by the Department (see item 31 below), Molina uses a structured change control process and a change control board to move updates into the production environment. Changes can be made only by a limited group of individuals with proper authorization; and after deployment, all changes go through a validated process. Source code is managed and maintained in a controlled environment based on Team Foundation Services (TFS) which supports version control, version history, branching, code comparison, and check-in auditing. For the product releases, our solution includes two types of version upgrades: 1. Calculation engine updates based on rule updates specified by quality measures authorities such as NCQA, CMS and PQA 2. User experience updates where new features and improvements are released to enable new user scenarios Our solution includes one major release every year (typically for quality measures updates), with an additional optional release (with minor and/or major features).	Not answered
Testing of usability, product fixes, enhancements, and new features and releases includes test planning, test execution (including pilot testing when appropriate), and defect management. Molina's user acceptance test (UAT) environment allows extensive testing of the solution without impacting other system changes. Molina will identify defects in testing and track those defects through to resolution. Molina holds test validation meetings, during which the SMEs and testers present the changes and test results to DHW, IHDE, IHC, and associated workgroup stakeholders. The stakeholders may approve the changes, allowing Molina to move the changes into production, or not approve until further validation is completed. Molina also performs consistent auditing of the system to ensure that it is functioning as expected. This aids in quick identification of fixes, enhancements, and additional features that may be needed.	Not answered

ANSWER	ANSWER
Change requests are submitted using Molina's RQMS, and each request is formally reviewed in a weekly meeting with the Department. Molina tracks change request dispositions and assigns appropriate resources. After initial assignment, the progress of that change is tracked by our testing manager and team. Idaho's Tier 1 support group is provided through the following channels: • Call center: Provider and member inquiries • Email: Designated email boxes for various types of correspondence • PRCs: One PRC assigned to each of the seven Idaho Medicaid regions Tier 2 support can be escalated to platform experts as needed through our analytical support service. This service consists of support with complex analytics or assisting in a more intricate database search exercise to find out the reason why or under what circumstances a member care event happened. This service helps users enhance their application knowledge, and the collaboration assists in shaping the product roadmap.	Not answered
Idaho is equipped with a variety of staff that support the requirements of the solution. Molina can engage the right resources as needed to support the State's needs. Because of Molina's experience in establishing operations, not only in Idaho but across the country, we can leverage our knowledge effectively and efficiently. The composition of the team will be determined by the scope of the system requirements and services requested.	Not answered

ANSWER	ANSWER
Ownership of system modifications and vendor management varies based on the area of the solution requiring a modification, as well as the specific solution and vendor. Molina is responsible for initiating, managing, and tracking all approved modifications, whether the responsibility for system changes lies with the vendor or internal to Molina. Typically the vendor is responsible for source control and build and package, but Molina enforces the same stringent release management, deployment, and quality assurance controls.	Not answered
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Idaho builds tailored plans for transferring system administration knowledge to clients through training and documentation. This includes a system documentation library that is regularly maintained and catalogs all system changes and configurations. In addition to training and documentation, technical staff are available to assist with questions.	Not answered

ANSWER	ANSWER
Idaho's use of standardized interface technology such as Web services and Accredited Standards Committee (ASC) X12 supports client knowledge of interface development. Technical staff are also available to collaboratively work with the client to resolve issues and answer questions.	Not answered
A dedicated, experienced training team allows for Idaho to not only deliver the solution but to operate. Idaho's focus on knowledge by emphasizing training and documentation enables the site to ensure that the end users are trained on the best practices and use of the system. Training is offered internally to Molina employees, as well as externally to providers and Department staff. Idaho uses a learning management system to track training and gather feedback. Hands-on, face-to-face provider training is offered in the field. Idaho uses a variety of approaches to training: • WebEx (virtual conferencing) • Computer based training • Classroom • One-on-one training • Assessments • Auditing • Hands-on in a training environment	NORC in partnership with representatives across 13 federal statistical agencies community explored how shared IT infrastructure might be leveraged to foster increased collaboration among statistical agencies and thereby realize the distinct elements of this vision. NORC experts authored two white papers on best practices with regard to developing and implementing a shared cloud-based IT infrastructure and conducted proof-of-concept exercises intended to simulate the migration of agency assets into shared IT infrastructure.
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ANSWER	ANSWER
• T-SQL • Integration Services • Analysis Services • MDX • Reporting Services • ASP .NET • HTML • C# • VB.NET	For the Idaho Health Information and Data Analytics System we recommend developing the application for both the data submission and internal ETL service components of the solution in Microsoft Visual Studio, using the C# language. Our team has significant experience developing health claims solutions using C#. It provides a wide degree of latitude for both creating functionality and integrating with existing enterprise IT architecture. In conjunction with the C# language, we also recommend utilizing Vertica's Structured Query Language (SQL) – based on ANSI-92 SQL – for backend storage and management operations in the data warehouse.
The solution supports Internet Explorer, Firefox, Chrome, and Safari	Although we are able to support additional browser requirements as determined by project stakeholders, currently we support the following browsers for web-based components of our solution, including: ■ Microsoft Internet Explorer 8.0 and later ■ Mozilla Firefox 3.5 and later ■ Apple Safari 5.0 and later ■ Google Chrome 4.0 and later
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ANSWER	ANSWER
Molina's zero-gap approach is applied to all aspects of our operation. We ensure PHI confidentiality by maintaining:• A centralized authorization system for internal security • Encryption for external security • Audit logging to determine unauthorized activities • Physical security measures within the facility Our platform supports authentication and protocols to ensure that access to data is not compromised. Further, our platform provides for the secure exchange of all information, including files, emails, and data transfers. We employ firewalls, industry-standard intrusion detection software, and network tools used to ensure privacy and security. Molina implements proven techniques, solutions, and controls to protect the security and privacy of the systems and data that we manage. Our approach includes the use of: • Managed antivirus software for automatic updates to software and virus definition files • Network firewalls for both internal and external network system access control • Internal and external security auditing to identify and protect against unauthorized access • Schedule-based password changes, expirations, and strong password requirements for user accounts • Managed software updates and patches for Molina servers and computers • Physical security for facilities and equipment • Host- and network-based intrusion detection and prevention • Data backup, replication, and offsite storage • Logical system access controls • Data integrity auditing and controls • System access and log monitoring with a log aggregation system that alerts the security operation center of potential malicious activity • Network monitoring with intrusion prevention devices • Scheduled internal vulnerability assessments using industry-leading software	For the Idaho Health Information and Data Analytics System we recommend developing the application for both the data submission and internal ETL service components of the solution in Microsoft Visual Studio, using the C# language. Our team has significant experience developing health claims solutions using C#. It provides a wide degree of latitude for both creating functionality and integrating with existing enterprise IT architecture. In conjunction with the C# language, we also recommend utilizing Vertica's Structured Query Language (SQL) – based on ANSI-92 SQL – for backend storage and management operations in the data warehouse.

ANSWER	ANSWER
Molina maintains compliance with CMS security requirements. Idaho security staff follows a continuous cycle of routine audit of existing policies, procedures, and technical solutions to monitor the effectiveness of current security controls and adherence to Health Insurance Portability and Accountability Act (HIPAA) security standards. Security-related information from industry-standard organizations, such as the National Institute of Standards and Technology (NIST), is monitored to ensure that our system remains current with HIPAA security requirement updates. The latest NIST and National Security Agency (NSA) publications on network and application security, firewall application, and incident management are also reviewed and applied. Molina is also compliant with the Health Information Technology for Economic and Clinical Health Act (HITECH), Federal Information Processing Standards (FIPS), Automated Data Processing Physical Security and Risk Management, and Computer Security Guidelines for Implementing the Privacy Act of 1974.	All results that users request for export from the secure setting must be reviewed by statistical disclosure control experts to ensure data confidentiality. The final data protection measure to have in place is cutting-edge IT and system security processes that meet industry best practices and national standards of compliance (e.g., FISMA/HIPAA/ANSI). In sum, safe users (i.e., authorized by the data owner/depositor), who receive appropriate levels of training, and who access confidential data in a safe setting, coupled with statistical disclosure control guidelines and processes provide the highest level of protection for PII/PHI.

ANSWER	ANSWER
Molina uses state-of-the-art 2-factor authentication infrastructure to secure access to its networks and applications while preventing access by unauthorized attackers. This combined with our virtual private network (VPN) access infrastructure enables us to offer a highly secure enterprise platform to our clients.	Not answered
• Control access to system and data: Ensures confidentiality, integrity, and availability of computer resources and data, compliance with HIPAA and Medicaid Information Technology Architecture (MITA) administrative, physical, and technical security requirements as well as standard business security principles • Protect the confidentiality and integrity of electronic protected health information (ePHI): Employs technical and procedural controls to affirm that data are protected and access controlled in order to protect ePHI, personally identifiable information (PII), and other sensitive information • Monitor system activity and act on security incidents: Tracks, logs, and monitors all changes to system access, guards against malicious software and suspicious activity, and reports and mitigates security incidents • Support individual rights specified in the HIPAA privacy regulations: Provides designated record set (DRS) functionality that allows receipt and responses to inquiries and report requests Our data center in Albuquerque, New Mexico is Leadership in Energy and Environmental Design (LEED) gold-certified, utilizing innovative green building and operational techniques that result in significant environmental impacts.	Any inbound or outbound files are managed and audited by the NORC Data Custodians. NORC also conducts regular security tests via third-party security auditors that include penetration testing and simulated denial-of-service attacks. From its inception between 2006 and 2011, the NORC Data Enclave® operated under a NIST-approved Certification and Accreditation (C&A) package. Currently, we operate under a formal Authorization to Operate (ATO) under the direction of the Economic Research Service and are formally audited on an annual basis by an independent third party IT security systems auditor. In addition to conducting an analysis of any potential risk to electronic protected health information (ePHI), the auditor conducts a design-level review of controls that support the security of the Enclave using NIST Special Publications 800-53 (Moderate-Impact Assets) as the security standard.

ANSWER	ANSWER
Molina follows basic security auditing procedures as part of normal business. Our site operations' policies and procedures are designed to constantly monitor the system to: 1. Provide controls that prevent and log unauthorized events from occurring 2. Identify and trap unauthorized transactions 3. Identify and correct errors in the environment in a reasonable timeframe 4. Correct any issues identified, logged, worked, reviewed, resolved, and closed 5. Correct any problems that the monitoring and control systems have identified. Formats for identifying the source of data after it has been stored include: • Hard-copy or soft-copy listings • Transaction reports • Update reports • Transaction logs • Error logs • Storage logs Network staff perform daily, monthly, quarterly, and annual reviews of applications to determine if any inappropriate activities are taking place. Reviews include: • Firewall setup and activity logs • Intrusion detection system (IDS) setup and logs • Document change requests • Security access logs • Security user tables • Asset management tracking systems • Asset storage • Incident reports • Operating system • Data destruction logs • Records processing inbound/outbound logs	Ai provides role-based web access to reports for authorized users in State government and hospitals

Company:	Optum Insight, Inc. ("Optum")	**Company:**	Orion Health
Contact:	Renee M Owings, Business Development Director	**Contact:**	Brad Hibbard, Director of Sales
Telephone:	(928) 282-2840	**Telephone:**	(310) 625-8214
E-Mail:	owings@optum.com	**E-Mail:**	brad.hibbard@orionhealth.com
General business type of Company:	Health care and analytics	**General business type of Company:**	Analytics
# of req's not met/answered by company:	2	**# of req's not met/answered by company:**	15
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	Flow charts on pages 10-11
ANSWER		**ANSWER**	

ANSWER	ANSWER
Page 1: Optum has provided enterprise data warehouse (EDW), business intelligence (BI) and health care analytic services to State government for more than 20 years…..Optum's ultimate parent company is UnitedHealth Group, Incorporated (United). United is a publicly traded, Minnesota (U.S.) corporation, with shares listed on the New York Stock Exchange (NYSE: UNH)....United operates independent businesses with strict codes of ethics and firewalls. Optum is the health information and technology services business. We are not controlled by a health insurance company. We work with 350 government agencies, 300 different health plans, and most providers in the United States. Our operations are completely separate from the health care insurance business provided through UnitedHealthcare. Figure1 shows this separation. . SEE PAGE 1 & 2	Page 5: Orion Health was founded in 1993 and has been in business for over 21 years with a singular focus on healthcare and interoperability technologies. Our original products handled complex integration challenges and now the Orion Health RHAPSODY Integration Engine is the gold standard in interoperability, serving as the foundation of the Orion Health Healthier Populations Solution Group and deployed worldwide by more than 400 vendors and 800 health systems. Orion Health expanded on that foundation and built its Healthcare Integration Exchange (HIE) platform and then a full population health management platform (Orion Health Healthier Populations Solution Group) in the early 2000s. The 2013/14 financial year has seen Orion Health post the largest revenue in the 21 years since establishment. The 2013/14 invoiced revenue of $163 million represented a 34% increase on the previous year and has been growing 30% year over year for the past several years. Orion Health was listed on the New Zealand and Australian stock exchanges in November 2014. Orion Health has over 1,200 staff, and 100 percent of our employees are focused exclusively on healthcare interoperability, population health management and clinical workflow. Orion Health has over 385 software developers and we invest close to 28% of revenue in R&D annually. SEE PAGE 5 FOR MORE

ANSWER	ANSWER
From Page 2 summary:... Our mission is to deliver our services with integrity and compassion. You have our commitment that we will meet all of your requirements. Should you require any additional information please feel free to contact Renee Owings, our Business Development Director for Idaho. She may be contacts via the phone number or email address noted on the cover page of this RFI response. QUESTION IS LISTED ON PAGE 3	Page 5 - 2 and 2a are listed together with the following as their response: Analytics is a key component of functionality Orion Health is delivering to Open Platform clients beginning 2015.

ANSWER	ANSWER
Page 3: As noted in Figure 2, Optum serves individuals, providers, and customers across the entire health and human services system. Figure 2: Who We Serve. Optum serves a very broad base of customers across most aspects of the healthcare spectrum. We serve virtually every dimension of the health care system, working with a diverse set of clients across 140 countries – from those who diagnose and treat patients to those who pay for care deliver health services, and those who supply the cures.	Not Answered
0	0

ANSWER	ANSWER
Pages 3-4: We serve: · People who use Optum™ wellness services, behavioral health solutions, decision support services, billing services, and more. · Employers who partner with us for pharmacy benefits, health and wellness programs, financial services, and more. · Government entities that look to us for a broad range of services and technologies..SEE DOC.. · Health plans that use us to help them significantly reduce administrative expenses while sharpening their focus on quality and care improvement. ....SEE DOC. · Hospitals and care organizations that work with us to implement strategies and technologies that help them improve both their financial and clinical performance, while retaining patients. · Life sciences companies that partner with us for consulting, technology and scientific insights that help them improve the quality and affordability of health care and health outcomes. · Physicians who work with us to create healthier practices and healthier patients through the adoption of electronic medical records, improved clinical workflow and more.	Pages 6 - 8: Four of our current Healthier Populations clients are listed below. Alberta Health Services (AHS) one of our largest and most mature population health management clients in North America is Alberta Health Services in Alberta, Canada. Although a Canadian client, their model of care across organizational boundaries is representative of the approach the US market is embarking on. (SEE DOC FOR MORE). Catholic Health Initiatives (CHI), the nation's second-largest Catholic healthcare system, has deployed the Orion Health core OPEN PLATFORM to enable physicians and clinicians to access and exchange patient information, coordinate patient care and update patient records throughout its more than 100 facilities in 19 different states. (SEE DOC FOR MORE) Scottsdale Health Partners (SHP) is a physician-led Clinical Integration Network (CIN) and Accountable Care Organization (ACO) with a mission to transform healthcare delivery in the greater Scottsdale, Arizona community. (SEE PAGE 7 FOR MORE) The California Integrated Data Exchange — Cal INDEX, a partnership between Blue Shield of California and Anthem Blue Cross Blue Shield is an independent, not-for-profit organization developing a statewide, next-generation health information exchange (HIE). (SEE PAGE 7 -8 FOR MORE)
Page 4: Figure 3: Key Customer Tenures. TABLE LISTS 4 STATES SEE DOC	Page 7: Scottsdale Health Partners contracted with Orion Health in 2013 after a failed implementation of Harris/CareFX. (NO DATES MENTIONED FOR THE OTHERS)

ANSWER	ANSWER
Page 4: Optum serves virtually every dimension of the health care system, working with a diverse set of clients across 140 countries from those who diagnose and treat patients to those who pay for care, those who deliver health services, and those who supply the cures. Given the size of our client base and solution portfolio we are adding customers at a rate of literally dozens per month with contracts of varying lengths. While we do not publish a rate of contract terminations, our business continues to grow at a rapid rate due to our track record of successful projects, our high levels of customer satisfaction and our low rate of terminations of our client base. SEE DOC FOR MORE	Not Answered
Page 5: The most significant issues we face on projects such as your envisioned project are data availability and data quality issues and the availability and capability of the data provider to address data-related questions and issues on a timely basis. SEE DOC	Page 8: Moving to an effective population health management system requires a complete end-to-end solution purpose built for managing population health across a medical community. Fundamental to this approach is the 6 “A’s”: (SEE PAGE 8 FOR DETAIL OF EACH) Acquisition; Aggregation; Analytics; Action; Access; Adoption.

ANSWER	ANSWER
Page 5: The one key lesson learned is that there must be an executive level business sponsor who is engaged in and committed to the success of the project. Project success is best driven when the project is clearly tied to an executive's objectives and when they can stay engaged in monitoring the project and helping to address issues that may arise during the project. A second key lesson learned is that communication and outreach are critical to success. Users must understand the project and the solution. You must provide the support required for them to be successful in using the solution. Finally, you must continually reach out to them to ensure that the solution is meeting their needs and that they are effectively using the solution.	Page 8: Many population health improvement efforts focus on "point" solutions such as an EMR, a disease registry or analytics reporting package, and therefore fail to achieve their promise. In our experience, the most effective approach relies on laying the foundation with the end in mind, and developing a complete, vertically integrated solution, as described above. (SEE PAGE 8-9 FOR MORE)

ANSWER	ANSWER
0	Page 9: Cost estimate table based on a standalone purchase. We have a unique opportunity to leverage and extend the existing technology infrastructure with IDHIE. Software as a Service (SaaS) estimate: INFO FROM TABLE ON PAGE 9: *Products; Annual Fees; [One time implementation fees] *Orion Health Base OPEN PLATFORM; $1,247,000; [$630,000] *Orion Health OPEN API Manger (option); $150,000; [none listed] *Orion Health Analytics; $155,000; [$165,000] *Orion Health COORDINATE-Healthcare Pathways, Care Plan & Collaborative Worklist; $175,000; [none listed] *Orion Health COORDINATE- Clinical Referrals; $192,000; [$120,000] SEE PAGE 9 FOR MORE DETAIL

ANSWER	ANSWER
Page 5: Estimated One-Time Implementation Cost: $525,000 – $1,500,000 This includes the complete setup of the Spectrum solution including data ingestion, user interface, setting up mutually agreed up measures, analytics, extracts and infrastructure setup.	Response on Page 9: Please refer to cost estimate table
Page 6: Estimated Annual Operations and Maintenance Cost: $650,000 – $1,400,000 Estimated Annual Licensing Cost: $600,000 – $1,500,000 This includes licensing, hardware and software maintenance, QA support, and a reasonable number of small customizations.	Response on Page 9: Please refer to cost estimate table

ANSWER	ANSWER
Page 6: The estimated cost will vary according to the number of unique data feeds, users, patients, providers, data sizing, and other requirements (ad-hoc reporting environment or additional data marts) that may be determined during contract negotiations or the implementation process.	Page 9: There are additional software and services that can be purchased depending on the specific goals, objectives and needs of a particular project.
Page 6: There are multiple options that can be presented, including an option to work with you in a “Partnership Model” vs. a “Client-Vendor relationship” model. These options could potentially lead to a certain level of savings. We can present these options in an RFP response or in contract negotiations. SEE DOC FOR MORE	Page 10: Yes, Orion health typically structures pricing tiers associated with patient/participant volume.
Figure 4 provides an estimated implementation timeline as well as the current Spectrum product release timeline. Figure 4: Project Timeline and Product Development. The estimated Spectrum project timeline below identifies a phased implementation of functionality over a period of approximately one year. The Spectrum release schedule depicts the continuing addition of new functionality over time and aligns well with the State of Idaho implementation timeline.SEE PAGE 7 FOR IMAGE	Page 10: The specific implementation timeline is unique to each customer and dependent on many factors. The average length of time to stand up the Orion Open Platform functionality is 8-12 months

ANSWER	ANSWER
Not answered	Not Answered
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Page 10: Optum delivers end-to-end Data Management solutions, combines innovative technology with a deep expertise in data feeds including security and analytics, data governance, and Big Data management. Optum, with our extensive experience, has developed the Spectrum solution. Spectrum accelerates and improves process efficiency. The solution intake and ingest process has been setup to be platform agnostic, therefore as a hosted solution we are compatible with most of the standard databases – SQL Server, DB2, Oracle, Teradata, etc. Additionally, to support the client/customer needs we can export and extract data to any downstream applications or database. The Spectrum solution database is currently SQL Server.	Page 11: Our solution supports MS SQL 2005+, and Oracle 10g/11g.

