

Request for Proposals
Operation and Management of eHealthTrust™

Issued by: Louisville Health Information Exchange (LOUHIE) c/o University of Louisville on
February 1, 2006

Bidders Conference: February 13, 2006, 12:30 pm – 2 pm, San Diego Convention Center (by
invitation only; invitation requests due February 6, 2006)

Required Letters of Intent Due: February 27, 2006

Proposals Due: May 1, 2006

Anticipated Award Date: July 1, 2006

Table of Contents

I. Purpose	2
II. Background	2
III. Description of the eHealthTrust.....	3
IV. Scope of Work (note: all anticipated schedules are subject to possible delays).....	9
V. Contractor and LOUHIE Responsibilities	10
VI. Funding and Revenue Distribution.....	11
VII. Eligibility Requirements.....	12
VIII. Bidders Conference, Inquiries, and RFP Revisions	12
IX. Required Letter of Intent	12
X. Proposal Content Guidelines.....	12
XI. Receipt and Review Schedule	13
XII. Evaluation Criteria	13
XIII. Additional Conditions.....	14
XIV. References.....	14

Appendix A: Required Bidding Form

Appendix B: Letter of Intent Format

Summary

The Louisville Health Information Exchange, Inc. (LOUHIE) seeks a contractor to develop and operate a community-wide eHealthTrust repository for storage and retrieval of electronic medical records, including the provision of management, marketing, business and technical operations, and security. The LOUHIE eHealthTrust will charge approximately \$5/month/person to serve as the custodian of consumer-controlled electronic medical records, and provide incentives to clinicians for acquiring electronic health record (EHR) systems by paying them about \$3/encounter for deposits of standardized clinical information. A four-year cost plus fixed-fee plus marketing incentives agreement will be negotiated with the successful bidder. LOUHIE will guarantee initial annual operational revenue of at least \$6 million. Proposed annual contractor operating costs must not exceed \$4.5 million, and the fixed fee is limited to an annual maximum of \$500,000, half of which is contingent on meeting performance requirements. The marketing incentives are limited to \$10/net new member/year. Contractor must bear the costs of initial system development (including hardware), but will retain marketing rights outside Kentucky for all software and other intellectual property developed for this project.

Required letters of intent are due 2/27/06, with completed proposals due 5/1/06.

I. Purpose

This solicitation is intended to identify and engage a contractor to provide the Louisville Health Information Exchange (LOUHIE) with the products and services needed for the development and ongoing operation of a community eHealthTrust system for acquiring, storing, and retrieving of electronic medical records on behalf of residents of Louisville, Kentucky, and adjacent communities. The successful contractor will supply all components for a “turn key” operation including computer hardware, software, subscriber system interfaces, and telecommunications equipment needed for technical operations, staff for development, management, marketing, and operations, necessary support services such as off-site backup capabilities, and space with the high level of physical security required to protect this critical and sensitive information. The functional requirements and policies for operation of the eHealthTrust will be controlled by LOUHIE, while the contractor will be responsible for all system operations during the contract period.

II. Background

While the U.S. health care system is capable of delivering superb medical care, it is also plagued with inconsistent quality, unreliable safety, and escalating costs. All of these problems are often traceable to the lack of availability of complete patient information resulting from continuing dependence on paper records. The intelligent application of modern information technology to health care has long been recognized as a critical and urgent need – according to the Institute of Medicine, it should be “the highest priority for all health care stakeholders.”¹ The plain fact is that “paper records kill” – and the technology for electronic medical records that would help fix the problem is available.

Despite widespread agreement on the need for action at the community level to address this urgent and critical issue, progress has been very slow toward widespread and consistent use of health information technology. Obstacles include misaligned incentives, lack of medical information standards, and no clear source of funding for this new activity. Any proposed solution must provide for the availability of complete patient information while assuring universal cooperation of the diverse health care stakeholders, ongoing funding for sustainability, and the high level of public trust needed to operate a system that is responsible for extremely sensitive medical information in electronic form on behalf of everyone in the community.

Complete patient information is the first key requirement. While much of existing health care information is already electronic (e.g. labs and medications), and some hospitals have EHR systems, over 85% of office-based based physicians still rely solely on paper records. In order to make complete patient records rapidly available, all such records must be electronic. Therefore, office-based physicians must obtain and use EHRs. However, since most of the benefits of EHRs in the ambulatory setting accrue to others (besides the practice acquiring the system), financial incentives must be available to office-based practitioners for EHRs.