ANSWER	ANSWER
Page 10: Spectrum is highly scalable as evidenced by current high performance with more than four years of history for 2.3 million patients. It gives users the ability to query the data repository for results using a front end user interface. It also allows authorized exporting data into machine readable format and supports the provision and migration of all kinds of healthcare. Although, not out of the box – Spectrum can be expanded to support the generation and maintenance of OLAP data cubes as well as other clinical and claims data marts.	SEE Pages 12-14 FOR DETAIL: ……Key components are listed and described below: Rhapsody Integration Engine; Raw Data Store; Data Processing Pipeline; Data Spaces; Platform Management Console. Key capabilities that this enhanced Data Platform delivers is described below. Store First, Analyze on Demand; Continuous Processing; Message and Document Shredding; Normalization and Enrichment; Message Sequencing; Data Replay; Dynamic Models Creation; API (Application Programming Interface) SEE FLOWCHART ON PAGE 14

ANSWER	ANSWER
Page 10: Spectrum has been tested for data quality, redundancy and duplication. Data sources go through a data profiling and mapping process to identify anomalies and compare with source to standard mappings. Most anomalies for data are automatically standardized in the solution; however, the few that may be found can be quickly addressed through the addition of new standardization mappings. SEE DOC FOR MORE	Page 15: Orion Health tracks the provenance of data and in coordination with the customer develops the logic for duplicate handling.

ANSWER	ANSWER
Page 11: Spectrum currently supports retrospective analytics. It is our plan to modify to product in the near future to include predictive/prospective analytics to reduce utilization such as avoidable hospitalizations and readmissions based on client needs. Additionally, we can work with you to prioritize the capabilities roadmap in order to meet your needs.	Pages 15 - 17: Population Health Explorer (includes the Population Health Explorer visualization tool) Orion Health ANALYTICS Population Health Solution provides the ability to explore, slice and dice patient data and leverage past data to inflect clinical and financial outcomes. SEE 15-17 FOR MORE
Page 11: Authorized users can access data at the repository. However, for performance reasons we limit ad-hoc query access to the production database. If needed, a regular extract can be created for ad-hoc analysis and queries. We prefer to have a separate ad-hoc environment for the authorized users that can be used as a sandbox to create their own data marts and data cubes. This would help ensure that the performance of the analytics solution is not adversely affected and that users can continue to create their own canned and custom reports.	Page 17: The Orion Health ANALYTICS is distributed with prebuilt data models (plus associated mappers, normalization and enrichment filters) covering the core clinical and health plan domains. Existing clinical data models include Allergies, Encounters, Medications, Problems, Procedures, Results, Vitals and Immunizations. SEE PAGE 17 FOR MORE

ANSWER	ANSWER
Page 11: The solution's flexible framework allows for quality, utilization, outcome, risk, meaningful use, etc. measures based on customer needs. Spectrum's clinical data includes elements (e.g., diagnoses, procedures, and lab values) that are needed to support quality measures such as HEDIS. ...SEE DOC FOR MORE	Page 18: ACOs in the pioneer ACO Model and Medicare Shared Savings Program generated over $372 million in total program savings for Medicare ACOs1. This news comes as historically slow growth in US health care costs is continuing. Health care prices are rising at their lowest rates in nearly 50 years; Medicare spending per beneficiary is currently falling outright. SEE PAGE 18 FOR TWO MORE PARAGRAPHS
Page 11: We are planning to include automatic, systemic notifications to providers regarding gaps in care and other rules-based alerts, most likely in Q4 2015; however, this date may be modified based on client demand. SEE DOC FOR MORE	Page 18: The Orion Health Open Platform connects to data sources and processes that data into the clinical applications and Analytics in near real time. Open Platform features a Clinical Event Bus and enables a user or system to subscribe to notifications/alerts for selected events, and for workflow to be triggered by events. This framework also supports the exchange of data triggered by an event.

ANSWER	ANSWER
Pages 11 - 12: To enable users to copy and customize national quality measures, we can work with you to provide and enable a regular extract for a data mart to for ad-hoc analysis and queries. This would ensure that users can continue to create their own canned and custom reports without impacting the performance of the analytics solution.	Page 18: For any quality measure, Orion Health will work with the customer to define the approach to data capture, and configure the measure in Analytics. From this point, the customer can customize the quality measure.

ANSWER	ANSWER
Page 12: Spectrum reporting introduces industry-leading analytics and reporting capabilities. Starting with an unprecedented breadth of measures that include quality, outcomes, utilization, and more, Spectrum enables dynamic analytics and drill-downs to best follow opportunities to root causes and individual provider or patient interventions.	Page 18: Users can run canned reports or create ad hoc reports as part of the Orion Health Analytics module. SEE PAGE 18 FOR MORE

ANSWER	ANSWER
Not answered	PAGE 19: Analytics module. Unlike the patient data repository, which contains patient-centric data per episode of care, a disease registry tracks information on the population where the database is targeted at acute conditions reported by the population. The database tracks various aspects related to the acute conditions. Using the Population Health Explorer business intelligence layer, a user can query this database with any questions on the data collected. One of the uses of this data would be computation of various quality measures. An example is NQF Measure #59, which asks for "Patients aged 18 through 75 years with the diagnosis of diabetes. EXCLUDED FROM PERFORMANCE DENOMINATOR POPULATION: • Diagnosis of polycystic ovaries, gestational diabetes or steroid-induced diabetes." An organization can set its own risk criteria to generate daily reports from the registry, perform ad hoc searches, find a targeted patient list, etc. The solution includes the registries necessary to compute CMS MSSP measures. These are: • Coronary Artery Disease • Diabetes • Hypertension • Ischemic Vascular Disease • Breast Cancer • Colorectal Cancer • Immunizations/Vaccinations • Body Mass Index (BMI) • Tobacco Use • Depression The attributes collected in the disease database for tracking these conditions would grow as more clinical data becomes available and future versions of the software are published. Additional chronic condition data models will be added in a quarterly, version-controlled basis.

ANSWER	ANSWER
Page 12: We can work with you to create new quality measures and a treatment protocol scorecard. Spectrum was designed to be highly dynamic and flexible, adapting to the complex, changing healthcare environment. We are regularly adding new data elements in the clinical, claims, and eventually consumer data areas. New measures can quickly be added using the numerator and denominator format with drill-downs into the sub-population to be managed. SEE DOC FOR MORE	Page 19: Orion Health Analytics solution provides clinical quality measures and the capability for adjusting/customizing these measures Scorecards can be created based on Johns Hopkins ACG grouper predictive modeling tool that will be integrated with Orion Health Open platform. Predictive modeling with Johns Hopkins Grouper is an optional component of Orion Health Analytic
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Page 14: Optum has designed the solution considering the highly availability capabilities of the hardware, software and network. We follow industry best practices and work with our partner(s) to provide recovery of hardware failures, node (e.g., CPU, memory) performance and other issues, making certain that network interfaces (including external devices in the network topology) are functioning as expected. SEE PAGE 15 FOR MORE	Page 20: The Orion Health SaaS offering provides our customers with our feature-rich solution, with all the operational and financial benefits of a fully hosted solution. A SaaS model provides our customers with a lower cost way of getting started more quickly, with a proven, on-demand version of an existing solution. The Orion Health solution is extremely modular, consisting of a series of loosely coupled components deployed across a range of hardware and communicating via industry-standard interfaces.

ANSWER	ANSWER
Page 15: The Spectrum solution is based on the following software: SEE PAGE 15 FOR TABLE	Page 20; The Orion Health solution is extremely modular, consisting o a series of loosely coupled components deployed across a range of hardware and communicating via industry - standard interfaces.

ANSWER	ANSWER
Page 16: For the Spectrum solution, we partner with our trusted vendor for data storage. As part of our business continuity plan we have a geographically diverse data center location in another area of the country to which the cloud backups would be recovered in the event of a physical data center disaster. SEE DOC FOR MORE	Page 20: ….Physical and Technical Security With other very high-profile companies such as Goldman Sachs using the same facilities as we do for security reasons following the 9/11 attacks, IHDE can rest assured that very few datacenters in the US are more physically secure. Network security is based on the latest penetration proof design and is constantly reviewed for security both by Orion Health, as well as our hosting partner. The output of security reviews can be made available to client security teams and is officially recorded for HIPAA compliance.

ANSWER	ANSWER
Page 16: From a system's perspective (environment), we use Nagios and other tools to monitor:· Uptime; · Storage (allocation vs trending on usage); · Database backups (making certain that the appropriate backups are executed based on the schedule in place; · Incidents are tracked and discussed (cause, fix, and prevention) SEE PAGES 16-17 FOR MORE	Page 20: Data between the production site and the DR site is replicated over private interconnects and encrypted to further keep the data secret. Each location has intrusion detection monitoring traffic patterns of internal and external traffic. If port scans or other forms of network intrusion is detected, the hosting center is notified within minutes and security personnel will block access or contact key management personnel to notify the staff on call. User network access is over HTTPS and is further restricted by dual redundant firewalls, which will only allow access from pre-enrolled trusted IP addresses. Larger facilities would naturally be expected to route inbound/outbound traffic from the data center over an IP-Sec VPN for total security from "man in the middle" attacks. Network traffic inside the environments is logically isolated via VLAN control, which prevents any kind of "back-door" access. All access to the environments is controlled through the firewall from a trusted IP, secured through SSL encryption, and with active Intrusion Detection, the Orion Health SaaS environment follows the latest high security approaches in network security. SEE PAGES 20-21 FOR MORE (SSAE NOT FOUND)
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ANSWER	ANSWER
Page 17: Our project management processes, practices and methodologies are all combined under the Optum Delivery Model, illustrated in Figure 10. The Optum Delivery Model provides a system development methodology and a structure for managing project activities, assessing the status of the project, and communicating with you. Our Optum Delivery Model includes an integrated set of project management disciplines that will be adapted to meet specific project requirements. FIGURE 10 ON PAGE 17	Orion Health operates a quality controlled project delivery methodology called EMPOWER (Effectively Managing Projects the Orion Way, with Effective Reuse). Within this methodology, there are processes to govern the artifacts that are produced to ensure there is an agreed design that meets the client's requirements, and additional documentation that links the testing to the requirements (requirements traceability matrix, for example). SEE PAGE 21 FOR MORE AND FLOW CHART ON PAGE 22
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ANSWER	ANSWER
Page 19: We use a project structure that will effectively support implementation of our solution. Optum has used this model successfully throughout its state engagements. It has been used to implement both commercial and government health care enterprise solutions. Strong organizational structure is essential to align requirements, delivery and deployment plans to achieve quality, cost and schedule objectives. SEE FIGURE 13 & DETAIL	Not Answered

ANSWER	ANSWER
Pages 20 - 21: Project scoping is an essential step of every project. A project that is not clearly defined is a project that has a high probability of being unsuccessful. The project scoping begins with a clear definition of the project objectives, deliverable expectation, timeline requirement and detailed project requirements. .....SEE PAGE 21 FOR MORE	SEE FLOWCHART ON PAGE 22

ANSWER	ANSWER
The Optum Delivery Model includes processes for defining and maintaining deliverables, timelines, cost containment and risk analysis. As an example, the following overviews our Deliverable process: As part of the project we will develop and submit all required deliverables defined in the RFP Scope of Work and in the final contract. We have a “no surprises” approach to managing deliverables. This means that we will work with you during joint reviews to confirm, in advance, that every deliverable we submit will meet your expectations. SEE PAGES 21-22	SEE FLOWCHART ON PAGE 22

ANSWER	ANSWER
Page 22: Optum uses industry standard project management tools to support project activities. Our methodology allows us to select the tools most appropriate for each project. Tools we typically use include: · Microsoft SharePoint · Microsoft Project · Microsoft Office · HP Application Lifecycle Management (ALM) · HP PPM Center · Other tools as needed to meet project requirements	SEE FLOWCHART ON PAGE 22
0	0

ANSWER	ANSWER
Page 22: We are committed to establishing and maintaining a robust governance model throughout our engagement with all of our clients to facilitate regular stakeholder interactions, timely issue resolutions, immediate access for issue escalations and early identification of risks. We use a collaborative management and governance model that enables us to become fully aligned collaborator with you. Our governance model will be a scalable extension of our team and facilitate joint setting of priorities and goals, ensuring transparency, control, and visibility into operations. SEE PAGES 22-23 FIGURE 14	Not Answered

ANSWER	ANSWER
Page 24: We provide full user support through a Help Desk. We provide tiered, toll-free telephone support 24 hours a day, 7 days per week. Our experienced and qualified technicians will respond via phone to address all calls in accordance with the importance and criticality of the incident being reported. Response times will be defined and agreed upon with you (an example is included below). Our integrated knowledge management system provides the analysts with all the information they need to properly record, triage, and either correct or escalate user issues. We provide secure client specific access through a web-portal. Through this portal, you can access incident information recorded in our ticket management system. We resolve customer issues using a tiered service model: Level 1 – Front Line support, Level 2 – Specialized Technical support, Level 3 – Subject Matter Expert support. Incidents are classified using impact and urgency which determine the ticket priority as agreed upon with you based on your business needs. SEE PAGE 24 FOR MORE	Not Answered

ANSWER	ANSWER
Page 24: We will work with you on the Service Level Agreement to establish the parameters for performance measures, monitoring and reporting. Currently, we use Nagios as the primary tool for assessing degradation problems. It is used for both looking back, as well as for proactive monitoring. SEE PAGE 24 FOR MORE	Page 24: The Orion Health Support Ticket System has several levels of prioritizing issues, referred to as the Fault Priority Level. Queries are assigned a Fault Priority Level depending on how critical the problem is. The following table defines the Fault Priority Levels. SEE PAGES 24-25 FOR FAULT PRIORITY LEVELS AND DEFINITIONS.
Page 25: We offer a full complement of professional services from technical to consultative business subject matter experts including PHD's, Project Managers and Business Analysts. Additional services can be engaged easily through a mutually agreed upon Statements of Work process.	Not Answered

ANSWER	ANSWER
Page 25: Spectrum maintains an established release schedule for both major and minor releases. Planned maintenance is scheduled during non-business hours to minimize the impact on system users.	Page 23: Because Orion Health is an international company with clients in a number of time zones, we can provide 24-hour support, 365 days a year. Orion Health Client Support Services manages, tracks and resolves technical questions, and manages bug fixes and enhancements where necessary. Orion Health works with each client to tailor a support package that meets their specific requirements. These support agreements can include: SEE PAGES 23 - 24

ANSWER	ANSWER
Page 25: Our product management team meets regularly with the Spectrum user group to gain insight on user experience. This helps inform the future product roadmap and identify and prioritize possible enhancements.	Not Answered

ANSWER	ANSWER
Page 25: Major releases are scheduled quarterly and minor releases are scheduled as needed between major releases to address bug fixes or minor enhancements.	Not Answered
Page 25: We welcome and highly encourage representatives from these workgroups to participate in our processes from Use Case development to User Acceptance Testing.	Page 25: In regards to the Orion Health SaaS solution, the Orion Health SaaS Team will maintain regular version updates and product upgrades for the Orion Health SaaS software components. This includes all modifications to ensure appropriate security protocols are in place. Orion Health will coordinate all upgrades and releases with the customer to minimize disruptions, schedule any necessary downtime, and provide for additional product training, if necessary. Specifically, Orion Health will adhere to the following process as it relates to new releases and upgrades: • All potential releases will be announced to the customer along with a proposed release schedule, identification of the impacted software products, and a description of the improved functionality being provided within the release. • The customer will have the opportunity to notify Orion Health regarding any potential conflict with the release schedule and, if possible, negotiate a revised release date. Depending upon the nature of the release, it may not be possible to renegotiate a revised release date.

ANSWER	ANSWER
Page 25: The Spectrum User Group is encouraged to email the product manager with requests and suggestions for improvements to the solution. These requests are then consolidated and prioritized based on input from the user community. The requests are reviewed, scoped, estimated and added to the product roadmap.	Page 24: All client service requests must be logged in the first instance into the Orion Health Online Support Ticket System. It is an online service and all Orion Health clients are provided with a unique login and password to access this secure website when their solution is implemented. This system provides the following: • Customer logging of queries/problems/requests • Downloads of bug fixes, enhancements and upgrades • Up-to-date “knowledge base” of common user queries/issues/problems • Customer Feedback Forms Logging a service request online allows Client Support Services to most effectively track and manage client requests from initial query through to resolution, helping ensure client satisfaction.
Pages 25-26: As a hosted solution, Spectrum is developed and supported by Optum staff. This staff is adjusted on a regular basis to account for development, implementation, and other workloads. It typically consists of architects, product management, developers, business analysts, database administrators, technical leads, and other roles. At a client location, we recommend the following roles which are typically a small fraction of an employee’s time:· Business Sponsor - Primary contact between Optum and the client for prioritization, escalation, and relationship management. · Administrator - Single point of contact for adding, deleting, and modifying users and for helping to facilitate feedback on issues or communications on planned outages and releases. · Users - Staff using the system, providing feedback, and realizing the system’s value.	Not Answered

ANSWER	ANSWER
Page 26: This is not applicable as Spectrum is a single-vendor, Optum solution.	Not Answered
0	0
Page 26: Our product management team works with the client administrator to help facilitate the process of adding, modifying, or deleting users as well as granting access to measures and other applicable features and functions.	Not Answered

ANSWER	ANSWER
Page 26: Along with following industry best practices and trends on interface design and development, the product management team also works with users to gather feedback, requests, and suggestions on functionality as well as interface usability. It also reaches out to the client administrator to capture any feedback they may have received as well and works with the Business Sponsor and across the user base to prioritize requests and incorporate them into the product roadmap for future releases.	Not Answered
Page 26: We have designed Spectrum to be highly intuitive to drive rapid adoption of functionality. We also provide end-user training sessions to give users a full understanding of the end-to-end solution and maximum value from the tool. The system is designed to be dynamic and flexible to guide users to the most appropriate functions while giving them the options to easily utilize other functions to best inform their decisions and actions. Finally, product management meets regularly with the user group to gain insight on user experience to help inform the future product roadmap and identify and prioritize possible enhancements.	Not Answered
0	0

ANSWER	ANSWER
Page 27: Our Spectrum solution currently uses the following software: SEE TABLE ON PAGE 27 Spectrum solution currently uses the following software: Capability Software Web server OS and version OS Ubuntu Linux 14.04; Web server: Apache 2 SQL server OS and version OS Windows 2008; SQL Server 2012 Oracle DBMS version Oracle 12c ETL OS and version Pentaho 4.4 Web protocol https Encryption Data is encrypted in transit using SFTP on the backend and HTTPS on the front end Reporting and Dashboards PHP	Page 25: Java, HTTP, HTML, JavaScript, CSS, XSLT
Page 27: Spectrum can be accessed by most personal computers or tablets running: · Microsoft Internet Explorer 9 and above · Safari · Firefox · Chrome	Page 26: HAS A TABLE THAT INCLUDED INTERNET EXPLORER 7-12; FIREFOX; CHROME; SAFARI
0	0

ANSWER	ANSWER
Page 27: Spectrum's security controls are a blend of native functionality and prevailing commercial off the shelf software (COTS). Security is integrated in our System Development Lifecycle (SDLC) enabling the identification and verification of regulatory requirements and the controls required to meet compliance. Stringent security regulations are met without burdening the customer through controls whose design is based on a service oriented architecture (SOA) layered model and associated threat of that layer; security controls are distributed across the application stack to prevent unauthorized opportunistic access.	Page 27: Authentication & Identity Management Each Clinical Portal user has a unique user name and is associated with a security profile. This profile enforces password and account restrictions on the user. Authentication information for each user is encrypted and stored securely (or can be sourced from an LDAP-enabled repository). Session Management The Clinical Portal can be accessed via a secure LAN/WAN (e.g., health intranet) or over the open Internet using a VPN. HTTPS is used to provide a secure connection between the Clinical Portal server and workstation. To prevent unauthorized use of clinical workstations, users are automatically logged out following a configurable period of inactivity. This is configurable at organization, user group and individual user levels. If the user is at a workstation, they are prompted to prevent the logout before it occurs. Following the inactivity timeout, the Clinical Portal login page is displayed. Assuming the session ran using HTTPS (which is recommended), the Clinical Portal is designed to leave nothing except JavaScript files and images (icons /logos) in the browser cache. SEE PAGES 27 - 28 FOR ACCESS CONTROL AND PATIENT CONSENT

ANSWER	ANSWER
Page 27: Optum supports compliance to: CMS, HIPAA, IRS 1075, NIST, PCI, and other prevailing control authorities. The outcome is assurance of data and technology confidentiality, integrity and availability. Optum's policies, standards and procedures are based on the ISO framework. Additionally, we have the capabilities to meet PCI and HIPAA compliance. SEE PAGES 27-28 FOR MORE	Page 28: Orion Health is required to comply with Health Insurance Portability and Accountability Act (HIPAA) and applicable state laws and regulations where Orion Health conducts business. From a pure HIPAA perspective this includes compliance generally with use and disclosure of "Protected Health Information'" (PHI): Social Security Act sections 1171 through 1179 as added by sections 262 and 264 of HIPAA. This includes: • Privacy Standards of Individually Identifiable Health Information, 45 C.F.R. Parts 160, 162 and 164 • Security Standards for the Protection of Electronic Protected Health Information, 45 C.F.R. Parts 160 and 164 • The Health Information Technology for Economic and Clinical Health Act (HITECH) established amendments to HIPAA that included (i) mandatory notification in the event of a security breach; (ii) direct application of certain information security and other HIPAA provisions to business associates: Section 13001 of the American Recovery and Reinvestment Act, Public Law 111-005. • Omnibus rule regarding HIPAA issued by the Office for Civil Rights of the U.S. Department of Health and Human Service, Federal Register, Vol. 78, No. 17, January 25, 2013.

ANSWER	ANSWER
Page 28: Spectrum is compatible with prevailing access mechanisms for integration with client managed technologies to support 2-factor authentication requirements.	Not Answered
Page 28: Spectrum is designed to harmonize HL7 data across various EMR's and facilities and present it in a much more intuitive, visual, longitudinal format allowing users to quickly find actionable intelligence.	Page 28: The Orion Health Compliance and Information Security team collectively ensure that Orion Health complies and implements controls accordingly to adhere to the requirements of the applicable federal and state governments along with appropriate industry best practices.

ANSWER	ANSWER
Page 28: Spectrum has the capabilities required to capture those events which are required to support auditing requirements, provider summary and patient detail reports and executive dashboards.	Page 29: Audit Log All user activity within the solution is logged, enhancing audit capabilities and improving the general security of patient data. Audit trails of user logins, logouts, applications used, security overrides, patient selections and individual documents viewed are recorded with the date and time. Audit log data is stored in a separate audit database. The Orion Health Clinical Portal records all user activity; e.g., login attempts, applications opened, user access to patient data, password and user profile changes, administrative and management functions, etc.

Company:	Proskriptive	**Company:**	Scientific Technologies Corporation
Contact:	Michael Hollenbeck, Managing Director	**Contact:**	Michael L Popovich, CEO
Telephone:	(616) 652-6661 or (208) 867-4754	**Telephone:**	(480) 745-8500
E-Mail:	Not Answered	**E-Mail:**	Not Answered
General business type of Company:	Software and services	**General business type of Company:**	Health Informatics Business
# of req's not met/answered by company:	6	**# of req's not met/answered by company:**	52
Company had questions on:	Nothing noted.	**Company had questions on:**	Nothing noted.
Company had additional information on:	Nothing noted.	**Company had additional information on:**	3 docs: SMaRT Information sheet; SMaRT Sample screenshots; How to Design Effective Outcomes Monitoring & Data Visualization Systems-White Paper
ANSWER		**ANSWER**	

ANSWER	ANSWER
Pages 1-2: Company: Proskriptive, a software and services company based in Boise, Idaho, utilizes advanced analytics, expert services, and state-of-the-art technology to enable healthcare organizations to identify risk and capitalize on opportunities that deliver more efficient management of healthcare resources and improve population care. The company was founded to create solutions that take advantage of emerging technologies and proven advancements in processes that deliver greater success and value to healthcare organizations at a lower cost. SEE PAGE 1 FOR DIAGRAM AND MORE. Proskriptive has existing technology and solutions available to meet the outlined SHIP Health Information and Data Analytics needs. In addition, we continue to develop innovative technology and partner with open source providers to stay ahead of the competition and provide the best solutions, at the most competitive prices. History: Proskriptive was established in April of 2014 when the founders met while enrolled in Northwestern University's Masters of Predictive Analytics program. Since that time, we have successfully grown the organization by securing key partnerships, staff, and funding. Partnerships with Microsoft, Yellowfin, and Johns Hopkins ACG have allowed us to develop and deploy our software with healthcare providers, payers, and industry third party solutions developers. Our leadership staff brings more than 40 years of experience in the field of healthcare and analytics. In addition to the current 8 staff members, Proskriptive also maintains contractor relationships with some of the most distinguished healthcare data scientists in the country. Proskriptive's growth plan forecasts the need for us to more than double our full time staff by end of fiscal year 2015. Our funding received a boost at the start of 2015 with the support of a Small Business Administration loan from Zion's Bank and a private investment. Our capital partners give is the ability to grow quickly when necessary by making growth funding available as necessary.	Letter: Scientific Technologies Corporation is a health informatics business formulated as a C-Corporation in the state of Arizona. The company has been in continuous operation since its founding in 1988 and we currently employ approximately 100 staff. The company professionals include HIT experts and health domain specialists (MS, RN, Pharm.D, MPH, and Health Data Analysts). STC specializes in building, maintaining, and using population- and event-based registries for state departments of health and the private health sector.

ANSWER	ANSWER
FROM THEIR ANSWER TO #1 FOUND ON PAGE 2: Proskriptive has existing technology and solutions available to meet the outlined SHIP Health Information and Data Analytics needs. In addition, we continue to develop innovative technology and partner with open source providers to stay ahead of the competition and provide the best solutions, at the most competitive prices.	Letter: STC is capable of providing the services outlined in RFI 15000409 for Health Information and Data Analytics by combining our health experience with our expertise in applied information technology (IT) and Business Intelligence (BI) efforts. We believe the scope of this effort requires a budget in the $500K-$750K range although we would suggest a better approach is a pilot around a number of the KPIs in the $250K-$300K range. A best guess at an on-going sustainability cost is a number similar to that which we would recommend for a pilot project. ....We would appreciate the opportunity to submit a response to a future RFP and we would be happy to demonstrate our health data analytics capabilities and the SMaRT™ application.

ANSWER	ANSWER
Page 3: As a recently formed technology company Proskriptive is proud to share the details of our tremendous reception by the market in such a short time. We believe our rapid client acquisition is due to the innovation we bring to our customers and the ability to do so at an attractive price point. SEE PAGE 3 FOR TABLE	Letter: The RFI requested information on technical areas of the application which we have not provided. This is primarily due to the fact that our approach is a convergence of STC health domain expertise with today's technology (Cloud, BI products, user displays and interactive devices, and mobile technology) and the health data assets of public health, clinical health, payers, and community of care. Our approach to a project such as this is to initially create an architecture and framework of the system; overlay the appropriate data, product, and process to drive data into the KPIs; and then utilize the tools to visualize, chart, trend, and predict through correlated dashboards.
0	0

ANSWER	ANSWER
TABLE ON PAGE 3 HAS COLUMNS FOR CLIENT TYPE; PROJECT DESCRIPTION; TENURE; HISTORY OF ENROLLMENT/TERMINATIONS. THE SIX CLIENT TYPES ARE LISTED IN ANSWER 3b ON LINE 14	Not Answered.
Client Type and Tenure FROM TABLE ON PAGE 3: Health Information Provider: July to December 2014 Primary Care Provider group: Ongoing contract. Began: January 2015 Mid-sized Hospital: Ongoing contract. Began: July 2015 Critical Access Hospital: Contract to begin: April 2015 Pharmaceutical: Contract to begin: April 2015 Healthcare Industry Third party service provider: Contract to begin: April 2015	Not Answered.

ANSWER	ANSWER
Table ON PAGE 3: Client Type: Health Information Provider ; History of Enrollment/Terminations: Contract completed	Not Answered.
Page 3: • The diagram below represents the critical technical components of a successful Population Health project. Each element must be fully addressed and integrated in order to assure success: DIAGRAM LISTS: PREPARE DATA; CREATE MODELS; ANALYZE POPULATION; DISPLAY RESULTS; IDENTIFY OPPORTUNITIES, PLAN/EXECUTE CAMPAIGNS; TRACK OUTCOMES. SEE PAGES 3-4 FOR MORE WORDING.	Letter: Projects such as this can become overwhelming with data or lack thereof if not carefully planned and implemented. The key is not so much what BI tools are used but more what data is available, how it can be collected in a timely manner, integration points, mapping to KPIs, and generation of the appropriate BI supporting data elements per the final design. A pilot project tends to establish the technical framework using a reliable subset of data to produce sustainable successes at lower risk and cost. We also recommend such a project be program led with IT backup, rather than IT led with program backup. We will explain this logic in our response to an RFP.

ANSWER	ANSWER
Page 4: • Simplicity is vital: The industry is awash with population health solutions that deliver deep analysis of the managed cohort. The unfortunate byproduct of this depth of capability is that the output from these systems tend to be extremely detailed and verbose. The average small to mid-size physician receives a report of at least 30 pages per quarter from each of their major payers. Interviews with these providers suggest this level of detail is overwhelming and counterproductive. In a PCMH in rural Idaho, the analytics system will need to be focused and simplified or the complexity is likely to doom the effort entirely. • Focus on actionable information: Great analysis should reduce complexity for the end user, not the opposite. A successful analytic system in a PCMH environment is one that should very quickly lead a care provider to the things that they can do in order to better achieve the goals of the program. Descriptive statistics and retrospective reporting needs to be available to the providers to validate progress against the initiative, but the focus needs to remain on providing actionable information. • The technology must be flexible and versatile: A project such as this, that by design pushes against the boundaries of technology and the way care is delivered must anticipate the need for flexibility and versatility. As such, a packaged application is unlikely to flex with the needs of the project as requirements evolve. The data architecture must accommodate unplanned additions of attributes and new sources. Data that was anticipated may not be available. Predictive models will need to be developed with currently available data, but when new data attribution is introduced the predictive models will need to be altered to accommodate. End user interfacing will require similar flexibility. As we learn the types of information desired by the PCMH and how to best visually present the data interfacing will have to change.	Not Answered.

ANSWER	ANSWER
Page 6 : Total Monthly costs = $99,166.67/month Total Yearly costs = $1,190,000/ yearly Total 1 time & Yearly costs over 4 years = $6,560,000	0

ANSWER	ANSWER
DETAIL FOR EACH ITEM LISTED IS ON PAGE 5: 1. Creation of the Wellness Data Repository- Approximate cost = $800,000 2. Preparation & installation of application infrastructure- Approximate cost = $400,000 3. Data Science Services -Approximate cost = $250,000 4. Initial dashboard, analysis & report creation- Approximate cost = $200,000 5. Statewide Training Tour - Approximate cost = $150,000 Total 1 time costs = $1,800,000	Not Answered.
Page 6: (For all estimates we assume approximately 1TB of data and 1,000 end users) 1. Database hosting = $5,000/ month or $60,000/ year 2. Application hosting = $5,000/ month or $60,000/ year 3. Analysis software subscriptions= $54,166.67/ month or $650,000/ year 4. Monthly support costs = $6,000 or $72,000/ year 5. Project management costs = $4,000/ month or $48,000/ year 6. IT Resources for DB changes = $10,000/ month or $120,000/ year 7. Ongoing reporting and analysis support = $15,000/ month or $180,000/ year	Not Answered.

ANSWER	ANSWER
Page 6: All externalities are noted that are not included in application platform, scope of pricing is reflective above. The largest item in previous engagements is that there is additional vendors that need interfacing that are not disclosed at beginning of engagement. One way to combat this is to have an allowed interfaces, say 15 that would be included. This way they can be redeemed at any time that are otherwise not readily available at time of interface.	Not Answered.
Page 6: Yes. The assumption for the monthly application fees assume 1,000 total users. If the number is greater than that total additional volume discounts would apply	Not Answered.
Pages 6-7: SEE DOC FOR TABLE (MONTHS 1-12 AND +)	Not Answered.

ANSWER	ANSWER
Not Answered.	Not Answered.
0	0
Page 7: Proskriptive supports inputs from all major relational database vendors as stated above and also incorporates web compliant database structure. In additional to relational database schema, Proskriptive also support NoSQL technologies like MongoDB and Hadoop using Hortonworks/Cloudera. Data is aggregated and stored in its original form in a transaction based system. Client specific OLAP cubes and data marts are created on top of non-abstracted transaction based data.	Not Answered.

ANSWER	ANSWER
Page 7: Proskriptive is an expert on data ETL tools using Microsoft SQL Enterprise based tools. Proskriptive's Wellness Data Repository (WDR) is an enterprise data warehouse that allows for claims and clinical data to exist in one source of truth. The WDR stands at the forefront of innovation within healthcare. It merges clinical data and claims data that gives the entire view of patient care. Claims data is the backbone of Proskriptive's predictive analytics models that powers engagement and risk stratification models. SEE PAGES 7-8 FOR MORE	Not Answered.

ANSWER	ANSWER
Page 8: The duplication of data is a project risk when merging clinical and claims data. Merging data from and EHR is given a session ID that is unique to the system. For example, a patient that has to visit a facility regularly for labs. Each visit would generate a new ID. The data transmission is read only and does not right into an EHR unless otherwise stated. Lab data and other items are difficult to merge into some systems outside of billing codes. Having source lab data that is available on a transaction level is important to allow for future analysis of data science and aggregation of data. Many times in a healthcare system, there is only the final billing code associated claim, but not actually the original clinical data values. Outside of lab values, optimization and quality metric based reporting	Not Answered.

ANSWER	ANSWER
Page 8: Proskriptive's Wellness Data Repository (WDR) comes with both retrospective and prospective analytics. By having clinical and claims data in one source of truth, risk stratification models for provider utilization can be applied. The WDR support Relative Values Units (RVU) down to an episode level to look at the type of care that is occurring within an organization. Additionally, the ability to have retrospective analytics is valuable for tracking and this feeds into the predictive modelling of Proskriptive proprietary technology. By ingesting the type of care needed for patients, Proskriptive models can help track down provider utilization within an organization for better visibility. SEE PAGE 8 FOR 2ND LONGER PARAGRAPH	Not Answered.
Page 9: Full data transparency is provided, including a data dictionary. Proskriptive allows users to execute any ad hoc queries deemed appropriate. While custom development against production is not recommended, one can easily create an ETL package and custom data marts off a demo environment based on the hosting specifications. SQL queries are available at all time of the database. The ability write custom queries but also view the data in our visualization application is available at data warehouse and repository level. OLAP cubes are vital for aggregation but are weak in patient record level detail analysis. Many time, one would want to select a condition and other filters to get an actionable patient dataset. In some cubes, this is not available. With Proskriptive data warehouse and data marts, data is actionable and efficient.	Not Answered.

ANSWER	ANSWER
Page 9: The Centers for Medicare & Medicaid Services established a Medicare Shared Savings Program to facilitate coordination and cooperation among providers to improve the quality of care for Medicare Fee-For-Service beneficiaries and reduce unnecessary costs. Eligible providers, hospitals, and suppliers may participate in the Shared Savings Program by creating or participating in an Accountable Care Organization (ACO). Proskriptive technology is able to track key indicators from shared savings contracts to allow ACOs to quickly identify and act upon measures that are lagging and that could result in penalties. In addition, Proskriptive follows the NCQA PCMH based reporting values as well as metrics such as HEDIS for transitions into an organization beginning to assume risk on a population	Not Answered.
Page 9: Episode and event triggers are part of the data logic for translation of data to an exchange server. ETL tools are available from clearinghouses and other mezzanine vendors of system based data.	Not Answered.

ANSWER	ANSWER
Page 9: National quality measures like HEDIS are included in the Wellness Data Repository (WDR). The targets and values are all have custom features to cater towards an organization internal initiatives and other government based incentives like ACO or MU.	Not Answered.

ANSWER	ANSWER
Page 9: All reports are customizable and admin roles can edit and create new reports and dashboards. Proskriptive's dashboard tool is readily available for business users.	Not Answered.

ANSWER	ANSWER
Page 9: The WDR comes standard for support for disease registries. The interactive access is allowed through Proskriptive's dashboard portal to allow an organization to look at the aggregated data but also to drill down to patient level detail.	Not Answered.

ANSWER	ANSWER
Page 9: Proskriptive follows the standards Physician Quality Reporting System (PQRS) which are used in conjunction with Meaningful Use standards for ACO Quality Measures. While some organization are not suitable to become an ACO, the PQRS reporting is still very valuable.	Not Answered.
0	0
Page 11: All virtual machine that are hosted by Proskriptive will maintain 99.9% server availability.	Not Answered.

ANSWER	ANSWER
Page 11: Proskriptive standard deployment is a 4 Core VM with 28 GBs of RAM and 285 GB of data. This is coupled with a Microsoft SQL DB is 250 GB per node. The VM can be scaled to 16 core and 112GB of RAM if desired. These are per node and can be isolated further to handle massive parallel processing. Proskriptive solutions are always single-tenant and are never multi-tenant. Data access is privileged both on the user and application layer, ensuring double security measures. There are many instances of data breaches, we do not store high sensitive data like SSN or Credit Card Data.	Not Answered.

ANSWER	ANSWER
Page 11: Proskriptive uses the Microsoft Stack, including SQL Server 2014 for all implantations. If there is an on-premise preference over cloud, there are many VPN ways to connect from connection of on-premise installations. A site-to-site VPN allows you to create a secure connection between your on-premises site and your virtual network. To create a site-to-site connection, a VPN device that is located on your on-premises network is configured to create a secure connection with the Azure Virtual Network Gateway. Once the connection is created, resources on your local network and resources located in your virtual network can communicate directly and securely. Site-to-site connections do not require you to establish a separate connection for each client computer on your local network to access resources in the virtual network. A point-to-site VPN also allows you to create a secure connection to your virtual network. In a point-to-site configuration, the connection is configured individually on each client computer that you want to connect to the virtual network. Point-to-site connections do not require a VPN device. They work by using a VPN client that you install on each client computer. The VPN is established by manually starting the connection from the on-premises client computer. You can also configure the VPN client to automatically restart. Azure ExpressRoute lets you create private connections between Azure datacenters and infrastructure that's on your premises or in a co-location environment. ExpressRoute connections do not go over the public Internet, and offer more reliability, faster speeds, lower latencies and higher security than typical connections over the Internet. In some cases, using ExpressRoute connections to transfer data between on-premises and Azure can also yield significant cost benefits. With ExpressRoute, you can establish connections to Azure at an ExpressRoute location (Exchange Provider facility) or directly connect to Azure from your existing WAN network (such as a MPLS VPN) provided by a network service provider.	Not Answered.

ANSWER	ANSWER
Pages 11-12: Azure has been audited against the Service Organization Control (SOC) reporting framework for both SOC 1 Type 2 and SOC 2 Type 2. Both reports are available to customers to meet a wide range of US and international auditing requirements. The SOC 1 Type 2 audit report attests to the design and operating effectiveness of Azure controls. The SOC 2 Type 2 audit included a further examination of Azure controls related to security, availability, and confidentiality. Azure is audited annually to ensure that security controls are maintained. Audits are conducted in accordance with the Statement on Standards for Attestation Engagements (SSAE) No. 16 put forth by the Auditing Standards Board (ASB) of the American Institute of Certified Public Accountants (AICPA) and International Standard on Assurance Engagements (ISAE) 3402 put forth by the International Auditing and Assurance Standards Board (IAASB). In addition, the SOC 2 Type 2 audit included an examination of the Cloud Controls Matrix (CCM) from the Cloud Security Alliance (CSA). The audit included the Information Security Management System (ISMS) for Azure, encompassing infrastructure, development, operations, management, support, and in-scope services. Customers should contact Azure Support (or new customers can contact their account representative) to request a copy of the SOC 1 Type 2 and SOC 2 Type 2 reports for Azure.	Not Answered.
0	0

ANSWER	ANSWER
Page 12: o Proskriptive uses Agile based sprint planning that helps eliminate project momentum loss and consistent and accurate development. o Some benefits of using Agile/Sprint based methodologies: □ Establishing a consistent architectural framework of approved platforms, vendors, tools, processes, products, and languages that can support current and future development efforts across the enterprise. It is unnecessary (and economically counter-productive) to adopt a different set of architectural standards for every application or business unit. □ Creating a project management process to ensure steady progress toward the project's goals, anticipate problems, keep the project aligned with business objectives, ensure an adequate return on investment (ROI), and make sure that lessons learned from one project are used to improve the process for future projects. □ Creating a quality assurance process and to make sure that product quality requirements are met, that all functional requirements have been satisfied, that user expectations have been met, and that total cost of ownership (TCO) is minimized. □ Formalizing an implementation/turnover process to ensure that both end users and IT support and maintenance staff have adequate training and documentation, and will be able to use and support the application with a minimum of cost and effort.	Not Answered.
0	0

ANSWER	ANSWER
Pages 12 - 13: □ Michael Hollenbeck- Managing Director • Role: Executive Sponsor • Detail: Oversees the strategy and key person relationships that are ongoing with the SHIP grant. Oversee all vendor and facility involvement. Project debrief and scope review wherever appropriate. □ Justin Richie • Role: Technology Management Sponsor • Detail: Helping ensure with senior management and other directors that all data and development requirements are fully synthesized and estimated accurately. □ Kristen Cheney- Sr. Director of BI. • Roles: Develop and build custom application solutions that are pertinent to the work required by the SHIP grant.	Not Answered.

ANSWER	ANSWER
Page 13: □ DHW / IHDE / IHC participation in this engagement will be critical to the success of this initiative. It will be important to make sure that the appropriate subject matter experts are available to provide the necessary input to keep the project moving forward on schedule. The following table identifies the stakeholders who will be needed to participate and/or provide input in order to accomplish the goals for that week.	Not Answered.

ANSWER	ANSWER
Pages 13-14: □ The biggest problems when conducting risk management in agile project environment were the following: • Resources are a problem. Since the goal is to create a working increment each sprint, it might be hard to find time and people to conduct risk management each sprint. The general consensus was, that risk management takes five percent or less of the total time available each sprint. • There was no clear risk owner. • Acceptance of residual risks. Who has the power to accept residual risk at difference abstraction levels? • There was very little security training. Technical understanding of some managers might be lower than Scrum teams'. • Risk communication was a problem. When is a risk high enough to be reported for a product owner for approval? If a risk is not directly related to a backlog item, it might go completely ignored. □ A Project Change Request (PCR) will be the vehicle for communicating change. The PCR must describe the change, the rationale for the change, and the effect the change will have on the project. □ The designated Project Manager of the requesting party (Contractor or Client) will review the proposed change and determine whether to submit the request to the other party. □ Both Project Managers will review the proposed change and approve it for further investigation or reject it. Contractor and Client will mutually agree upon any charges for such investigation, if any. If the investigation is authorized, the Client Project Managers will sign the PCR, which will constitute approval for the investigation charges. Contractor will invoice Client for any such charges. The investigation will determine the effect that the implementation of the PCR will have on SOW price, schedule and other terms and conditions	Not Answered.