Universal cooperation of health care stakeholders is essential. Since most patients obtain their care from multiple sources, their medical information is scattered in various systems. There must be incentives for collecting and collating each patient’s information and making it available when and where needed. Existing efforts to share patient information electronically have been

¹ Institute of Medicine. Committee on Data Standards for Patient Safety. *Patient Safety: Achieving a New Standard for Care*. Washington, DC: National Academy Press, 2003.

slowed and even stymied by disagreements related to the terms and conditions of information exchange. A strategy must be developed to ensure that all holders of patient information will make it available.

Ongoing funding is essential for the success of a health information system. Naturally, it is extremely difficult to engage the cooperation of stakeholders to create a system in the absence of a clear path toward financial sustainability. Although a comprehensive system of electronic medical records will benefit all health care stakeholders, the specific allocation of the costs has proven to be a formidable (and often insurmountable) barrier to progress. The well-established tradition in health care of shifting costs to other stakeholders has made this problem especially difficult. Any potential solution must present a sufficiently strong value proposition (in advance) to assure the long-term financial viability of the system.

Finally, public trust is essential to any effort to facilitate access to complete electronic medical records. The public correctly perceives that any efforts to make medical records more accessible for appropriate and authorized purposes simultaneously carry the risk of increased availability for unscrupulous use. Therefore, stringent privacy and confidentiality policies enforced with effective security measures are needed to protect sensitive medical information. The trust of the public is an essential prerequisite for any organization implementing such measures so as to responsibly function as the medical records custodian for the community. Allowing patients to completely control all access to their records is an important component of earning such trust. Consumer participation in the organization at the highest levels, open and transparent management, and independent ongoing review of privacy practices and complaints are also needed. All these elements must be part of any proposed solution.

To address these issues, LOUHIE, a 501(c)4 non-profit organization was created to oversee and coordinate the development of a Health Information Infrastructure (HII) in greater Louisville, Kentucky, and is releasing this RFP to develop and implement a patient-controlled electronic medical record infrastructure (known as an eHealthTrust) as its initial breakthrough project. LOUHIE believes that the eHealthTrust approach provides a specific, feasible, and understandable path that addresses the key issues of complete patient information while assuring stakeholder cooperation, ongoing funding, and public trust.

III. Description of the eHealthTrust

The eHealthTrust makes complete patient information available when and where needed by serving as the community custodian of the complete medical records for everyone. Each person controls all access to his/her records, and is charged about \$60/year (\$5/month) for the service (which may be [and should be] reimbursed as an allowable medical expense).² The eHealthTrust pays physicians about \$3 for the “deposit” of each standardized electronic report of an outpatient encounter, thereby creating potential new revenue of about \$15,000/year for physicians with EHR systems (and providing the needed incentives for their acquisition and use). Since the patients explicitly provide consent for the eHealthTrust record keeping activities, cooperation of all health care stakeholders in providing information is assured (since medical records must be provided on patient request under the Federal HIPAA statute). The eHealthTrust model assures public trust by putting the patient in control of his/her information.

² A national survey sponsored by Accenture in May, 2005, showed that 52% of consumers were willing to pay at least \$5/month for electronic records (see http://www.accenture.com/xd/xd.asp?it=enweb&xd=dyn%5Cdynamicpressrelease_857.xml)

A. Information Flow

1. Enrollment & initial collection of records
 - a) Member provides demographic information, list of medical providers (typically via the web)
 - b) Member specifies standing instructions for allowable access to records using a member -controlled information access management interface; default includes
 - (1) unlimited access by listed providers
 - (2) emergency access by bona fide emergency provider
 - (3) notification to member of clinical trial eligibility (no other party notified)
 - (4) access to de-identified data for research (bulk of fees collected for research access credited back to the member)
 - c) Member receives ID card by U.S. Mail; returns signed consent via mail, physician office, web or other legally binding method.
 - (1) ID is like credit card – number links to member account
Access to patient's electronic medical record requires ID card and prior patient permission) Member pays about \$5/month with discounts for families TBD
2. Member's providers contacted on behalf of member (per consent form) with request to provide information ("initial deposit")
 - a) Discharge summaries requested from hospitals
 - b) Complete test results requested from laboratories
 - c) Image interpretation reports requested from imaging centers
 - (1) Electronic linkage established to original images, which remain in their current location (not copied to eHealthTrust)
 - d) Medication history requested from Pharmacy Benefit Manager (PBM) or prescription clearinghouse
 - e) Office-based clinicians asked for small subset of records: problem list, allergies, most recent complete history & physical, notes from 2 most recent encounters
 - (1) If no EHR: fax paper copies to eHT, images stored
 - (2) If EHR: send electronic information (in standard format (TBD in collaboration with EHR Vendors Association)
 - f) Claims information may optionally be included (if available)
3. Access to individual records via secure web portal
 - a) Member interface allows
 - (1) Viewing complete record (no changes to record allowed)
 - (2) Management of access permissions (see www.y-t-c.com for example how this can operate effectively)
 - (3) Secure communication with clinicians and other authorized senders/receivers (e-mail and other messaging methods)
 - b) Member interface must also include capability (directly or via web services) to
 - (1) Add information (personal health record)