ANSWER	ANSWER
Page 14 FOLLOWED BY FLOW CHART: We currently use JIRA for allow scrum and project management toolsets using the Agile methodology.	Not Answered.
0	0

ANSWER	ANSWER
Page 15: Each customer has a dedicated business and technical contact for domain specific questions. There is also a full wiki and tutorials videos for support and edits on product developed by Proskriptive.	Not Answered.

ANSWER	ANSWER
Page 15: Proskriptive's help desk has a dedicated customer portal to address any questions, bugs, issues, and user authentication incidents that may arise. This portal is also on ticket creation system that fully integrates with Proskriptive application development platform using Agile scrum methodologies.	Not Answered.

ANSWER	ANSWER
Page 15: Severity 1 Urgent= A problem that severely impacts your use of the software in a production environment (such as loss of production data or in which your production systems are not functioning). The situation halts your business operations and no procedural workaround exists. Severity 2 High= A problem where the software is functioning but your use in a production environment is severely reduced. The situation is causing a high impact to portions of your business operations and no procedural workaround exists. Severity 3 Medium= A problem that involves partial, non-critical loss of use of the software in a production environment or development environment. For production environments, there is a medium-to-low impact on your business, but your business continues to function, including by using a procedural workaround. For development environments, where the situation is causing your project to no longer continue or migrate into production. Severity 4 Low= A general usage question, reporting of a documentation error, or recommendation for a future product enhancement or modification. For production environments, there is low-to-no impact on your business or the performance or functionality of your system. For development environments, there is a medium-to-low impact on your business, but your business continues to function, including by using a procedural workaround. SLA Response times: Severity 1= 1 hour initial response. Ongoing 1 hour. Severity 2= 4 hours.	Not Answered.
Page 15: All new services go through a rigorous customer acceptance plan before any new service is released to production of any customer. Services that would include: new data models, new data schema, new platform and data availability.	Not Answered.

ANSWER	ANSWER
Page 15: All major bugs within one week of release are a hot fix to address any issues. Regression testing and support engineering programs are all completed before any release date. Additionally, release dates and application enhancements are all disclosed to customers.	Not Answered.

ANSWER	ANSWER
Page 16: • Planning and estimating in the agile world depend on a single key metric: the development team's velocity, which describes how much work the team can get done per iteration. (We describe velocity in detail separately.) Given a team's known velocity for its last project (if it is known), a release plan represents how much scope that team intends to deliver by a given deadline. • Release deadlines are often fixed, imposed externally by such things as tradeshows, accounting pressures, or contractual obligations. o The goal is to get working software into the users' hands as quickly as possible in order to make "course corrections" as soon as possible, every effort is made to keep release software development cycles as short as possible. • Agile release cycles should certainly be kept shorter than a year, and are often as short as 3 months or 1 month. A release is, in turn, made up of iterations. Architectural analysis defines the problem that a system architecture must solve. o During this activity, architectural concerns and the context of the system are examined to define a set of architecturally significant requirements. Architectural synthesis proposes architecture solutions (i.e., architecture candidates) for the architecturally significant requirements identified during architectural analysis. Synthesis can result in several architecture candidates or candidate decisions for one architecturally significant requirement. Architectural evaluation examines candidate architectural decisions against the architecturally significant requirements. Based on the outcome of the evaluation, the architecture can be revised by going back to architectural analysis/synthesis.	Not Answered.

ANSWER	ANSWER
Page 16: o Planning and estimating in the agile world depend on a single key metric: the development team's velocity, which describes how much work the team can get done per iteration. (We describe velocity in detail separately.) Given a team's known velocity for its last project (if it is known), a release plan represents how much scope that team intends to deliver by a given deadline. o Release deadlines are often fixed, imposed externally by such things as tradeshows, accounting pressures, or contractual obligations. But since the goal is to get working software into the users' hands as quickly as possible in order to make "course corrections" as soon as possible, every effort is made to keep release software development cycles as short as possible. o Major releases will likely occur quarterly o After an initial feature list has been identified, prioritized, and potentially estimated, the team holds a release planning meeting to establish the overall release schedule and determine which features can likely be delivered. The overall release plan in terms of prioritized features is then used to directly feed individual iteration plans. o Some agile methods stress clear separation of responsibilities between programmers and customers. During planning, only the customer is responsible for business decisions and prioritization and only the programmers are responsible for task estimation and development execution. Agile methods also strongly discourage management from capriciously imposing technology choices on the development group, instead giving developers as much latitude as possible to choose the best tools for the system and the project.	Not Answered.
Page 16: Data access for Dept. of Health and Welfare is critical in conjunction with other regional organizations, for a successful statewide analytics initiative like the SHIP grant. Proskriptive aims to make data translation and accessibility to encourage efficiency between organizations.	Not Answered.

ANSWER	ANSWER
Page 17: Suggestions and product features are an everyday occurrence in agile planning. Improvements are broken down into more critical component like feature requests, critical patches or aesthetics changes. Every item that is non critical by nature would be put into a formal sprint planning review and creation process for a later date. If there is a direct blockage to the success of this grant, this type of work is priorities that will aid in direct success of the project.	Not Answered.
Page 17 - SEE DOC FOR DESCRIPTIONS THESE ARE THE TITLES: • Scrum Master/Project Manager (1 dedicated to project) • Data Analyst/Scientist (1 dedicated to project) • Database Administrator (2-3 dedicated to project) • Software Quality Assurance Analyst (1 part-time to project)	Not Answered.

ANSWER	ANSWER
Not Answered.	Not Answered.
0	0
Not Answered.	Not Answered.

ANSWER	ANSWER
Not Answered.	Not Answered.
Not Answered.	Not Answered.
0	0

ANSWER	ANSWER

PAGE 18: • BI Layer/Web Application
  Proskriptive analytics portal Java/JDE environment at the moment, but transitioning to MVC ASP.NET framework. This work is done in Visual Studio using C# and other Web Complaint technologies
• Data Layer/ Date Warehouse/Data Mart
  Proskriptive uses Microsoft framework. All data is aggregated using SSAS, ETL with SSIS and Reporting through SSRS our on our data visualization tool Yellowfin.
• Data Science
  Proskriptive uses R and AzureML. Proskriptive began to develop tools using Python and the Anaconda framework for integrated libraries.
	Not Answered.

Page 18: IE 8+, Firefox, Chrome, Safari	Not Answered.
0	0

ANSWER	ANSWER
Page 18: Application isolation helps prevent exploits on neighboring tenants or deployments from compromising your cloud data and operations. This includes front-end and back-end application-tier scenarios. For example, Virtual Machines in a back-end network or sub-network may allow only certain client computers to connect to a particular endpoint based on an IP address whitelist. Following are options to isolate the tiers in an application at the network layer, and they are typically used in combination for defense-in-depth:	Not Answered.

ANSWER	ANSWER
Page 12: HIPAA and the HITECH Act are United States laws that apply to healthcare entities with access to patient information (called Protected Health Information, or PHI). In many circumstances, for a covered healthcare company to use a cloud service like Azure, the service provider must agree in a written agreement to adhere to certain security and privacy provisions set forth in HIPAA and the HITECH Act. To help customers comply with HIPAA and the HITECH Act, Microsoft offers a BAA to customers as a contract addendum. Page 18: Proskriptive cloud hosted platform is HIPAA certified via Microsoft Azure platform.	Not Answered.

ANSWER	ANSWER
Page 18: 2 factors user authentication is supported. Currently, Proskriptive can authenticate using Active Directory or other tools like OAuth. Additionally, iFrames can be utilized but not recommended due to security provisioning.	Not Answered.
Not Answered.	Not Answered.

ANSWER	ANSWER
Pages 18 - 21 : Summary Page: This where both retrospective cost data and forward predictive analytics are available. SEE CHARTS ON THESE PAGES	Not Answered.

Company:	Slalom Consulting	**Company:**	Team PluralSoft
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General business type of Company:	Information Management and Analytics	**General business type of Company:**	Data management and analytics
# of req's not met/answered by company:	13	**# of req's not met/answered by company:**	9
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted.
Company had additional information on:	RFI pages 13-16.	**Company had additional information on:**	Nothing noted.
ANSWER		**ANSWER**	

ANSWER	ANSWER
Slalom brings expertise and experience to address the needs for the strategy and implementation of Idaho Statewide Healthcare Innovation Plan (SHIP) Model Test Health Information and Data Analytics. The Health Information and Data Analytics platform will provide opportunities for the Idaho Healthcare Coalition (IHC) and Idaho Department of Health and Welfare (IDHW) to meet SHIP programmatic needs and take appropriate action in a seamless, integrated, virtual environment. Business Analytics Support is critical to identifying the ecosystems involved and to develop a suite of solutions. Idaho is poised to transform the statewide healthcare system at the local, regional, state and federal levels for Idaho's residents by changing the standard of practice; delivering primary care through the Patient Centered Medical Homes (PCMHs) integrated with the broader medical neighborhood of hospitals and ancillary providers, incentivized by value-based payment methods. We support our state's transformation goals to improve the quality and experience of care for all Idahoans, improve health outcomes, and control costs.	PluralSoft Inc, an award-winning healthcare data management and analytics company is teaming with Cognosante, a leading health information services company to deliver a proven collaborative analytics solution that supports the State of Idaho's SHIP objectives of transforming the healthcare system in the State from a fee-for-service, volume-based system to a value-based model driven by improved health outcomes. For more information, see their RFI pages 6-7.

ANSWER	ANSWER
Not answered	Team PluralSoft is interested in furnishing the solutions and services described in this RFI.

ANSWER	ANSWER
Slalom has experience and expertise in architecting and building health care analytic systems to track, analyze and report feedback to individual providers on selected performance and outcome measures to improve their practice. This includes the integration of clinical data, medical claims and/or payer data at the patient and aggregate levels for reporting and analysis. In addition, Slalom also has the capability to report on regional population management metrics which will be used to identify and address regional population management issues. We have experience with this data analysis informing policy development and program monitoring in order to support an entire healthcare system transformation. Slalom has significant knowledge of the Healthcare industry and information technology, with the capability to extract data based on key performance measures, to develop an analytics dashboard. We are aware of the key performance measures and their use, identified in Idaho's Initial Performance Measure Catalog and have strategic planning experience and capability to support the measures evolving over time. For more information, see their RFI pages 6-7.	Since inception in 2004, PluralSoft has completed over 30 Data warehouse and Business Intelligence implementations across multiple industry verticals with over 15 in the healthcare industry. PluralSoft has in-depth project management experience executing many large projects with challenging timelines and requiring extensive technical expertise. These Data Warehouses are large multi-terabyte (10+ TB) data warehouses used by large numbers of end users (600+) and integrate large volumes of healthcare data (3+ million patients) from disparate, complex, structured and unstructured data sources (Electronic Health Records, Practice Management, Hospital Information Systems/Billing, ERP, Radiology, Pharmacy, Laboratory, Transcription systems, HIEs, Payers, and All Payer Claims Database, to name a few), using standards-based interoperability data exchange as well as custom data extraction schemes. For more information, see their RFI pages 8-10.
0	0

ANSWER	ANSWER
Slalom has built and grown relationships in the healthcare ecosystem across the payer, provider, health IT, and life sciences industry. We have worked nationally with approximately 15 payers, 25 providers, 32 pharmaceutical, biotechnology, and life sciences companies, and nearly 30 health IT, software enablement, and associations. We have grown our client base significantly since 2010 and continue to look to expand our current footprint of work due to the key investments we've made in leaders, domain expertise, and relationships / alliances with technology and software companies. For more information and a detailed list, see their RFI pages 10-12.	- HealthInsight Nevada / HealthHIE Nevada - State of Alaska HIE - Arkansas Center for Health Improvement (AHCI) - Oklahoma Health Care Authority (OHCA)
Not answered	Not Answered

ANSWER	ANSWER
Not answered	Not Answered
Slalom is committed to successful program engagement and delivery. In order to ensure a successful engagement, Slalom has found these program components essential: □ Stakeholder Engagement & Communication □ Program/Project Management □ Program/Project Budget Management □ Data Management/Stewardship □ EHR Clarification □ Measure & Reporting Clarification □ Organization Effectiveness □ Functional Analyst Services □ Systems Analysis □ User Acceptance Testing □ Service Desk Support For more information, see their RFI pages 12-16.	Based on similar prior and continuing engagements, Team PluralSoft sees the following common issues that can impact the success of a project of this size, nature, complexity, and far reaching impact. Appropriate risk management strategies need to be contemplated and tactics established to manage these risks through all phases of the project lifecycle right from procurement of a fitting technology solution for HIDA. - Data Awareness - Information Overload - Lack of Interoperability - Adopt and promote industry standards - Reliance on Configuration rather than on Customization - Iterative Evolution of Analytics Solution feature and function The State of Idaho should construct its HIDA RFP to address the specific problems hindering advanced messaging solutions, including: - Interoperability - Cost - Technology - Communications - Metrics - Staff - Phased Implementation For more information, see their RFI pages 11-12.

ANSWER	ANSWER
Slalom's extensive experience has provided us with the following well-learned lessons. They include: - The plan - The data - Communication - Organization Effectiveness For more information, see their RFI page 17.	Extending Team PluralSoft's narration of issues that the State needs to address for a successful project, listed below are a few more lessons that we learnt from similar projects. - Understand Information Demand (the What and Why of Data Analytics), Information Consumption (the Who and When of Data Analytics), and Information Supply (the Where and How of Data to support Analytics) in that order. - Decide whether a Data-driven approach or Goal-driven approach or User-driven approach best results in marching towards State's vision since this decides the HIDA implementation timeline. - Building Data Quality Awareness and committing to a Data Governance practice across the entire continuum is mandatory for this HIDA solution to promote an Insight-driven healthcare transformation. For more information, see their RFI page 13.

ANSWER	ANSWER
$4.4M For more information, see their RFI pages 17-18.	TEAM PLURALSOFT REQUESTS THE STATE TO CONSIDER INFORMATION IN THIS SECTION PROPRIETARY & CONFIDENTIAL AND HENCE TREAT THIS AS PROTECTED FROM DISCLOSURE

ANSWER	ANSWER
Items or services that will impact pricing follow, which estimates can be provided based on further scope and definition of each: □ Business Model and Data Coverage: □ Assessment of care gaps □ Determining a baseline and gap analysis for PCMH implementation plan □ Assessments of the quantity and quality of data reported by insurers and providers □ Modifications to Electronic Medical Records to accommodate reporting □ Determine business rules for collecting data, report frequency, report formats □ Defining Claims Data Reporting content, format, frequency □ Telemedicine and tele-monitoring equipment that can record and transmit data □ Organization Effectiveness: □ Comprehensive assessments of hospital and physician willingness, readiness □ Initial training and practice for how and what to report □ Determine who will recruit and train Community Health Workers who will need training in reporting □ Electronic medical records – acquisition and training for new users □ Logistics: Possible investment in iPads or other technology for Community Health Workers and EMS personnel to record and transfer patient information and data □ Project Management: □ Development and signing of Project Charters □ Setting up SharePoint sites or other appropriate central report repositories □ Equipment (computers, iPads, telemedicine cameras and upgraded computers when needed)	$1.2M - $1.97M For more information, see their RFI page 14.
Other items or services that will impact pricing follow, which estimates can be provided based on further scope and definition of each: □ Retraining of legacy staff □ Training of new staff that joins a physician practice or other provider □ Hiring and training of Community Health Workers □ Training of new EMS personnel in how to report □ Regional collaborative facilitation, communication and management □ Centralized data management system	Prices vary based on expenditure frequency. For more information, see their RFI page 15.

ANSWER	ANSWER
Not answered	This would include: - On-Premise installation of CareQuotient™ instead of Microsoft Azure Government Cloud (AGC) Hosting - Cloud Hosting on Microsoft AGC - Years of Historical Data that drives storage costs and analytics server compute costs - Number of Concurrent Users and nature of access workload accessing CareQuotient™ Analytics Platform that drives Application & Web Server Costs - Use of State designated EMPI or Vocabulary/Terminology standardization or External Data Subscriptions (such as Drug Database, Benchmark Data sources, etc) - Eliminating need for 3M™ Prospective Analytics Software - Higher level of Help Desk and Support Service SLAs - Travel and related costs may also impact pricing. Estimated cost of travel includes for one person per trip ranges from $2,900 - $3,700. For more information, see their RFI page 15.
We work with our strategic partners to provide volume discounts or payment options that may impact pricing for the effort. Estimated cost savings of each would be available upon a baseline assessment of the current capability, to then provide a gap analysis that we can use to provide the most cost effective and efficient price strategy for the state-wide effort.	PluralSoft provides tiered volume discounts based on (a) number of covered lives purchased (b) number of pre-built analytic modules purchased, and (c) contracted term. Further, PluralSoft also provides discounts between 2% and 5% based on payment options. Cognosante provides tiered volume discounts for the number of notifications purchased, such that there is a lower price per user per month if 501-999 user licenses are purchased.
We believe that the right technology and infrastructure is key to enabling the IHC and IDHW vision, workflow, and ability to report on outcomes. It is important to look at the goals holistically to achieve a value driven healthcare model, so we would integrate this HIT team in very closely with the healthcare specialists, the project and change leaders at the Regional Collaborative level, and have a tight connection to the PMO. For more information, see their RFI pages 19-22.	Team PluralSoft estimates to complete an implementation of the Initial Phase Scope (as assumed in the Cost Estimation section above) of the HIDA solution in 6 months from Project Start. Follow-on phases cannot be estimated at this time without more definition of Scope of Work from the State.

ANSWER	ANSWER
Not answered	Not Answered
0	0
Slalom is agnostic to technology and can work within Idaho's technology selection. In many cases, Slalom will help clients determine the most appropriate technology stack to work with to maximize the value of the overall investments being made. In providing these services, Slalom has extensive experience with database management systems, including the full Microsoft MSBI stack of database (prior and current versions of SQL Server, Analytics Platform System, and Azure SQL), data integration, management and orchestration, master data management, analytics, and reporting and tools. Slalom also has key partnerships with Microsoft (Gold), Tableau (US Partner of the year), SAS, QlikView and Amazon web services. Slalom supports: □ Data Platforms: SQL Server, Oracle, DB2, IBM Pure Data System for Analytics (PDSA), Hortonworks, Amazon Redshift, Amazon EMR, and many more □ Reporting: SSRS, SSAS, PowerBI, Tableau, Qlik, Cognos, MicroStrategy, SAP Business Objects for reporting. □ Integration: Microsoft SQL Server Integration Services (SSIS), Informatica, Actian, Datastage, Oracle Data Integrator (ODI) □ Analytics: SAS, R □ Master Data Management: Microsoft Master Data Services, Informatica MDM	CareQuotient™ is built on Microsoft SQL Server Relational Database Management System. It will be deployed on SQL Server V2012 or later. For more information, see their Appendix A: CareQuotient.

ANSWER	ANSWER
Slalom has extensive experience working with OLAP technologies and various other semantic or “application layer” data structures to support the modeling and rapid access to Business Information. Our deep experience with Microsoft SQL Server Analysis Services (SSAS) has led to countless engagements using this technology within healthcare settings and beyond. Our experience with both Payer and Provider organizations has allowed us the experience to build data and reporting solutions with both claims and clinical data domains. For more information, see their RFI pages 22-23.	CareQuotient™ Care Data Repository (CQ-CDR) module supports a robust normalized and healthcare terminology/vocabulary standardized patient-centric Data Warehouse Data Model that integrates clinical, claims, operational, financial and other administrative or referential data from multiple data sources. Further, it comes with purpose-built Data Marts and multi-dimensional OLAP cubes for pre-built analytics that covers over 1000 clinical quality, utilization, cost, access and census related healthcare industry endorsed and accepted metrics to power Clinical Quality Improvement, Cost containment and Risk stratification and management, Care Management and Population Health Management. CQ-CDR can be extended for State of Idaho’s specific data and analytic needs rather than building from scratch. For more information, see their RFI page 16.

ANSWER	ANSWER
Slalom has experience integrating and cleansing datasets from multiple sources. For more information, see their RFI page 24.	Using CareQuotient™ Enterprise Master Patient Index, Vocabulary Standardization and Data Quality Rules framework, healthcare data sourced across disparate administrative and clinical data sources – either via interoperable messages or via direct data extracts - are normalized to identify duplicate data for a patient/member. Temporal and Origin Rules are established to consider the master source of data for each data domain (patient/member demographics, biometrics, observations and findings, lab results, immunizations, medications, etc) to create a single trusted version of truth for patient-centric data that can be duplicative across multiple sources (for example, lab results from laboratories vs EHRs or medications from pharmacy claims vs EHRs, biometric data from EHRs vs Patient-reported data to name a few). Further, data provenance or source data lineage is maintained to resolve conflicts across duplicates over time.

ANSWER	ANSWER
In addition, with over 50 data scientists on staff, our experience in Advanced Analytics allows Slalom to extend the data solutions we build to provide true business insight through data mining, statistical modeling, and predictive modeling techniques. These disciplines allow us to drive analytics models that can actually tell decision makers within the organization which actions to take within their business process or management function. Not only can we bring the modeling expertise, but we have deep analytics architecture expertise as well to support the strategic selection and tactical implementation of the Advanced Analytics toolsets (e.g. SAS and R) into the overall information architecture of the organization. For more information, see their RFI pages 23-24.	CareQuotient™ Performance Intelligence Engine (CQ-PIE) has the ability to produce retrospective and prospective analysis of resource utilization and outcomes including predictive models of future resource utilization and projected outcomes. CQ-PIE supports over 1000 clinical quality, utilization, cost, access and census related healthcare industry endorsed and accepted outcome metrics to power Clinical Quality Improvement, Cost containment and Risk stratification and management, Care Management and Population Health Management. CQ-PIE implements industry accepted and endorsed algorithms for examining the patterns of hospitalizations and emergency room use, measures the total cost of care and resources used, and predicts of 30-day Emergency Room (ER) and Hospital Readmission post-discharge. CareQuotient™ also provides a prescriptive analytics framework by integrating with 3M™ Clinical Risk Grouper Software to allow for risk stratification, 3M™ Patient-focused Episodes Grouper Software to analyze episodes of care, and 3M™ Potentially Preventable Events software to identify preventable ER, Hospital Admits and Readmits, Outpatient/Ancillary Services and Hospital Complications. PluralSoft uses SAS Software to serve State of Idaho specific predictive modeling capabilities.
Slalom prefers a user-centric data management and information delivery environment. Slalom has frequently delivered data repositories for authorized user access. Slalom encourages users to access and play with their data. Generally, Slalom develops the key components of the data architecture and quickly moves the data into staging (e.g. patient, provider, facility, visit, etc). Simultaneously, Slalom develops out the reporting (marts and cubes) assets. This allows the users to begin working with the data, and refining the mart and cube definitions. Through this process, the majority of cubes and marts are built out, and can be accessed and reported by users.	CareQuotient™ has been built to provide an easy-to-administer-and-deploy, intuitive web and mobile based user interfaces to surface data, information and insights to various user personas such as: - Information Consumers - Business Users - Advanced Users For more information, see their RFI page 17.

ANSWER	ANSWER
Slalom works with our clients to develop a metrics catalog for performance measures. Slalom's experience provides a going-in set of standard measures at the State, Region, Provider, and Patient level. Slalom models and designs the performance measures catalog to allow for measures to change over time.	CareQuotient™ has pre-built support for nationally recognized quality measures from National Quality Forum (including Meaningful Stage 1 and Stage II for both Eligible Professionals and Eligible Hospitals), CMS ACO, CMS PQRS, CMS Hospital-based Value Purchasing program, The Joint Commission, US Prevention Services Task Force recommendations, HRSA UDS, AHRQ's suite of Prevention, Pediatric and Inpatient Quality Indicators, NCQA HEDIS®, SAMSHA, and Dental Quality Alliance (American Dental Association). CareQuotient™ supports PCMH 2014 Standards and Guidelines prescribed alignment with Eligible Professionals Meaningful Use Stage II objectives for computing and reporting clinical quality measures. For more information, see their RFI pages 17-18.
Slalom has a practice dedicated to Enterprise Architecture and the Application and Integration Architecture techniques required within large-scale, Enterprise systems. Slalom is able to evaluate and address both Application Integration scenarios through Service Oriented Architectures (SOA) as well as the selection and implementation of Data Orchestration and Integration tools used in Master Data Management scenarios. Our experience with implementation MDM tools spans both reference data and analytical data scenarios. Additionally, we have experience in the various patterns that information is shared across the organization including Data Consolidation, Data Federation, and Data Propagation. Our deep expertise around Data Management and Integration, Enterprise Architecture, and Application Integration, allows us to meet the needs of our customer's information exchange requirements, whatever they might be.	CareQuotient™ is integrated with Cognosante's SmartStream™ which has robust capabilities that utilize event triggers to effect information exchange between hospital and practice based systems. SmartStream solutions cover a variety of use cases for Transitions of Care Management, Disease Management, Compliance Monitoring and Wellness/Prevention. Specifically with CareQuotient™, SmartStream can generate pre-care alerts for Patient Centered Medical Homes identifying the patient's gaps in meeting quality care guidelines. This is done before the patient's office visit. Triggered by the scheduling of a patient's office visit, and working in conjunction with CareQuotient™, SmartStream™ begins searching for the patient's history, and then compares to it to evidenced-based quality guidelines to identify gaps in care. From this information, referrals can be automated making it easier for physicians to guide a patient on what actions to take before the office visit so results are available to discuss with the patient at the point-of-care. Physicians can also know before the visit what care and wellness issues – tests, medication updates, immunizations -- need to be addressed at the visit. As a result, the value of the encounter is maximized leading to increased provider/patient satisfaction and increased quality of care. For more information, see their RFI pages 18-19.

ANSWER	ANSWER
Based on your requirements, Slalom designs the Reporting and Analytics environment to support data extracts, based on user authorization levels. Users could download performance measures from a catalog. However, a change management process would need to accompany this capability.	PluralSoft allows State of Idaho to copy and customize pre-built National Quality Measures as well as compute, track and report on these custom measures. While some of the customization can be easily achieved through metadata supporting these national quality measures material changes to temporal and event-sequencing rules for some of the complicated National Quality Measures requires in-depth knowledge of healthcare domain, the quality measure logic and technical programming capability in the authorized State user to achieve the desired outcome.

ANSWER	ANSWER
Based on the user needs, combined with the tools in-house or selected for reporting, Slalom develops the right solution. There are different audiences for Dashboards, Standard Reports, Ad hoc Querying, Interactive Analysis and Data Mining. Based on the audience requirements, Slalom can leverage your tools or recommend tools. These tools allow Slalom to provide various capabilities for the users, like modify displays, dashboards and reports. Slalom can work with what the requirements call for and the tools allow. Slalom has significant strength in front-end development and can develop out special needs where requested.	CareQuotient™ Portal (CQ-Portal) is a user customizable and extendable data visualization mechanism. CQ-Portal is a graphically Rich Internet Application (RIA) and supports drag and drop features using any standard browser. Portal customization in terms of adding/changing portlets, pages, drop down menus, default display for various measures, and managing role based access control to information visualization to name a few can be achieved by the end user. They can create graphs (bar, line, stacked bar etc.) pie charts, gauges and tabular reports with drill down functionality to detailed information. The level of detail to be exposed in the drill down reports is customizable and can be controlled by end users. See a sample screenshot CQ-Portal Administration – Dashboard Portlet Definition in APPENDIX B: SAMPLE CAREQUOTIENT™ SCREEN SHOTS.

ANSWER	ANSWER
Slalom has experiences with registries, which are more like an application than a Reporting and Analytics solution. It commonly feeds the Reporting and Analytics data environment. Registry users then pull data from the shared environment (usually with their own data mart and cube).	CareQuotient™'s support of National Quality Measures by default comes with Patient Registries for over 40 different diagnoses and treatment based medical conditions across chronic and preventive care in medical, behavioral and dental health. However, the state can also create, interactively access and distribute its own diagnoses and treatment based patient registries using CareQuotient™ Portal provided Adhoc Query and Analysis tool.

ANSWER	ANSWER
Slalom has experiences in Information Delivery which involve building scorecards visually. Slalom has been recognized for some of its work around scorecard visualization. A few examples where Slalom has done this include: □ Advocate: CPOE Analysis - CPOE Operational Analytics Database & Visualization Tool □ HCSC Group Business Client Reporting: Improved the ability to measure effectiveness of their care program; existing reports were inadequate and Slalom defined, designed and built new reports and dashboards for each client team	Built on the foundation of CareQuotient™'s pre-built support for national quality measures and underlying patient registries using the quality measure prescribed treatment protocols, CareQuotient™ surfaces Patient and Physician Scorecards. Patient Scorecards identify care gaps. Physician scorecards allow benchmarking of physician performance against a physician peer group or against national/regional benchmarks (sourced externally) across user selectable national quality measures. See Provider Scorecard and Patient Scorecard in APPENDIX B: SAMPLE CAREQUOTIENT™ SCREEN SHOTS.
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Slalom is extremely comfortable building for HA; most of our clients request this. We would assume the Idaho SHIP Data Reporting & Analytics needs are going to use on premise infrastructure as opposed to public cloud (e.g. AWS EC2); although we are open to using either and have experience with both. Given the criticality of these systems we'd recommend full multi-site DR approach as opposed to a pilot-light approach.	Responder answered with images depicting the integration of software, predictive modeling, and component-based logical architectures. For more information, see their RFI page 21.

ANSWER	ANSWER
Slalom is able to design a system that is fully physically isolated from the OS through the Application stack. We are also extremely comfortable creating a multi-tenant experience with complete tenant privacy. We would tailor our solution to the needs of the State of Idaho during discovery. In general we believe that regardless of physical environment isolation server virtualization should be employed wherever possible as an industry best practice.	A Private Cloud is being proposed to ensure that IDHIDA infrastructure – across all tiers of hardware, network, database and application - is solely provisioned, configured and managed for State of Idaho designated use. The infrastructure supports a Development, Test and Production environment to support the Iterative Analytics Development Life Cycle and Release Management. For more information, see their RFI page 22.

ANSWER	ANSWER
Data storage technologies and database architectures utilized; include detail information related to data backup and recovery processes and practices; Idaho Health Data Exchange (IHDE) requirements prohibit the sharing of databases with other vendor customers. Slalom is comfortable with virtually all modern Relational Database Management Systems (e.g. SQL Server, Oracle, etc). We would tailor our architectural assumptions around specific RDBMS packages based on the States existing licenses and architectural direction. Regardless of specific package we would recommend an Always-On Failover Cluster pattern using real-time transaction mirroring as part of a High Availability standard.	A Private Cloud is being proposed to ensure that IDHIDA infrastructure – across all tiers of hardware, network, database and application - is solely provisioned, configured and managed for State of Idaho designated use. The infrastructure supports a Development, Test and Production environment to support the Iterative Analytics Development Life Cycle and Release Management. For more information, see their RFI page 22.

ANSWER	ANSWER
Slalom's Next Generation Infrastructure team has deep experience helping clients implement performant on-premise infrastructures including network topology and server virtualization. We also have deep experience helping our clients get the best from Public and Government Cloud providers like AWS, Azure, Rackspace, and others. During discovery we would tailor our architectural recommendations around on or off premise virtualization based on the State of Idaho's current state	Azure Government is a government-community cloud (GCC) designed to support strategic government scenarios that require speed, scale, security, compliance and economics for U.S. government organizations. Azure Government is designed to meet the higher level security and compliance needs for sensitive, dedicated, U.S. Public Sector workloads found in regulations such as United States Federal Risk and Authorization Management Program (FedRAMP), Department of Defense Enterprise Cloud Service Broker (ECSB), Criminal Justice Information Services (CJIS) Security Policy and Health Insurance Portability and Accountability Act (HIPAA). For more information, see their RFI pages 23-24.
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ANSWER	ANSWER
For a successful and measurable transformation of the Idaho healthcare system, Slalom will follow our Project Management methodologies. It will be critical that the HIT team works very closely with the PMO to meet the objectives of the holistic SHIP program. For more information, see their RFI pages 26-27.	Cognosante's project management approach adapts the principles of the Project Management Institute (PMI) with best practices, Agile principles, and PMI guidelines, incorporating other modifications as needed to comply with each client's standards. The best of all this information is brought together in our custom templates, tool sets and processes, which help govern the project lifecycle from initial Project Planning and Project Monitoring and Control processes through to post-project close out. Standard processes and procedures are structured to satisfy State's requirements for the frequency and content of progress plans and reports, project status meetings, and other project management artifacts as directed by the State. For more information, see their RFI pages 25-26.
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ANSWER	ANSWER
Not answered	Not Answered

ANSWER	ANSWER
Not answered	Not Answered

ANSWER	ANSWER
Not answered	Not Answered

ANSWER	ANSWER
Not answered	Not Answered
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ANSWER	ANSWER
Slalom is frequently asked to help clients architect and implement Identity and Access Management protocols. We are largely technology agnostic but do support moving as close to a single sign-on methodology as possible in most cases. We recommend our clients use a tailored, lightweight version of the ITIL framework to manage on-going operations and have helped many clients implement this.	Team PluralSoft's Account Management Process involves Executive Sponsorship at PluralSoft and Cognosante besides a dedicated Account Management team assigned to the State's initiative. This team consists minimally of an Account Manager, Project Manager(s) and a Solution Architect. This team is responsible for managing overall relationship with the State including communications from contract to termination. They work closely with the State's designated Steering Committee to monitor progress of project vis-à-vis State expectations as well as take full responsibility of daily project progress through all Phases including production operations with their performance tied to achieving project success metrics per Team PluralSoft's contracted SLAs with the State. Internally, the team is accountable to Team PluralSoft Project Executive Steering Committee and provides oversight, liaison and leadership to Team PluralSoft implementation team(s) during all phases of the contract. They are responsible for recruitment of a right-sized and right-skilled implementation and operations support team as well as ongoing Change and Release management processes.

ANSWER	ANSWER
Slalom is technology and tool agnostic and would make a tool recommendation based on the State of Idaho's current state and long term plans during planning. In the meantime Slalom would recommend a tool that supports multi-modal interaction (e.g. live chat, mobile, web, phone interfaces) for both help desk engineers and end-users. Slalom believes that there are three key Service Levels that need to be measured and managed; Uptime, Response Time, and Resolution Time.	Cognosante provides call center and help desk support services to several Federal and state governments, through a centralized distribution model. We are able to leverage existing facilities, equipment, infrastructure, as well as highly-trained skilled customer service representatives to provide a world-class consumer experience and lower administrative cost to the state. All requests for Support Services from Customer will initially be delivered to our Help Desk via the support section of HIDA Solution website, email to a dedicated Help Desk Support email address, or via a phone call to a dedicated Help Desk Support telephone number established for the State. We will acknowledge all support inquiries it receives from Customer and will track, record and archive such messages. Our Standard Support hours are 8:00 a.m. to 5:00 p.m. (Mountain Time), Monday through Friday, excluding weekends and Team PluralSoft company holidays. For more information, see their RFI pages 27-28.

ANSWER	ANSWER
In order to optimize SLA performance Slalom typically recommends that our customers use a combination of tools. □ First, we recommend an enterprise-class system monitoring tool like Bluestripe or Microsoft SCOM to capture and log faults and exceptions. □ Second, we recommend a log-shipping and aggregation tool like Splunk to quickly capture real-time system-level eventing at the network, operating system, and application levels. Log aggregation tools like Splunk use map-reduce and other elastic-query techniques to capture faults and exceptions which can then be routed to a Service Desk to for triage and remediation within SLA based on Incident Severity. □ At a minimum, SLA statistics should be reported during shift-transition and reviewed at a leadership level on a weekly basis. □ Slalom believes that SLA enforcement is important and that its intent should be to drive to a desired outcome as opposed to acting as a punishment for missed targets. Consequently, we recommend that when SLA penalties (for example fees at risk) are implemented that both earn-back and performance bonuses be used to balance out the incentive structure.	PluralSoft, in prior engagements has delivered a solution infrastructure with associated support services that meet Performance SLAs such as: - Query Response times of <15 seconds for pre-built guided navigation reports and dashboards with drill through capability – those with the most consumption and generally serving the needs of Information Consumer user persona. - Daily refresh of multi-terabyte clinical and claims data in a few hours. - High Availability of 95% or more implying a downtime of less than 36 hours per month or less than 8 hours per week. For more information, see their RFI page 28.
If Slalom needs to procure additional services on behalf of a client, we work with our client's procurement department to create structured RFx processes in compliance with client finance policy. When clients ask Slalom to provide Additional or New services within the scope of an existing engagement we try, wherever possible, to accommodate those requests with our existing team and budget. In cases where our clients ask us for something outside of what our existing team can provide, we rely on a pre-agreed Change Control process to define, memorialize, and execute the requested change to existing or new services.	To procure additional and new services regarding customization or extension of the envisioned Data Analytics solution, the State would represent such needs to the Team PluralSoft Account Management Team. Team PluralSoft will use our Project Change Request process to estimate the effort involved, often at little or no cost to the State, to collaboratively decide on the nature, extent and type of services required before gaining an initial State approval to submit a Change Request Statement of Work (SOW) that clearly articulates the scope of work, deliverables, milestones, Team PluralSoft and State responsibilities with any assumptions along with the engagement model – time and materials basis or fixed bid – to accomplish the work under consideration in the Change Request SOW.

ANSWER	ANSWER
We use the ITIL Release Management process to integrate engineering changes with the ITIL Release Management process. In general we advocate for smaller, more frequent, automated changes to production as opposed to larger monolithic monthly or quarterly releases to production. However we are process agnostic and comfortable for implementing whatever approach feels most appropriate to our clients. For more information, see their RFI page 28.	PluralSoft addresses Maintenance (software enhancement) and Support of CareQuotient™ through several methodologies. - Bug Fix (Minor Sub-Version) - Update (Minor Version) - Upgrade (Major Version) For more information, see their RFI page 29.

ANSWER	ANSWER
As with technology products Slalom is also process agnostic; we are comfortable conforming to what works best for our clients. When left to our own devices we use an Agile SCRUM approach to managing product feature and function enhancements. This is especially useful in developing and refining Reporting and Analytics user stories. For more information, see their RFI page 29.	PluralSoft's Product Innovation team targets prioritized pain and needs of our customers and market yet adopts a "keep-it-simple" approach to deliver what our customers and prospects will pay for. PluralSoft does not believe in "re-inventing the wheel" in as much as delivering this same message to our customers and prospects to drive adoption of CareQuotient™ for Data Analytics. We recognize best-of-breed point solutions in the market place and integrate those into CareQuotient™ when and where necessary – all to reduce time-and-cost-to-insights for our customers. For more information, see their RFI page 29.

ANSWER	ANSWER
Not answered	See Upgrade (Major Revision) in Product Maintenance and Support Process above for PluralSoft's Major revision schedule. PluralSoft's version control and release management process is supported by our Agile Product Development methodology. PluralSoft uses Apache Subversion as the version control software. Once a product backlog/sprint has been completed, the Product Owner along with the Quality Assurance Lead, assess the product readiness for deployment. For more information, see their RFI page 30.

Software Quality Assurance is a critical component to modern engineering processes (e.g. waterfall, agile, extreme, etc). Slalom tackles QA and User Acceptance Testing in several ways.
  First, we focus on a high level unit-test and functional test automation; this combined with deployment automation allows us to put functioning pre-product bits in the hands of users quickly and easily.
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  Second, we use structured communication plans along with tight product-based collaboration models that include stakeholder groups in the engineering process early and often so that users experience the product as it's developed.
  This has two benefits: First defects and misunderstandings are caught early when they are less costly to fix. Second, users can help shape product direction without large amounts of rework. In effect, we view stakeholder groups and their representatives as the Product Owners and include them in our agile process as integrated parts of the SCRUM team.
	Our business is premised on bringing economic scale to innovations conceived in the marketplace for the benefit of the marketplace. With our Product Roadmap driven by our customers, we offer Product Beta versions for testing and verification by our customers. Consequently, those customers who contribute to a Beta version's refinement before release for General Availability (GA), are recognized with discounted pricing on subscription to this GA release.

ANSWER	ANSWER
Slalom uses formal feedback sessions as well as self-help automation around service desk tools to enable end-users to submit product change requests in both structured and ad-hoc fashions. Periodically (often monthly) we aggregate and groom these suggestions into condensed data sets. We review this with client Steering Committees to prioritize and agree (or disagree) to their implementation. From there, prioritized changes are added to the product backlog and worked into sprint planning based on priority, complexity, and effort estimates.	We do not have a formal User group at this time. However, being customer-focused companies, we commit to constant support of our customer's business vision and goals. Especially, when healthcare reformation calls for collaboration across the continuum, we consider ourselves being a part of this continuum to learn about evolving innovations from within and bring valuable innovations ourselves, in an agile manner, to the healthcare community we serve. In that, our Product Roadmap is built on our Customers' vision.
While this is difficult to assess without knowing more about the details of the future solution, Slalom uses cross-discipline, integrated teams to create data and software products for our clients. Key roles include Data Stewards, Data Architects, Integration Engineers, Database Engineers, BI Developers, UX Designer, Infrastructure & Network Engineers. Key principals of our approach are to break down discipline silos by co-locating required resources, regardless of discipline, into an integrated SCRUM team and then to enable that SCRUM team with state of the art communication, collaboration, and engineer tools. For more information, see their RFI page 30.	Team PluralSoft needs a more thorough understanding of detailed requirements across many functional areas such as number and types of data interfaces available across the continuum, the quality of data in these interfaces, the current and required level of data governance practices, the timeline for various functional phases and/or iterations, the number and type of notifications and their recipients, the expected Performance SLAs, the number and types of Information Consumers, operations transition plan, and an indicative budget layout for such an initiative to name a few; in order to provide a representative Staffing Plan for all phases of the project/contract including operations. For more information, see their RFI page 31.

ANSWER	ANSWER

Our solution includes first level support prior to involving a third-party vendor's product support. If needed, knowledge transfer is a core component of virtually all of Slalom's engineering engagements. We tackle it in several ways.
  First, Slalom uses wiki-based knowledge repositories to document the products we create as we create them. This means that as our knowledge grows so does the knowledge base.
  Second, we invite our clients to embed members of their teams onto our SCRUM teams so that we're able to give them hands-on experience with the Systems, Interfaces, and Best Practices we're using. This has the added benefit of adding depth to our client relationships.
  Finally, we use structured knowledge transfer techniques including System Learning, Job Shadow, and Reverse Job Shadow to manage structured end-of-project KT with client stakeholders.
 	
For more information, see their RFI page 30.
	Cognosante will provide overall Project Management and Quality Assurance services during all phases of the project as well as Tier-1 Help Desk Support services. Cognosante will also provide implementation services for its SmartStream product as well as identified professional services for implementation of necessary data interfaces to EHRs, PMS and HIS systems especially for the Appointment to Care Transition related care management workflows.
	