- (2) Access authoritative health & health care information
 - (3) Receive customized reminders and health alerts
 - c) Clinician interface includes clinically relevant information display tools
 - d) If clinician has no web access, member brings printed copy of records to encounter
 - 4. Adding new medical record information (“ongoing deposits”)
 - a) Office clinicians send notes from each encounter
 - (1) Via fax if paper record
 - (a) Minimal reimbursement optional (e.g. 10¢)
 - (2) In standard electronic form from EHR
 - (a) Reimbursement of about \$3 for each record sent
 - b) Other record generators send new records when produced
 - (1) Hospitals send new discharge summaries
 - (2) Laboratories send new results
 - (3) PBMs send new prescriptions
 - (4) Imaging centers send new reports
 - c) New records relating to members of other eHealthTrusts (who receive care while visiting community)
 - (1) Intercepted by “clearinghouse server” at eHealthTrust (using software to be provided by LOUHIE)
 - (2) Routed directly to proper eHealthTrust
 - 5. Public health reporting
 - a) All incoming records (except faxes) reviewed for public health reportability
 - b) Copies of reportable events transmitted to public health agency
 - c) Can substitute for direct reporting (benefit to clinicians and other entities responsible for public health reporting)
 - 6. Web services access to records
 - a) with patient permission, subset of records may be sent via web services to another application
 - b) requires web services authentication, encryption, and security
 - c) separate RFP being issued for bids for web services integration licenses (maximum of ten)
 - d) contractor will work collaboratively with web services licensees to implement access in accordance with LOUHIE policy & direction
 - 7. Access to records for research and other authorized queries
 - a) Requires patient consent
 - b) Requires Institutional Review Board (IRB) approval
 - c) No identified data is returned to researchers
 - d) Message from researcher may be delivered to members meeting specific criteria (i.e. to recruit volunteers for a clinical trial)
 - e) Fees charged to researchers; bulk of proceeds credited to member
- B. Standards & Interoperability
- 1. All entities in community have single interface to eHealthTrust

2. eHealthTrust Communities will have no need to communicate with each other to retrieve records (since each person's entire record is in a single eHealthTrust Community) although community transfers need to be supported.
 - a) new records from visitors to community who receive care are routed to their "home" eHealthTrust by "clearinghouse server" at each eHealthTrust
3. Interoperability standards set by eHealthTrust Association
 - a) All eHealthTrust communities must have a license to eHealthTrust business process patent (covering payments by an eHealthTrust to clinicians for depositing patient information)
 - b) Patent license requires membership in eHealthTrust Association & adherence to its standards (licensing fees are minimal)
 - c) LOUHIE will provide patent license
4. Initial standard for transmitting outpatient encounter data will be as recommended by EHR Vendors Association
 - a) One standard needed for all eHealthTrusts so EHR vendors can market HIT systems nationwide with a uniform interface
5. Gradual improvement of standards over time
 - a) Initial standards will have many "free text" fields
 - b) Standard encoding of all fields will be promoted with eHealthTrust reimbursement policy
 - (1) Future encoding requirements will be announced with substantial lead time for implementation (e.g. 2 years)
 - (2) Ongoing reimbursements will provide funds for needed system upgrades
 - (3) Future reimbursement will require compliance with scheduled encoding requirements
 - c) Provides for greater use of encoded information over time (e.g. for decision support)

C. Organization & Governance

1. LOUHIE (non-profit organization) to maximize participation and public trust
 - a) Board has representation from all stakeholders (consumers, clinicians, health care organizations, payers, employers, government, public health et al.)
 - b) Consumers and their advocates have a substantial voice on the board
 - c) Open and transparent deliberations
 - d) Public financial disclosure
 - e) Independent privacy audit committee (of Board) with authority to
 - (1) investigate privacy violations
 - (2) recommend sanctions
 - (3) recommend policy changes
2. Policies and procedures established by LOUHIE
3. Operations by for-profit contractor (solicited by this RFP)
 - a) Specifications and performance criteria established by LOUHIE
 - b) Day-to-day contractor operations may be overseen by one or more LOUHIE staff (at LOUHIE option)
 - (1) Community liaison

- (2) Marketing liaison
- (3) Operations liaison
- (4) Financial management liaison
- (5) Privacy liaison
- c) Contractor may serve other eHealthTrusts
- 4. Marketing assumptions
 - a) LOUHIE anticipates primary use of two key marketing channels
 - (1) practicing physicians
 - (2) sponsoring organization (e.g. employers)
 - b) Contractors are encouraged to delineate additional marketing strategies within the limitation imposed by the pricing structure
 - (1) proposals may include various marketing options with analysis of their anticipated costs and benefits
- 5. Functions of eHealthTrust Association (national standards organization of which LOUHIE is a member)
 - a) Provide license for business process patent
 - b) Provide software for “clearinghouse server”
 - (1) Checks incoming messages for standards compliance
 - (2) Sends copies of reportable information to public health
 - (3) Routes incoming messages for members of other eHealthTrusts to their “home” eHealthTrust
 - c) Facilitate research queries across multiple eHealthTrusts
 - (1) Arrange for distribution of queries and aggregation of results
 - (2) Distribute fees from researchers to eHealthTrusts
 - d) Update & maintain information exchange standards
 - (1) Common function for all eHealthTrusts
 - (2) Add new terms; update codes

D. Privacy

- 1. Key principle: no information is released without member consent
- 2. Consent may be restricted to
 - a) Specific time periods (e.g. access to a specialist for a specific condition lasting a few months)
 - b) Specific information (e.g. access to testing for sexually transmitted diseases can be “suppressed” by the member)
- 3. Research access to data by consent
 - a) No patient identifying information released
 - b) Requests for release of needed information may be sent to selected patients on behalf of researchers
- 4. Information transferred to another eHealthTrust community on member request (to transfer membership)
- 5. Information returned to member and erased on request (to terminate membership)
- 6. Employees of eHealthTrust must be carefully screened
 - a) Extensive background checks
 - b) Strict confidentiality agreements
 - c) Consistent and immediate sanctions for violations

7. Physical security
 - a) Operating site must have extensive physical security
 - (1) Information highly sensitive and valuable
 - (2) Operations center is highly visible & known target
 - (3) Need to deter break-in/theft
 - b) Fencing/security guards/alarms
 - c) Protection level similar to high-security government facility
- E. Technical Architecture
1. Separate clinical and research servers
 - a) Clinical server provides complete patient records, but does not permit searching
 - b) Research server allows searching, but has no phone or Internet connections (for security)
 2. Clinical server details
 - a) “Cubbyhole” server only retrieves a single complete record
 - (1) other functions not present
 - (2) user “logged off” after retrieving one record
 - b) Uses highly secure, separation kernel operating system (see Rushby, Proceedings of the Eighth ACM Symposium on Operating Systems Principles (1981); e.g. <http://www.linuxworks.com/rtos/secure-rtos-kernel.php>)
 - (1) Each user has own “virtual machine”
 - (2) Cannot affect any other user
 - c) Initial implementation with secure Linux (see <http://www.nsa.gov/selinux/index.cfm>)
 - d) Secure, encrypted Internet access
 - (1) 128-bit SSL encryption (via browser)
 - (2) secure authentication (specifics TBD by LOUHIE in collaboration with contractor)
 - (a) may include digital certificate/token/biometric ID for health care professionals
 - (3) access to member record by authenticated health care professional requires both
 - (a) specific member permission (via secure online access or 800-number in emergency)
 - (b) member ID number (provided by member)
 3. Research server
 - a) No phone or Internet connections (to prevent unauthorized access)
 - b) Daily transfer of new information from clinical server via physical media
 - c) Standard operating system & database software
 - d) Specific permissions from members for various categories of research restricts queries (categories may include notification of product withdrawal, clinical trials, public health, medical research, etc.)
 - e) All queries submitted in machine room by operations personnel
 - f) Results (non-identified) encrypted for transmission back to researchers