	PluralSoft will be responsible for overall Account Management, Data Analytics Solution Architecture and Implementation using CareQuotient™. This includes Analysis-Design-Development-Implementation and Operations support of:
	- Data interfaces especially from IHDE, State systems (MMIS / PBMS / Eligibility / Public Health registries / etc), Payer claims data sources and EHR interfaces
	- Data governance and data quality processes and functions
	- Data Analytics computation
	- Data Reporting and Visualization
	- Microsoft Azure Government Cloud Tier-1 support
	- Maintenance and Support of CareQuotient™ feature and function enhancement and release management

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Not answered	Team PluralSoft provides training on the Solution proposed and can customize the training based on customizations and various user personas – from State IT Operations and Maintenance personnel to State Departmental or Agency stakeholders falling into any of the three Solution User Personas. Our approach to train these personas is using the "train-the-trainer" approach. Required updates to training documentation will be developed as a part of the implementation phase. For more information, see their RFI page 32.

ANSWER	ANSWER
Not answered	Not Answered
Not answered	Not Answered
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ANSWER	ANSWER
Slalom has over 500 software engineers and in 2014 we completed over 700 software engineering projects. We are fluent and comfortable with all modern programming languages including Microsoft .NET, Java and J2EE, Open Source languages like Ruby, and MEAN stack implementations (e.g. Mongo, Node.JS, and Angular JS). Slalom also has a thriving mobile practice and has developed hundreds of native, consumer facing applications for IOs and Android. Slalom would select a specific technology set including programming languages during the discovery phase based on what would be most supportable and maintainable for the State of Idaho.	CareQuotient™ is primarily built on Microsoft technology platform that includes Microsoft® Windows Server 2008 R2 or later, Microsoft® SQL Server 2008 R2 Enterprise database platform, SQL Server Management Studio, Microsoft® Business Intelligence Studio components such as SQL Server Integration Services, SQL Server Reporting Services and SQL Server Analysis Services, T-SQL, Microsoft® .NET framework, Microsoft® Silverlight with TeleRIK RAD Controls, Java, JavaScript, and HTML 5. Besides using CareQuotient™ provided query, analysis, reporting and dash boarding capabilities, end users can use Microsoft Excel, Power Pivot in Excel, Power BI and Microsoft SharePoint provided Excel Services or Performance Point capabilities to access and query both relational and multi-dimensional sources to develop reports . In addition, the State is free to use its existing non-Microsoft Reporting and Business Intelligence tools to query CareQuotient™ provided data structures. Some predictive capabilities are developed using SAS. Cognosante SmartStream™ is built using Java / J2EE technologies. Technologies include Web Services, MQ, BPM, BRMS, DBMS, etc
Slalom recognizes that cross-browser support is a must-have in virtually all modern web applications. Slalom is comfortable driving compatibility with whichever browsers our client prefers. We typically recommend support for Internet Explorer, Google Chrome, and Mozilla Firefox. Slalom adds cross-browser testing into our unit test and functional test automation frameworks so that we can regress cross-browser compatibility as changes to our applications are released in an agile fashion.	PluralSoft proposed Portal solution – CareQuotient™ Portal product module and optionally, Microsoft SharePoint integrated with CareQuotient™ Portal, provide a web browser based user interface built using Microsoft .Net technology, Silverlight and HTML5. The web browsers and versions supported are IE (versions 8- 10), Mozilla Firefox (versions 14 – 17), Google Chrome (versions 26 – 31), Safari (versions 5 – 6). All HTML5 based components are mobile enabled. A mobile version of CQ Portal user interface completely based on HTML5 for enhanced mobile device browsing and optimized for an enhanced cross-browser experience.
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ANSWER	ANSWER
In accordance with the NIST Cyber Security Framework, we recognize the following features and functions will be implemented in accordance with NIST 800-53 Rev 4 security control baseline for related technology: □ High availability and data redundancy for 99.99% uptime □ Support for role-based access controls on system resources □ Automated workflows for provisioning, management and de-provisioning of individual and group accounts. □ Two-factor authentication using SecureID token □ Ability for session lock and termination after a period of user inactivity □ Centralized and secure auditing and logging capabilities with the ability to customize the types of audit events □ Encryption of data at transit via x.509 certificates, Public Key Infrastructure, and Transport Layer Security (TLS) protocol □ Database-level encryption using Federal Information Processing Standard (FIPS) 140-2 validated encryption algorithms □ Security hardened network devices, applications, and operating systems in accordance with federal guidelines and policies For more information, see their RFI pages 31-32.	Team PluralSoft will comply with HIPAA Omnibus Rule mandated Privacy, Security, Enforcement and Confidentiality regulations. In that Team PluralSoft (including Microsoft as the Azure Government Cloud hosting provider) will sign the State's HIPAA Business Associate Agreement. Team PluralSoft will obtain the necessary Cyber Security Insurance policies to create and operate the State Data Analytics Solution. For more information, see their RFI pages 34-35.

ANSWER	ANSWER
See answer 15a. For more information, see their RFI pages 31-32.	Different ways Team PluralSoft ensures delivering a Solution that is fully compliant with HIPAA mandated Security standards are as follows: - All data is secured using Secure Sockets Layer (SSL) during transmission. This includes end user access to OHA data as well as automated transmission or download of query results and reports but also exchange of documents and electronic files between assigned Team PluralSoft personnel and the State using State approved versions of Microsoft Word, Excel, Project, Access and PowerPoint from CareQuotient™ Portal. This capability is not only applicable to access through desktops and laptops but extends to access through State users' smart phones, tablets and mobile operating systems. - Data is encrypted at rest within the database using SQL Server's "Transparent Data Encryption" technology. This allows full privacy of data within the database including backups as well. - Files that are received from or sent to sources external to State (other State contractors, other governmental entities, providers, and stakeholders) will be encrypted during transfer and processing. When files are transferred using CareQuotient™ EXIM tool, HITECH security requirements (§170.210 (a), §170.210 (c)) prescribed AES encryption algorithm (per FIPS Publication 140-2) is applied to data in motion. In addition, when the file is archived, it is also encrypted at rest. A secure FTP server will be established to allow secure exchange of files between the Department and external sources. - For end user access through CareQuotient™ Portal, HIPAA Security Rule prescribed standards for access control (45 CFR § 164.312(a)) will be implemented. Capabilities include automatic logoff, user lockout upon 3 unsuccessful login attempts, forgotten password recovery functions, audit trail of all access to data from login to logoff, role-based access control with authentication based on Microsoft Active Directory (LDAP). Further, since access to CQ Portal is via SSL all data downloaded or exported out of CQ Portal is secured during transmission

ANSWER	ANSWER
Slalom can identify and assess the current technology in place for implementation of a two-factor authentication based solution. Two-factor authentication is a method of granting access to systems based on two or more of the following factors that uniquely identify an individual: □ Knowledge factors – factor is based on something you know such as an account password □ Possession factors – factor is based on something you have such as a smart identification card □ Inherence factors – factor is based on something you are such as having a unique finger print For more information, see their RFI pages 31-32.	The end-user access to data in CareQuotient™ is accomplished through CQ-Portal. The portal maintains Role Based Access Control (RBAC). User Authentication can have one of two modes: - Standalone: In this mode, the users are created using the CQ-Portal. The passwords are stored in the database using a one-way encryption algorithm which cannot be decrypted; but only the hashed values can be compared, provided the original text is known. - Single Sign-on: In this mode, the users already exist in the active directory and the CQ-Portal administrator creates a proxy entry for the user in the CQ-Portal. Authentication of the user credentials are done leveraging Active Directory and passwords are not stored in the database. The user ID and password used for access is the same as the one established in Active Directory. For more information, see their RFI pages 35-36.
Certification of the components of your offering including the identification of the certifying organizations (e.g. HITSP, ONC HIT Certification, etc.) For more information, see their RFI pages 31-32.	CareQuotient™ is certified as ONC HIT Edition 2014 for the following criteria: - 170.314(d)(1), Authentication, Access Control, and Authorization - 170.314(d)(5), Automatic Logoff

ANSWER	ANSWER
Slalom is fluent in a number of different SIEM and infrastructure monitoring tools including ArcSight, Splunk, QRadar, System Center Operations Manager, System Center Service Manager, and System Center Orchestrator. Slalom can identify and assess the security monitoring needs of the organization and partner with the Idaho Department of Health and Welfare to select and deploy the SIEM and monitoring tools that best fits the needs. For more information, see their RFI pages 31-32.	CareQuotient™ logs activity to provide a complete audit trail of the specific user's access through CareQuotient™ Portal. The extensive audit trail tracks login/logout attempts, user lockout upon 3 unsuccessful login attempts, forgotten password recovery functions and session times. The audit trail logs the application function, pages and portlets accessed by a user, the measure accessed and the individual patient queried in a dashboard drill through or patient scorecard or virtual longitudinal patient record as well as end-user initiated data export/data sharing function and any data filters that a user might have selected. For more information, see their RFI page 35.

Company:	Truven Health Analytics Inc.	**Company:**	White Cloud Analytics
Contact:	Keith Gall	**Contact:**	REDACTED
Telephone:	(602) 803.7932	**Telephone:**	Not Answered
E-Mail:	keith.gall@truvenhealth.com	**E-Mail:**	REDACTED
General business type of Company:	technology, analytic expertise,	**General business type of Company:**	Data Analysis
# of req's not met/answered by company:	1	**# of req's not met/answered by company:**	4
Company had questions on:	Nothing noted	**Company had questions on:**	Nothing noted
Company had additional information on:	Nothing noted	**Company had additional information on:**	PDF Pages 23-28 are the Implementation Playbook
ANSWER		**ANSWER**	

ANSWER	ANSWER
We are unique in the industry because of our leadership position in all major segments of the healthcare market. Our multi-market presence is important to our customers because it enables us to apply our expertise in one market to bring value to customers in other markets. Our work with diverse stakeholders also enriches our understanding of the dynamics of healthcare reform. We have achieved this market position by consistently delivering the most high quality decision support systems, benchmarking data, clinical analytic methodologies, and data management services in the healthcare industry. We have extensive resources in-house, with multi-market analytic and technical expertise, to solve special customer problems. Our company, which includes the legacy Medstat products and services, was founded in 1981 to help Fortune 500 corporations obtain better information with which to control employee health benefit costs. Truven Health Analytics Inc. is a wholly owned subsidiary of Truven Holding Corp., an affiliate of Veritas Capital. Veritas Capital is a leading private equity firm focused on investments in middle market companies supported largely by a government-related customer base. Founded in 1992 and headquartered in New York, the firm has made investments in over 50 companies across its target industries of: Government Services; Healthcare; Intelligence; Technology; National Security; Aerospace; Defense; Energy; Education; and Infrastructure. Through a focused approach to investing, Veritas Capital has been engaged in over 60 transactions totaling approximately 16.0 billion. As a fundamental tenet to its investment strategy, Veritas Capital partners with company management and their employees in creating and executing a well-defined strategic plan. The firm's long standing experience and expansive network contributes to a company's growth and success. With over 30 years of experience, we have been providing healthcare decision support services to more plan sponsors for longer than any other vendor. As proof of our financial stability, Idaho may view our Annual Report for the fiscal year ended December 31, 2013. The Annual Report includes financial statements. Current quarterly financial statements are available at www.SEC.gov.	REDACTED

ANSWER	ANSWER
Truven Health is capable of and interested in providing the services described in this RFI. In serving as IDHW's partner for this important initiative, we would configure a solution designed to meet your detailed requirements, drawing on a broad range of relevant corporate capabilities and expertise. Truven Health is the leading provider of decision support solutions that help organizations across the healthcare industry improve clinical and business performance. Our products and services cover well over 160 million lives and help thousands of health plans, employers, government agencies, clinicians, hospitals, and pharmaceutical companies manage the cost and improve the quality of healthcare.	PDF Page 2: We are extremely interested in partnering with you to position Idaho as a thought and health leader. SEE 2a

ANSWER	ANSWER
Over 3,000 hospitals and health systems, including 37 in Idaho. Our clinical solutions surface physician practice variation and help identify opportunities to improve patient safety and quality of care. We deliver real-time clinical surveillance to quickly identify at-risk patients for intervention and we provide physicians with patient-specific clinical decision support at the point of care. We also provide robust market intelligence and benchmarking solutions to guide sound business decisions. § 400 large employers, including 25% of Fortune 500 companies and 7 of the top 10. We help these employers determine the cost and quality impact of their health benefit programs. We use factual insights gained through analysis and modeling of the customer's own healthcare data to guide the development of intervention activities and selection of benefit plans. Relevant to this RFI, we have experience integrating lab data, biometric data, and other clinical data sets with administrative data to help measure and improve population health. We also support employers with financial planning, health plan management, benefit design, program development, and health and productivity management. § 125 health plans, including Blue Cross of Idaho Health Services, which uses our Advantage Suite decision support system, similar to IHDW. We work with health plans to surface risk—the underlying drivers of cost and quality outcomes, patient and physician resource use, and chronic care conditions. We integrate disparate data and apply proven clinical and financial analytic methods to create usable, factual insights. We help health plans with medical and pharmacy cost control, network evaluation and design, payment integrity, disease management ROI, clinical quality improvement, and financial risk management. § 30 states including Idaho, several of whom we serve with enterprise data warehouses (EDW) similar to that we maintain for IDHW. Our EDW solution, with its flexible, expandable data warehouse, can accommodate a full range of clinical data sources as they become available to the Department. Our state EDW customers are all on a path to integrate clinical data and we have client states in "early adopter" efforts to integrate clinical data with Medicaid	PDF Page 2: Our team has been delivering the capabilities outlined in this RFI since 1999 and have been deeply involved in the largest, most successful healthcare data analytics initiatives in the US. We are extremely interested in partnering with you to position Idaho as a thought and health leader. We are currently delivering the next generation capabilities described in this RFI to over 50 hospitals in the U.S. and we are growing rapidly. See the following section for detailed customer information.
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ANSWER	ANSWER
Given the large number of customers with whom we work, we do not provide information on the dates and tenure of specific relationships in this response. We have many long-term customers and high rates of customer retention. Many of our commercial payer and Medicaid customers have been with us for more than 10 years. We have served as AHRQ's prime contractor on the Healthcare Cost and Utilization Project for more than 30 years. We would be happy to provide more information on request.	REDACTED
Given the large number of customers with whom we work, we do not provide information on the dates and tenure of specific relationships in this response. We have many long-term customers and high rates of customer retention. Many of our commercial payer and Medicaid customers have been with us for more than 10 years. We have served as AHRQ's prime contractor on the Healthcare Cost and Utilization Project for more than 30 years. We would be happy to provide more information on request.	REDACTED

ANSWER	ANSWER
Given the large number of customers with whom we work, we do not provide information on the dates and tenure of specific relationships in this response. We have many long-term customers and high rates of customer retention. Many of our commercial payer and Medicaid customers have been with us for more than 10 years. We have served as AHRQ's prime contractor on the Healthcare Cost and Utilization Project for more than 30 years. We would be happy to provide more information on request.	Not Answered
First and foremost, a successful project will require a strong Data Governance program. Data Governance is the people, processes, and tools needed to manage data as a SHIP asset. It means creating an environment where it is possible to provide the right data, at the right time, to the right decision-makers, thereby yielding tangible, quantifiable benefits for the SHIP and Idaho citizens. Particularly in light of the many SHIP stakeholders, Data Governance needs to be a foundational function, not just an add-on done for the health information and data analytics component. Data Governance will help IDHW and the IHC manage and make sense of the mountain of data that needs to be integrated by better organizing how that data is used by the initiative. Finally, a properly implemented Data Governance function can help facilitate data sharing arrangements among stakeholders, facilitating greater insights about the health concerns and costs experienced by Idaho residents. Guided by the Data Governance program, IDHW will need to provide bidders with clear and detailed information in the RFP on the how data will be collected, organized, and shared, so that bidders can estimate the scope of the project and design their solutions appropriately. We respectfully suggest that the following items be addressed in any RFP to ensure a consistent response from the vendors.	REDACTED

ANSWER	ANSWER
Truven Health has leveraged our deep data management experience to help customers in diverse market segments integrate administrative and clinical data sets, organize the data for analysis, and provide feedback and monitoring reports to improve clinical performance and population health. The following discussion summarizes eleven lessons learned from this experience relevant to Idaho's SHIP. 1. Plan for Diversity and Fluidity of EHR Systems A key challenge to data collection will be the many different EHR systems in use, compounded by changes over time in a practice's choice of vendor systems. The market has been in a state of transition, driven by such factors as hospital acquisition of physician practices and physicians' increasing familiarity with health information technology. In one project for another state, efforts to collect data from 17 physician practices were complicated by the fact that 11 different systems were used across these practices, and 13 practices changed systems between 2010 and 2014. Best Practices: Require or incentivize interoperability standards. Fully leverage data available from IHDE. Plan phasing for implementation of practices based on shared vendor systems and allow sufficient time to install all of the vendors. Provide clear and detailed on-boarding guidance and specifications. Leverage PCMH transformation efforts to educate providers on data collection and data quality. 2. Build in Strong Data Governance to Address Data Privacy and Security Concerns Idaho has established a strong foundation for multi-payer collaboration through the IHC and has successfully piloted multi-payer reporting through the Idaho Medical Home Collaborative. However, expanding the PCMH efforts to the scale targeted in the SHIP, covering 80% of the state's population, will bring new challenges. As IDHW and IHC recognize in the SHIP, the privacy and security of healthcare information is of paramount importance for a project such as this. Multi-payer initiatives can encounter trust barriers that are time-consuming to resolve and lead to project delays.	PDF Page 5: 4.) a) Ask for proof of improved outcomes and how specifically the outcomes desired in this project will be changed. Reporting the metrics is not the challenge, improving the metrics is. b) Ask for proof of physician engagement with the data directly, not via an analyst proxy or with reports or scorecards that are pushed out. Ask any physician, or administrative staff, how many reports they receive from outside agencies and then ask what they do with those reports. Their answer will expose why reporting on the data does not engage providers and, as a result, is slow or ineffective at changing outcomes. c) In the table below, we have captured the differences between what is being done today and what we do differently to change outcomes. SEE TABLE ON PDF PAGE 6

ANSWER	ANSWER
As you finalize the RFP requirements in light of your budget, we offer for your consideration an overview of factors that drive costs in healthcare data warehousing and their relative impact. This may assist you in prioritizing requirements and refining specifications. For example, the level of hardware/software redundancy needed to meet specific disaster recovery response time objectives is a key cost driver. To stay within budget, states need to weigh carefully the level of redundancy required for a reporting and analytic solution, as opposed to a transactional system. At the same time, we suggest you balance the need for specificity in key areas with flexibility for vendors to offer the technology and staffing best suited to their solution. By being overly prescriptive, states sometimes prevent bidders from offering an optimal solution. Type Factor Cost Impact HW/SW Business Continuity/Disaster Recovery requirements Very High HW/SW Need for dedicated HW High HW/SW Number of HW environments High HW/SW New or expanded data management and BI software licenses Med HW/SW Data volumes (years of history, number of records/year) Med HW/SW/Labor Data refresh frequency, cycle time, associated SLAs High HW/SW/Labor Number of users and anticipated levels of use High HW/SW/Labor State Readiness (e.g. enterprise service bus, data governance) High Labor Number of data sources and associated ETL programs Very High Labor Range of supported business processes High Labor Number of new standard reports and data extracts High Labor Number and complexity of business rules High Labor Parallel implementation with source data systems High Labor Availability of quality, on-time data High Labor Staff resources provided by the state Med Labor (DDI) Length of implementation Med Labor (DDI) Number and type of implementation deliverables Med While it's easy to say that this effort may fall in the range of $1M-$5M annually, we suggest the state take a different approach. As the entire scope of this project is not clearly defined, we respectfully suggest that Idaho answer the questions outlined in Section Three of this proposal and issue a modification to this RFI. Once vendors have that information, we can more	0

ANSWER	ANSWER
While it’s easy to say that this effort may fall in the range of $1M-$5M annually, we suggest the state take a different approach	PDF Page 7 - 5.) a. Licensing, data integration and setup: $1,700,000, one-time fee, all inclusive, is a general estimate, varies upon details of data sources, scope of data work, and volumes of metrics needed
While it’s easy to say that this effort may fall in the range of $1M-$5M annually, we suggest the state take a different approach	PDF Page 7: - 5.) b. Monthly subscription fees for analytics applications: $30,000 is a general estimate for subscription pricing

ANSWER	ANSWER
While it’s easy to say that this effort may fall in the range of $1M-$5M annually, we suggest the state take a different approach	PDF Page 7: - 5.) c. Only those that are out of the agreed upon scope of work. These will be handled per the additional services section of this RFI.
While it’s easy to say that this effort may fall in the range of $1M-$5M annually, we suggest the state take a different approach	PDF Page 7: - 5.) d. Volume discounts may be offered but are undefined at this time. SEE DOC FOR MORE
As stated in Section Five, the specifics regarding the solution are not yet available. Once vendors have knowledge of the full size and scope of the project, we will be able to provide you with a more accurate estimate of project timelines. At this point, any estimates would vary widely and have little impact for planning purposes.	PDF Page 8: - 6.) Data integration, setup, and metrics validation will take approximately 6 months, depending on final scope. Application rollout will begin at that time and we will provide access as mutually agreed to maximize outcome improvement. This will happen over the following 3-6 months. Access to data will be the key to meeting and exceeding this timeline.

ANSWER	ANSWER
As stated in Section Five, the specifics regarding the solution are not yet available. Once vendors have knowledge of the full size and scope of the project, we will be able to provide you with a more accurate estimate of project timelines. At this point, any estimates would vary widely and have little impact for planning purposes.	Not Answered
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As previously mentioned, our experience in data management is comprehensive, ranging from single source databases to some of the largest, most complex, and diverse databases in the industry. Our Data Management Foundation solution will fully support the enterprise data quality and governance policies and processes defined by IDHW. One tool we utilize extensively is Informatica's data stewardship user interface called Data Director. Data Director is a highly integrated, easy-to-use graphical interface that provides functionality and analytics for data stewards to support enterprise data quality and governance polices and processes. This tool supports workflow capabilities required for stewardship of master data and integration with business processes. Robust data management and governance will be needed during DDI for this project that requires detailed information to effectively monitor populations. Creating the right level of detail for the right use is a skill at which Truven has excelled at for more than 30 years. During DDI, detailed reporting requirements must be thoroughly evaluated to design and develop reporting cubes that deliver relevant information at the right level of granularity. See graph on page 15	PDF Page 8: Our platform is built on server state-of-the-art data management technologies, including data lakes (HADOOP), structured data stores (SQL Server), and a sophisticated analytics engine. Data interchange with our clients is done via a secure HADOOP data lake. SEE DOC FOR MORE

ANSWER	ANSWER
Our enterprise data warehouse framework supports creation of data marts and OLAP cubes to deliver the information required for the SHIP. Our approach is to work with IDHW to provide an integrated system that offers various “information views” to the database and custom OLAP data cubes to meet the differing security levels and business information needs of key stakeholders and user communities.	PDF Page 8: We provision customer data via the extraction of source data from clinical EMRs, financial systems, claims extracts or databases, data warehouses and data marts. The standard data exchange is via flat file and data is delivered to our solution via a secure network connection into our data lake. SEE DOC FOR MORE

ANSWER	ANSWER
When integrating clinical and administrative data, an often-overlooked element is the need to prevent duplication when there is overlapping data from separate clinical and administrative sources—for example, when a lab comes in from both a clinical source with the test results as well as an administrative source containing payment information. The first step in resolving these overlaps is utilizing the data governance program to make decisions about which system of record and which source should take precedence for which fields. Once these business rules are defined, Truven will create them in the ETL codebase, and they will be automatically applied when the data is loaded.	PDF Page 9: As data is received from customers, the data is merged with existing application data in the customer's data repository. In this automated process we apply algorithm-based entity mapping of patients and providers to the existing set of patients and providers, thus creating and maintaining a unique set of both. .....Because the mapping takes place in our cloud-based applications, we can customize the algorithms to the unique needs of each customer, and deliver the de-duplicated data back to the customer to integrate into their data warehouse if they choose. SEE DOC FOR FULL RESPONSE

ANSWER	ANSWER
Retrospective analysis of resource utilization can be greatly enhanced beyond the standard measuring and comparison methods in current use. Truven has the capability to level set retrospective analysis using several adjustment methodologies. Benchmarks enable data consumers to reflect the study population value adjusted to a reference population. Examples include: § Population-based adjustment (age-sex): Truven uses population-based adjustment methodologies when analyzing measures that are “person-based” or have the entire population in the denominator. Examples of population-based measures include Net Payment Per Member Per Year (PMPM), Admissions per 1,000, and Asthma Prevalence. § Disease-specific adjustment (case-mix and disease staging): Disease-specific adjustments are available for patient- or service-based measures, such as Average Length of Stay and Average Visits per Patient. To support these adjustments, Truven applies specialized methodologies during the database update process when the source data is converted into analytically enhanced, ready-to-use data. Our unique interactive applications, analytically ready database, and access to normative data will allow your users to apply embedded adjustments to selected reports with drag-and-drop ease from their desktops, without the need for additional computer programming. See table page 16 for additional information.	PDF Page 9: Currently, we have resource utilization compared to national benchmark utilization data and several outcome quality measures compared to target values for your organization. SEE DOC FOR MORE
Our solution allows users to have full access to their authorized data and to manipulate it as necessary to achieve their business needs. While executive and business users will typically access the data through a web portal or BI solution, power users can be granted developer-level access to the data, allowing them to: 1) dig in and create their own data marts/cubes, 2) bring in external data and join it into the solution, and 3) produce a wide variety of reports for presenting the data.	PDF Page 10: Once metrics are calculated in our metric platform, those metrics along with lineage and metadata information can be exported back to you for inclusion in your data repository or data mart. This provides the ability to do additional custom reporting in your own environments on the many metrics that are calculated by our engine.

ANSWER	ANSWER
Truven Health is distinguished by our unique combination of experience developing performance measures for government agencies (such as AHRQ, CMS, and the Emirate of Abu Dhabi) as well as developing and deploying IT solutions (including both COTS software and custom applications) to support program- and provider-performance reporting. We have extensive experience developing and applying the full life cycle of performance measures. We have contributed to developing industry-standard measure sets; for example, we are a member of the National Quality Forum (NQF) Steering Committee for behavioral health measures. We recognize the benefits of applying industry-standard measures wherever possible, to leverage established evidence-based measure sets, ensure alignment with other reporting initiatives, and promote stakeholder acceptance. We offer these measures in a variety of ways. Advantage Suite and its Physician Performance Assessment (PPA) module embed a balanced set of evidence-based, NQF-endorsed measures authored by entities NCQA, the AMA Physician Consortium, among others. These built-in measures are updated annually for coding and specification changes. Candidates for new measures are evaluated by a cross-functional team based on alignment across national measure sets, data availability, and customer input. We have prioritized NQF-endorsed measures because the NQF consensus-development process considers the interests of many stakeholder groups and follows best practices in performance measurement and standards setting. Many of our customers have used these measures to monitor quality of care over time and support assessment of disease and care management programs. In the following exhibit, we have listed some NQF-endorsed measures available in our system.	PDF Page 10: We have the ability to surface over 400 metrics today among the analytic platform. Metric examples are shown below: SEE DOC FOR TABLE
Depending on the business use case, our solution offers multiple ways for event triggers to be configured. In one approach, we place event triggers in the data acquisition system so that incoming data can be instantly evaluated against your business rules to determine if an alert is needed. For example, we could send an alert to the primary care physician if we find out a member has been to the ER. This alert could be anything from an email to a message in a web portal. The second triggering method occurs through the BI tool's Event Studio to notify decision-makers in your organization of events as they happen, so they can make timely and effective decisions. Your users can create agents that monitor your data to detect occurrences of user-defined events. An event is identified when specific items in your data achieve significant values. Specify the event condition, or a change in data, that is important to you, and when an agent detects an event, it will perform tasks, such as sending an email, adding information to the portal, and running reports.	PDF Page 11: We can assist creating extracts for both your hospital and clinic (we have extensive experience with Epic, MediTech, GE Centricity, Caradigm, NextGen, Allscripts, Soarian, Cerner). These extracts will be used to exchange data with our systems. We will transfer the data to our repository in the form of flat files so that we can then calculate the metrics and data mappings we need to support the applications. SEE DOC FOR MORE

ANSWER	ANSWER
Standard quality measures can be implemented assuming the relevant clinical information is present and available. These measures may be customized via the BI interface in order to make necessary adjustments as they pertain to specific state monitoring needs. Measures may be integrated from a reporting perspective and used to report across other available data dimensions, including specific timeframes, settings of care, other clinical conditions, provider types, and specific providers (to name a few).	PDF Page 11: We do leverage national quality measures. We offer many standard NQF measures today. Custom quality measures can be requested and implemented by WhiteCloud. Custom metrics can be calculated within your data repository and the data uploaded to us for inclusion in the applications. We do include Milliman benchmarks in our product. If your organization has contracts with Truven for ECRI and RAMI we can also include those metrics in our applications.

ANSWER	ANSWER
All our interfaces are configurable to meet your specific needs. This includes branding, color scheme, layout, and so forth. Individual users will have the ability to modify or create their own dashboards and reports as needed. When creating these reports, the options are virtually limitless and your users will be able to take full advantage of our powerful tools to do everything from creating simple tabular reports to conducting advanced predictive analysis.	PDF Page 11: User views are customized by role and in the case of providers their particular specialty. SEE DOC FOR MORE

ANSWER	ANSWER
Truven has supported other customers in creating patient-level registries for tracking, cataloging, and maintaining specific and relevant clinical and demographic information. Registries can be created by applying customer-specific requirements to available data sets, thereby grouping similar patients into homogenous registeries. Depending on the information available, criteria can include information from administrative data, demographic data, clinical lab results, and intervention outreach data, to name a few. Ongoing registry maintenance can be a blend of end user determination or it can be automated so that clinical and demographic markers are queried to verify that existing registry "members" still qualify, or new ones need to be added. These data tables can be exposed via a multitude of BI tools and data can be used for specific reporting and or dashboard creation.	PDF Page 12: Patient registries are created for the following chronic conditions today: AMI, CHF, Diabetes, Stroke, ESRD, Anxiety, COPD, Asthma, Kidney Disease, ESLD, Cancer, Depression, and Hypertension. SEE DOC FOR MORE

ANSWER	ANSWER
Building on information provided in section 7, various BI tools can be implemented and utilized to expose detailed clinical, demographic, and other information dimensions that are relevant when creating profile reporting in the form of standard reports or patient- or physician-centric dashboards. Truven has direct experience in creating and supporting these types of treatment protocol score cards. Specifically, these tools can compile profiling information—not only the relevant services patients receive (or providers supply), but also those services that should be provided given the clinical characteristics of a patient, but have not been supplied at all or within the standard protocol timeframes. Our clients use these "gaps in care" to highlight outliers in managing conditions, send patient notification or reminders to help manage patient compliance, and provide information for compensation or incentive models.	PDF Page 12: We provide role-based applications at many different levels. Providers have access to analytics with their specialty specific and relevant measures. Clinics, service lines, regions and discharge units all have analytic views. Additionally, administrators and high level executives also have multiple analytic oversight views.
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Our Data Centers are hosted by CenturyLink, a global leader in cloud infrastructure and hosted IT solutions for enterprises. Nearly 2,500 unique clients, including more than 30 of the top 100 companies in the Fortune 500, use CenturyLink to reduce capital expense, improve service levels, and harness the latest advances in cloud computing. CenturyLink Data Centers offer world-class facilities for power management, heating/ventilation/air conditioning (HVAC), fire suppression, seismic engineering, physical security, Tier 1 Internet connectivity, and access to the Intelligent IP and IP MPLS network. We ensure that the Data Centers are SSAE 16 (SOC 1) certified annually. Our primary Data Center is the CenturyLink DL2 Data Center located in Texas in the Dallas/Fort Worth area. The facility offers 90,364 square feet of space. Our secondary Data Center is the CenturyLink DC4 Data Center located in northern Virginia. It offers 135,500 square feet of space. Both facilities are designed to meet the stringent demands of enterprise customers.	PDF Page 12: Our hardware is housed in a data center supporting the SSAE-16 standard. All systems are redundant with automatic failover, including power, network, computing, database and storage. Our databases are replicated, and our application servers are scaled out on multiple instances so requests can be channeled to any server.

ANSWER	ANSWER
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ANSWER	ANSWER
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ANSWER	ANSWER
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ANSWER	ANSWER
Truven supports all implementations using our Project Management Office (PMO) staff and methods. Project managers are PMI-certified employees with several years of healthcare IT-related implementation experience. Our standard is comprehensive project management services, including monitoring plans, efforts, schedules, resource requirements, budgets, and costs. Our approach to project management offers a systematic, proven methodology that delivers measurable results and represents industry best practices. Truven staff continually review and refine this approach throughout the life of a project to ensure it matches the clients' needs. Our Project Management Methodology (PMM) draws on our team's experience in implementing contract requirements and delivering viable results. It relies on continual and effective mutual communication and is predicated on the belief that a project's success is the responsibility of all stakeholders. Project management is a process that must be visible, repeatable, measurable, and continually improved upon in order to be effective. Our standard PMM is based on these principles and sets forth the standards, tools, and techniques to be applied to project activities.	PDF Page 13: WhiteCloud Analytics utilizes an internally developed "Implementation Playbook" to outline a project plan and ensure a successful implementation of our platform. A copy of our typical implementation playbook is included with this RFI. REFERENCE IS LOCATED ON PDF PAGES 23-28
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ANSWER	ANSWER
The Project Management Body of Knowledge (PMBOK) is part of the Project Management Institute (PMI) Global Standards Program. PMI is the world's leading not-for-profit membership association for the project management profession. Truven implements project management subject areas (e.g., communications, quality, and risk), as appropriate, in one or more project management workflow groups. The methodology defines where and how project management processes are utilized within the overall implementation approach, as described below. § Project Initiation: This phase includes a baseline review of current project documentation, establishment of the project infrastructure, and the project kickoff. The project management team has a number of tasks to perform at the start of the project that lay a strong foundation for the efforts that follow. An early task for the project management team, in addition to conducting a project kick-off, is producing the detailed Project Scope statement and creating (or refining) the Project Charter. These serve as guidance documents for the entire team to clarify the project's scope, responsibilities, and goals. § Project Planning: This phase includes identification of tasks, timelines, work activities, deliverables, and goals and milestones, with subsequent development of the Project Plan. In this phase, we organize the resources necessary to begin the project, then create and maintain a framework to accomplish the project's objectives. Our team refines the initial project plan and the schedule of work tasks and deliverables; our Project Director leads this effort, with guidance and review from your senior project managers. The plan and schedule presented in this proposal will be refined to meet the needs and timeline for the planned implementation tasks and milestones. The final project plan will be completed upon signature approval by your sponsor or his/her designee. § Execute: This phase includes and describes the bulk of the project oversight work performed by the Project Management Team over the duration of the project. The team undertakes the project's day-to-day operational activities, reviews current and future deliverables and work	PDF Page 14: At a minimum, WhiteCloud analytics will staff this project with a Senior Partner, a Health Solutions manager, a Senior Technical Partner, and a Senior Data Architect. Additional project staff will be evaluated based upon project deliverables. Please see the section entitled "Roles and Responsibilities" in the implementation playbook. REFERENCE IS LOCATED ON PDF PAGES 23-28

ANSWER	ANSWER
We use the concept of Triple Constraint (cost, scope, and schedule) so the project progresses as planned. Scope will be the primary constraint for the DDI phase. The team's oversight will ensure project objectives are met by monitoring and reporting the progress against the plan, the effort expended, the resources required, and the usage against goals. We use a number of processes and procedures for handling issues, risks, and change requests.	PDF Page 14: Project scoping is done through a process we refer to as Organizational Alignment (see the description of Organizational Alignment in the Implementation Playbook), where the WhiteCloud project team will meet with the client executive sponsor and other client staff to articulate a detailed description of the desired outcomes for the project. At this time, we will establish a timeline and data acquisition plan that will ensure delivery of the measures included in the Initial Performance Measure Catalog, as well as any additional program measures or metrics that are to be included in an original scope of work. Any changes to that scope of work, the deliverables, or subsequent additions will be subject to our Service Level Agreement – Product Changes.

ANSWER	ANSWER
Control: This phase occurs parallel to the Execution Phase. Throughout the Control Phase, the Project Management Team will use PMBOK methodologies to ensure that project objectives are met. As the project progresses, the Project Team edits and updates the project schedule to reflect current expectations. These updates and changes are reviewed with and approved by your senior project managers as part of the weekly status meetings. Any change in scope, scheduled delivery, or achievement of key milestones must be approved prior to becoming effective.	PDF Page 14: Success metrics are also determined during the Organizational Alignment phase of our Implementation Playbook. Each project will have unique criteria for success, and we work with our clients to 1) establish meaningful success criteria and 2) establish a monitoring/reporting schedule that satisfies the client.

ANSWER	ANSWER
§ Close: This is the final phase of the project plan and brings the project to orderly completion through phase-out activities. These activities include transferring final knowledge, identifying lessons learned, updating the project plan and schedule, updating the various tracking logs, and ensuring that all documentation is complete and properly filed.	PDF Page 14: Internally, WhiteCloud Analytics uses subscription based project management software (Salesforce.com, Trello.com), as well as typical Microsoft Office applications, to manage our client projects. Externally, we will communicate project status and milestones to clients in the format and frequency they desire.
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ANSWER	ANSWER
A relentless focus on customer results means delivering not only products but also business solutions, driven by the innovation and collaboration efforts of all Truven Health employees. As such, you will not only have access to your assigned primary Truven Health Account Team, but also to other clinical and senior advisors who can consult on approaches, metrics, or analytic methods—throughout the course of our partnership. Your expert Account Team will be directly involved in executing the project management plan to design, develop, test, and deploy the solution as well as provide ongoing solution maintenance. Team members play a variety of highly specialized roles, as defined in the table that follows. Our comprehensive service delivery model is unique in that it provides you with a full complement of dedicated and accessible Account Team support during every step of the deployment process. We offer the following key perspectives: § Oversight processes provide overall accountability and satisfaction with our products and services, and they ensure you receive maximum value from your investment. Ongoing status meetings, executive steering committee and all project control mechanisms are staffed by Account Team leads. § Data Management Processes facilitate data management not only during the implementation and initial database build, but also through ongoing updates and database maintenance. § Analytic Consulting Processes help you apply business approaches as a result of the actionable insights you obtain from your Advantage Suite solution. § Strategic Thought Leadership helps you identify unseen opportunities for creating enhanced positive impact. § Ongoing Project Management provides support in the Control Phase of the project management life-cycle, including change control and release management.	PDF Page 14: Account management support is divided into two distinct phases; 1) Project Implementation to include data acquisition, validation, and initial user roll-out and 2) Ongoing account management. Account management processes during the initial project implementation phase will primarily consist of account status updates. SEE PDF Page 15 FOR MORE

ANSWER	ANSWER
Our Product Support Team uses a three-tier support model along with infrastructure teams focused on the tier 1, 2, and 3 staff, by applying knowledge, technical, and process leadership. The Product Support Management Team provides leadership to the entire team at the team lead, manager, director, and executive management levels. Product Support consultants have experience with customer support processes and procedures, displaying sensitivity to customer needs and expectations and above-average verbal and written communication skills. Our consultants have expert problem-solving and analytical skills, exhibiting strong attention to detail as well as a high level of technical proficiency using and troubleshooting software. They have strong initiative and the ability to plan and prioritize work efficiently; they also multi-task and work well under pressure with minimal direction. Prior to contact with our clients, Product Support staff undergo a rigorous initial training plan to ensure service excellence. The training plan consists of focus areas on our clients' use of our products, basic and advanced product troubleshooting skills, product use tips and tricks, and so forth. The initial training plan lasts approximately 8-12 weeks, with subsequent advanced training plans of up to one to two years, depending on product focus. Service Level Agreement; include performance measures, monitoring, reporting, and penalties The structure of our Service Level Agreement for product support follows a four-tier, priority-definition scheme. We assign a priority to all requests for assistance, for which we set response objectives and measure results. You work with our Product Support Team to mutually determine the priority. The following guidelines are used to determine an issue's priority: PRIORITY LEVEL DESCRIPTION 1. Production Down The customer is experiencing a condition that disables use of or access to the product, thereby ceasing the customer's ability to conduct business. No workaround is available, and an immediate solution is required. 2. Business Critical	PDF Page 15: We provide our customers with support services by telephone and email. Our support desk is open Monday – Friday (excluding holidays), 6:00 am – 8:00 pm Mountain Time. Tier 1 support addresses basic support issues involving user access to the application and basic application configuration. Tier 1 escalates support issues to Tier 2 support when the issue involves investigating and resolving application exceptions or feature requests. In addition, WhiteCloud Analytics agrees to abide by our Service Level Agreement.

ANSWER	ANSWER
Our priority- and process-driven support operation ensures timely and accurate resolutions. The response times listed below are for requests placed using our Product Support website, phone, or email. If we cannot provide a resolution within a reasonable timeframe, we follow an escalation procedure for allocation of additional resources and expertise. Please note that all these timeframes may be impacted if additional information or ongoing assistance from the customer is required. STANDARD PRODUCT SUPPORT SERVICE LEVELS Priority Response Time Problem Escalation to Product Development & Management Provide Update to Customer 1 30 minutes 4 business hours Once every 4 business hours 2 60 minutes 8 business hours Once every 8 business hours 3 1 business day 3 business days Once every 3 business days 4 2 business days 5 business days	PDF Page 15: Our service level agreement defines business hours of operation that we are required to be up as well as the maintenance window that the system can be down for maintenance. Our SLA defines our maintenance window as 10PM - 6AM, 7 days per week. Once every 4 weeks, our maintenance window is extended to include Friday at 8PM until Saturday at noon for product releases. The majority of the time, the system is up even during the maintenance window, and when the system will be down for maintenance, we notify our customers. We use a third party to monitor our cloud applications and are notified when it is down. We immediately start work on a resolution if the system is down unexpectedly. There is a contractual expectation of 99.5% uptime outside of the maintenance window, and monetary penalties are included in the agreement if we do not meet our obligation.
Our solutions have been in production for more than 20 years and have a very rare occurrence of software errors. New features and functionality are released annually at most at no additional cost to our clients. Over time, you may encounter opportunities to improve the solution based on legislated changes, a need for new or changed features, or for other reasons. We manage these and other changes to the project scope by employing a robust Change Control process. Controlling and managing change is a key factor in ensuring a successful launch and operation of our solutions. To that end, we will collaborate with you to establish an approved Change Control process based on either our process or an existing State process. Our Change Control system includes processes and tools for tracking, monitoring, and documenting Change Requests and coordinating the impact to associated processes and deliverables. The tools we employ are: § Change Request Form § Change Request Log § Change Control procedures Our standard Change Control process consists of a specific set of actions beginning with a change request and concluding with closing it. When a project participant wishes to have a change considered,	PDF Pages 15-16: Additional or New Services are defined as any service requests outside the original scope of work Requests for professional services will be made via email to the client’s assigned account team member Service requests will be assessed and provided under a new scope of work and contract including an agreed upon hourly rate SEE PDF Page 16-17 FOR MORE

ANSWER	ANSWER
Generally, the solution will be housed in the Truven Health Data Center, where we provide all maintenance and product support. This frees up your State resources to work on other projects.	PDF Page 17: New releases of the WhiteCloud analytic applications are deployed during our maintenance window to minimize interruptions to user access to the application. New product features and bug fixes are released every 4 weeks, starting on Friday at 8PM and ending Saturday by Noon. Issues requiring immediate resolution are deployed as hot fixes during the next available maintenance window.

ANSWER	ANSWER
We use Agile Development Methodology in various capacities across our portfolio of products. The Agile Development methodology is a process for ensuring excellence in moving a product from idea to market. Some products are fully developed and released with this methodology, while other products incorporate parts of Agile and are in the process of migrating to this approach more completely over time. Agile is a methodology based on iterative and incremental development. Requirements and solutions evolve through collaboration with Truven Health development teams, our solution management teams, and customer and market requests. This methodology ensures we are flexible enough to adapt to ongoing needs; quick enough to evolve with the market; we encourage rapid and flexible response to change; and we have a consistent approach to releases. Agile is instrumental in: § Delivering often and early. Delivering the highest value items in small batches to the market quickly (as opposed to waiting to deliver until all functionality is complete). § Getting feedback early from the customer and stakeholders. Delivering in small batches helps us answer: Are we building what they want and will use? § Continuous improvement. Retrospectives help improve the project while it is in progress, instead of having a post-mortem once at the end of the project. § Failing quickly. Agile helps unearth issues in the team and within the system earlier than traditional projects. We can address issues sooner or more quickly make a decision to abandon a project before wasting time and money. § Building quality. We fully test each item before delivery. Strong quality assurance prevents the creation of defects.	PDF Page 17: Product features and enhancements can be requested through the support email or through your account management team. SEE DOC FOR MORE

ANSWER	ANSWER
A Release Management Plan and Schedule is at the center of our Release Management methods. This document is maintained throughout the life of the project. The plan enables both IDHW and our team to control the timing and activities associated with planned database updates. During the DDI Phase, we will work with your Project Management Office to develop a release management process that meets your needs. Some of our clients have a very formal process, with committees and cross-system forums; others are more informal and simply turn over the solution release management process to our administrators for management, notification, and execution. Because we adapt our methods to the client's system, we will sit with your Management Team and customize a release management program for the SHIP project that works best for IDHW. Each release can include not just routine maintenance items (such as updated code tables, content updates, or usability enhancements), but also new applications, report templates, measures, features, and functions. We review with you the content and the timing of releases during our annual planning process and again at mid-year checkpoints. If patches (or critical fixes) are necessary, we release them off cycle to ensure consistent and efficient application usability.	PDF Page 17-18: New releases of the WhiteCloud analytic applications are deployed during our maintenance window to minimize interruptions to user access to the application. New product features and bug fixes are released every 4 weeks, starting on Friday at 8PM and ending Saturday by Noon. Issues requiring immediate resolution are deployed as hot fixes during the next available maintenance window.
Truven expects that in a project such as this there will be participation in testing and verification of usability and serviceability of all aspects of data integrity, interfaces, and reporting. A distinction may be made in terms of what core products are deployed (used by many Truven customers) and solution elements that are customized specifically for the SHIP Health Information and Data Analytics project. We would expect higher levels of involvement of DHW/IHDE/IHC in aspects that are customized for the proposed SHIP solution.	PDF Page 18: We encourage user testing prior to deployment to the users. We provide an entire playbook to help with deployment and testing suggestions and planning. SEE DOC FOR MORE

ANSWER	ANSWER
We welcome enhancement requests from customers. Should IDHW have such a request, IDHW can provide it to the service delivery lead on your Account Team who will log the request with our Product Management Team for consideration and incorporation into our product roadmap. Requests are logged in our SalesForce application in the form of cases. All logged requests are reviewed and assessed with regard to level of customer interest, level of effort, and impact in terms of usability and efficiencies. Requests are reviewed and scored as part of our ongoing Agile development methods in order to schedule customer suggestions for enhancements for future releases or patches, depending on the magnitude of the enhancement. We do support and encourage customers to network with each other throughout the year. Our goal is to help you leverage these opportunities by understanding how others are driving change and then using this knowledge to bring about similar change for IDHW.	PDF Page 18: Product features and enhancements can be requested through the support email or through your account management team. SEE DOC FOR MORE
Account Executive/Sponsor The Account Executive/Sponsor is responsible for interacting with your senior management at a strategic level to focus on solving business problems that maximize your investment in our services. The Account Executive/Sponsor also works with Truven Health's COO to ensure your overall satisfaction. Account oversight Account Director With overall accountability for our relationship with Idaho, the Account Director: § Works closely with the Account Team to ensure we develop a service plan based on your business so that you receive value from your investment § Leads the team that supports your use and application of Advantage Suite to identify opportunities for improved management of healthcare services for Ifaho. § Attends all requirements meetings, weekly status calls, and planning sessions, etc. § Manages your evolving needs and priorities, and ensures you are satisfied with all products and services Overall accountability for our relationship and your satisfaction Account Coordinator Working in partnership with you and the Account Director, the Account Coordinator will provide overall Account Management support, such as: § Facilitating status meetings § Preparing status meeting agendas/project lists § Preparing status meeting minutes/follow-up notes Project Manager Your assigned Project Manager oversees all aspects of your initial database build through the successful implementation and delivery of your Advantage Suite decision support solution. The Project Manager also collaborates with the Account Team to ensure effective integration and manages your evolving expectations, needs, and priorities.	PDF Page 18-19:The following roles will need to be staffed to ensure the most success with our applications: · Physician Executive Sponsor, 10-15 hrs per month first 3 months, 4-5 hrs per month afterwards · Project Manager, 20 hrs per month first 3 months, 10 hrs per month afterwards · Administrative Contact, 2-3 hrs per month · Quality Sponsor, 2-3 hrs per month · Data Lead, 15-20 hrs per month first 3 months, 2-3 hrs per month afterwards · Strategic Users, 2-3 hrs per month · Executive Oversight Committee, 1 hour per quarter

ANSWER	ANSWER
This is not applicable, as Truven Health is proposing a solution as a sole vendor.	Not Answered
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We hold monthly status meetings and quarterly analytic planning meetings with each of our customers. These meetings are a great forum for knowledge transfer and education. If there is a need outside of these regularly scheduled meetings, we will schedule ad hoc meetings to share information. In addition to the information being provided in these meetings, we will provide written documentation for all of your technical or management personnel as necessary.	PDF Page 19: Our approach to system administration is to make our clients as self-sufficient as possible. Our platform provide the client with the ability to manage users (activate and de-activate individual users), which allows clients to include WhiteCloud applications as a simple step in the client's hiring and terminating procedures. Furthermore, our platform provides the client with the ability to assign role-based access levels, allowing them to segment the amount and type of information that different categories of users will be able to view. Finally, our technical services team will work with the client to establish automated data submissions at a frequency that is acceptable to the client, making the ongoing process of data acquisition a low-touch activity.

ANSWER	ANSWER
One tool we utilize extensively is Informatica's data stewardship user interface called Data Director. Data Director is a highly integrated, easy-to-use graphical interface that provides functionality and analytics for data stewards to support enterprise data quality and governance polices and processes. This tool supports workflow capabilities required for stewardship of master data and integration with business processes.	PDF Page 19: Data interfaces are currently the only data transfers in place today. The WhiteCloud technical services team is responsible for assisting with the gathering and transferring of the data from your site to ours. Our technical services team will then train your data team on what is needed and what the support model is for the data interfaces. For data coming back down from our system to yours, we would also provide support contacts and assistance with the data transfer mechanisms. Most likely we will rely on the same type of transfer for both services and you will work through WhiteCloud's technical services team.
We have prioritized NQF-endorsed measures because the NQF consensus-development process considers the interests of many stakeholder groups and follows best practices in performance measurement and standards setting.	PDF Page 19: In terms of outcomes and product use, our approach to sharing best practices relies on a train the trainer approach. As stated earlier, it is our goal to make our clients as self-sufficient as possible, and we have found that identifying and training an internal super-user, who effectively becomes the internal WhiteCloud expert, accomplishes this goal of self-sufficiency. SEE DOC FOR MORE
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ANSWER	ANSWER
Truven Health has a technical team whose skill set spans a broad set of programming areas including statistical packages (R, STATA, SPSS), database programming (SQL, Oracle), object-oriented languages (VisualBasic, Javascript) and platforms.	Not Answered
Our solutions are compatible with Internet Explorer, Firefox, and Chrome.	PDF Page 20: All of our applications are available via web browsers. Our supported browsers include IE8 and above, as well as the latest version of Chrome, Firefox, and Safari. We support browsing on mobile devices as well.
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ANSWER	ANSWER
Our comprehensive data security policies ensure the protection of our clients' data. We continue to refine our policies as necessary to remain at the leading edge of healthcare decision support. We perform audits and testing regularly to identify network, system, or application vulnerability as well as to review security, data handling and management practices, physical security, authentication and authorization controls, and HIPAA compliancy, among others. We perform annual network penetration testing as well as weekly vulnerability scans on web-facing systems. Summary level reports are available for customers to review. Any vulnerabilities identified during these assessments are remediated in a timeframe consistent with the critically or severity of the vulnerability. We control both internal and external threats to the Data Center by constantly monitoring all systems and networks in the Data Center environment. Any deviations from the norm are flagged for attention and reported by the monitoring system. In addition, we monitor system availability metrics closely in order to mitigate any risk of downtime due to errors or omissions. Tools used include Orion, SiteScope, TrueSight, and Tripwire. We take appropriate action if issues are encountered. To address threats of a physical nature, the perimeter of our Data Center facility is secured by a proximity key card access system, onsite security guards 24x7x365, and closed circuit surveillance cameras at the entrances and critical areas. Key card access to the facility is restricted to authorized personnel. In addition, SSAE 16 (and SAS 70 Type II) audits have been completed each year since 2005. This certification covers the key controls involved in the Truven Health Advantage Suite decision support solutions and processes in our service center, as well as the environment in which these solutions are developed and maintained. We have developed highly effective practices for protecting confidential patient information.	PDF Page 20: The product has different access layers for accessing different product features and functionality. Users are set up based on their role with permissions granted based on their needs. For example, a provider will only see their own data and the data from their clinic. A primary care provider director can see the data for all primary care clinics and providers that report through him. Users can be set up to either see Protected Heath Information (PHI) or not be allowed to see PHI – protecting that data with an additional level of security. We do log all access to PHI and we can generate reports to see who has accessed specific patient PHI or which PHI a user has accessed generally.

ANSWER	ANSWER
We perform audits and testing regularly to identify network, system, or application vulnerability as well as to review security, data handling and management practices, physical security, authentication and authorization controls, and HIPAA compliancy, among others.	PDF Page 20: Our applications are HIPAA and HITECH compliant. The Business Associates Agreements we sign with our clients and vendors are compliant with HIPAA and HITECH requirements as well.

ANSWER	ANSWER
Not answered	PDF Page 20: We currently do not support 2-factor authentication.
All new hires go through background checks to verify their candidacy and fit with the organization. In addition, we train all of our employees on HIPAA privacy and security guidelines, and programs are in place to ensure compliance. Certification must be renewed annually, and employees must demonstrate a working knowledge of the application of the HIPAA guidelines. We consider breaches of security to be serious offenses, and punishment can include termination.	PDF Page 20: Our applications have not been officially certified with any of the identified organizations.

ANSWER	ANSWER
We will start by adding the additional data feeds (including those from private payers) to the warehouse and integrating them with the existing data. On the clinical side, we will stand up a clinical data acquisition platform that can accept all formats of clinical data including HL7, CCD, X12, and so forth, and pull those data into a Hadoop-based data lake. A data lake is a large object-based storage repository that holds the data in a native format until it is needed for analysis; it will serve as your clinical data operational data store (ODS). Once landed in Hadoop, we can extract your clinical data and bring it into your existing data warehouse where will it will be merged with your existing administrative data. Once merged, further enhancements can be run on the integrated data directly within the warehouse before the data are made available to end users through your existing web-based BI and analytics platforms. Due to the complexity of integrating clinical and administrative data, we strongly recommend the implementation of a data governance program. Data Governance is the people, processes, and tools needed to manage data as an enterprise asset. It means creating an environment where it is possible to provide the right data, at the right time, to the right decision-makers, thereby yielding tangible, quantifiable benefits to the organization and citizens that it serves. Data Governance is a foundational function of the enterprise, not just an add-on for the data warehouse environment. Data Governance helps the organization manage and make sense of the mountain of data that must be integrated by better organizing how that data is used by the enterprise. Finally, a properly implemented Data Governance function can help facilitate data sharing arrangements between agencies, allowing the organizations to achieve greater insights about the health concerns and costs experienced by its patients.	PDF Page 21: The platform can identify all analytic views, roles, departments, service lines and organizations. Additionally usage of the application is tracked and correlated with improved outcomes. We currently log PHI access as outlined above. We also track login access for each application and number of pages each user accesses. We have continually seen a very close correlation between high usage and excellent outcomes.

Company:	zData Inc.
Contact:	Not Answered
Telephone:	Not Answered
E-Mail:	Not Answered

General business type of Company:	Data consulting and solutions
# of req's not met/answered by company:	4
Company had questions on:	Nothing noted.
Company had additional information on:	Nothing noted.

ANSWER

ANSWER
zData Inc. provides Big Data consulting and solutions for both commercial and enterprise corporations, employing experts in all areas of the field from software engineers to data scientists. We work with top hardware and software providers for on-site and offsite consulting, managed services, trainings, and long term scalable solutions. zData is your experienced partner for large scale hardware and software deployments that require advanced engineering. We bring a world of hands on experience with robust and scalable development and operations to solve any hardware or software integration need.

ANSWER
zData Inc. is a Idaho based company operating out of San Francisco, Phoenix and Boise. We primarily work with Fortune 500 companies in the financial, healthcare and retail space to deliver advanced data engineering and application projects.

ANSWER
We have provided a best in class metrics based product for Humana on a mobile platform.
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ANSWER
IRS, American Express, Regence Blue Shield, Zions Bank, Morgan Stanley, Walmart, Humana
IRA(2012-2014), American Express(2013), Regence Blue Shield(2012), Zions Bank (2009 - Current), Union Bank (2012 - Current), Morgan Stanely (2013 - Current)

ANSWER
Projects typically last 6 months to 2 years
- Number of total users - Number of active users - Do they need to upload their own data - Volume of data -Number of data sources - Frequency at which data will be ingested - Predictive Analytics needs - Ad-hoc reporting capabilities/needs - Collaboration needs - What type of data Do you foresee using In your dashboards (documents, GIS etc)

ANSWER
New Analytics Platforms are more than just dashboarding and metric gathering. They are about building feedback mechanisms for both localized data, sentiment analysis and collaboration to provide a platform to make decisions. The true value proposition is in leveraging Advanced Predictive Analytics and machine learning enable users to make informed decisions based on trends. Therefore importance of aggregating and storing history is important to build a model that will predict future events, and in turn you can build a feedback mechanism in Real-time to react to changes in the provider ecosystem.

ANSWER
Projects range from prototypes at 50k up to 5m for a production system. Based on your current documented needs you should be able to provide a system that can be tested for functionality under $500k, and a fully redundant production system under 1.2m. Additional costs come in the advanced engineering and Data Science used to predict events. This is similar to what banks use for fraud and retail stores use for product marketing, which starts at $185-$250/hr. Many existing tools are provided at no cost in exchange of the long term management for the data platform.

ANSWER
If you choose to procure pre-built software vs creating a custom portal then licensing can be based on the number of users. Most of the data integration services are provided until all systems are in place to automate the data-loading process.
The majority of the advanced healthcare industry is moving to private cloud providers. Ongoing costs would include Servers, Storage, Software Licensing, Support, and DBA Maintenance.

ANSWER
As mentioned above, Data Analytics is about iteration on new data to drive decision making. Building new analytics models may be something you choose to procure later. Additionally new datasets, new dataset types like sentiment integration of websites like healthgrades.com.
Yes, both the hardware platform and the management of that platform can be highly discounted with multi-year contracts.
Depending on the details of the project, the platform itself with the dashboard would take no more than 6 months for enterprise grade reporting. Advanced analytics mini-projects (we call these analytics labs) can take 3-6 months to get an accurate prediction model in place.

ANSWER
Your largest hurdles will be: - Data security requirements(HIPPA) - Automated access to source data - Data availability - Accurate requirements of what the provider wants to see at the micro and macro level within each region - Different requirement definitions for different regions
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Full compliance with loading and storing software from nonanalytics legacy systems such as SQL Server, DB2, Oracle and Excel. We have automated processes to load from those data sources on a scheduled basis.

ANSWER
Logical provisioning and physical can be provided depending on your security requirements, yes we can create OLAP cubes when needed.

ANSWER
Yes, zData can create custom ELT(Extract Load, Transform) scripts that cleans source data into data marts. We have the ability to leverage system feeds in real time at up to 8000 data records or images per second.

ANSWER
We have the ability to provide a tool to build models yourself or we can provide a team to build those models for you. Our platform is compatible with all the latest techniques in predictive models, kmeans, linear regression, elastic net etc.
Yes, zData has the capability to create your own data environments and custom reports.

ANSWER
We do not share or sell models created for our customers, therefore your engagement with us would be to create metrics that best describe quality measures based on the data available to you and potentially data provided from third parties.
Yes, zData can create custom information exchange.

ANSWER
Yes, zData can provide and allow users to share data between each other or download data from a dashboard.

ANSWER
Yes, custom dashboard development is available in our platform.

ANSWER
Yes, there is the ability to upload datasets to be used in the creation of new dashboards

ANSWER
Yes, zData can support creation, viewing, and distribution of patient and physician quality measures and treatment protocol based score cards.
0
3x failover for data, 2x for performance and site to site replication.

ANSWER
Not Answered

ANSWER
zData uses enterprise class MPP (Mass Parallel Processing) database technology called Pivotal Greenplum for structured data, we use Hadoop for unstructured data and we use Solr for documentation and text analytics. http://pivotal.io/big-data/pivotalgreenplum- database This product stack is the heart of enterprise analytics solutions used by most of the industry. Backup and recovery can be utilized in multiple ways. For critical systems we can provide an SLA for recovery from backup, we can also provide separate site live Disaster Recovery and various levels of SLA's in between. We have a private cloud model, a national co-lo model with site-to-site replication and also host hardware at Datasite or Fiberpipe in Boise.

ANSWER
zData can provide multiple levels of services. In Boise we work with Datasite SSAE (Type II SOC 1), Nationally we work with Centurylink(Savvis) SSAE (Type II SOC1).
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ANSWER
Agile methodolgies, Multiple Iteration, Pivotal Tracker, Slack.com
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ANSWER
For more information, see their documents ProjectPlanTemplate.xls and Health_Care_Estimates.xlsx

ANSWER
For more information, see their documents ProjectPlanTemplate.xls and Health_Care_Estimates.xlsx

ANSWER
For more information, see their documents ProjectPlanTemplate.xls and Health_Care_Estimates.xlsx

ANSWER
For more information, see their documents ProjectPlanTemplate.xls and Health_Care_Estimates.xlsx
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ANSWER
Salesforce.com, BMC Remedyforce

ANSWER
Help Desk is in Boise and Phoenix, with 1 hour SLA's

ANSWER
For more information, see their document zData_Support_Guide.pdf
Ongoing managed services, data science and data integration.

ANSWER
For more information, see their document zData_SOP_Patching.pdf

ANSWER
Depending on LOE, SOW change request, bug filing notice with BMC, or future release notes.

ANSWER
Product release is based on user requirements, however new versions of different aspects of the platform will be updated annually.
Yes users of every group should be management layer, all support layers and management of the platform can be provided by zData.

ANSWER
For more information, see their document MS_Guide.pdf
Our system is fully managed. Position types should be focused on Product management and Technical Program management.

ANSWER
Some aspects of our solution are supported by 3rd parties, however we provide first line support. The database technology is supported by Pivotal and EMC, so we would rely on them for product updates and fixes.
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Our model is to manage the system from hardware, systems and the interface. However, if you would like to procure technical staff, we provide formal training, one-on-one mentoring and best practice guides.

ANSWER
Not Answered
Not Answered
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ANSWER
Python, PLSQL
Firefox, Chrome, Explorer
0

ANSWER
For more information, see their document zDataManagedServicesSecurityGuide.pdf

ANSWER
Our offering is compliant with HIPAA, NIST and DOD 5200

ANSWER
Yes, the zData system supports two-factor authentication (2FA). Depending on the requirements, this can be accomplished using authenticator apps such as Google Authenticator, login verification or device-based 2FA using a login token such as RSA SecureID http://www.emc.com/security/rsa-securid.htm
Not Answered

ANSWER
User authentication and control of access to reporting systems, dashboards and other tools based on user roles and responsibilities is typically handled by an Identity and Access Management (IAM) system. Depending on the model, zData systems can be configured to use the client's IAM system or can be configured separately if system isolation is required. A good portion zData's clients need to utilize their existing IAM infrastructure, and most of them have Active Directory at the center of their IAM deployments as the enterprise identity provider. zData provided service to these clients to integrate our systems using LDAP and Kerberos security protocols. Cloud and co-location vendors tools will be used where appropriate to further secure and control access, such as vendor provided IAM systems and dedicated site-to-site VPN technologies.