4. Backup & disaster recovery
 - a) Clinical server is highly redundant & reliable design with internal component duplication for high availability (i.e. dual processor, mirrored RAID disk drives, UPS, standby backup power, etc.)
 - b) All information backed up on site (research server) and at one other separate geographic location (in real-time)
 - c) Immediate capability to switch to backup server in case of failure
 - d) Allow for reduced cost backup capability through “mutual aid” agreements with other eHealthTrusts (future)
- F. Stakeholder Expectations to be Satisfied:
1. Members (consumers)
 - a) Complete medical records with access & control
 - b) Improved quality of care; reduced errors
 - c) Lower cost of care
 - d) Customized information about health (e.g. recommendations and reminders)
 - e) More medical research → better treatments
 - f) Modest fees (\$5/month); may be covered by sponsor (e.g. employer)
 2. Clinicians
 - a) Access to complete medical records → better care
 - b) Financial incentives for EHRs
 3. Employers (including government)
 - a) Lower cost, higher quality care
 - b) Estimated savings of 8% of health care costs
 4. Health care institutions
 - a) Access to complete medical records → better care
 - b) Improved efficiency (e.g. avoid duplicate tests)
 - c) More opportunities for research
 5. Government
 - a) Lower cost, higher quality care
 - b) Reduced growth of Medicare & Medicaid expenditures
 - c) Better information at lower cost for public health
 - d) Lower cost of medical research
 6. Payers
 - a) Lower cost, higher quality care
 - b) Information available to monitor quality (with member consent)
 - c) Integration of claims and clinical record data (possible)
- IV. Scope of Work (note: all anticipated schedules are subject to possible delays)
- A. Phase 0: Development and Testing of eHealthTrust system
1. Contractor develops software, procures and installs hardware
 2. Anticipated time for Phase 0: about 3 months
 3. Deliverables & Milestones
 - a) Detailed Phase 0 schedule
 - b) Detailed system specifications
 - c) Prototype development and evaluation
 - d) Revision(s) of system specifications

- e) Final system development and implementation
- f) LOUHIE acceptance of test results verifying all functions
- g) Development and refinement of marketing plan for Phase 1
 - (1) Close collaboration with LOUHIE
 - (2) Key marketing channel: physicians
- 4. System design parameters
 - a) Complete patient record retrievals/second (from disk): > 30
 - b) Patient record retrieval online response time: < 1 second
 - c) Number of simultaneous user sessions (clinical server): over 3,000
- B. Phase 1: Initial Operation (no EHR incentives) [one year or less]
 - 1. Contractor initiates marketing activities (coordinated with LOUHIE activities)
 - 2. Contractor operational activities include
 - a) Member signup
 - b) Clinician signup
 - c) Operation of help desk (questions about signup, access, and permissions)
 - d) Issuing patient record requests & receiving patient data (via fax & standard electronic transactions)
 - 3. LOUHIE provides initial subscriber base to generate at least \$6,000,000 in annualized revenue (at least 100,000 subscribers)
 - 4. Initiation of Phase 2 requires annualized excess revenue (above expenses) of about \$3,000,000 (about 75,000 additional subscribers)
 - 5. Operational parameters
 - a) Subscriber acquisition rate: over 6,000/month
 - b) Help Desk response time
 - (1) Members: 80% of calls answered in < 2 minutes
 - (2) Clinicians: 80% of calls answered in < 1 minute
 - c) Patient record retrieval online response time: < 1 second
- C. Phase 2: Full Operation (with EHR incentives)
 - 1. Signup of clinicians with EHR systems
 - a) Encounter reports to eHealthTrust for members
 - b) Encounter reports to clinician backup facility for non-members
 - 2. Verification of capability for sending standard transactions
 - 3. Participating clinicians receive reimbursement (about \$3) for every standard encounter report submitted (whether for eHealthTrust member or not)
- V. Contractor and LOUHIE Responsibilities
 - A. Contractor Responsibilities
 - 1. Management
 - a) Sufficient to manage and direct all functions
 - b) Includes medical informatics expertise
 - 2. Staff
 - a) Sufficient to perform all activities
 - b) Includes expertise in marketing, information systems, information system security, physical security
 - 3. Operations
 - a) Technical operations for computer systems

- b) Business operations including billing, collection, accounting
 - c) Help desk operations to support members and clinicians
 - d) Security operations to protect all physical sites of medical record storage
4. Space
- a) Sufficient to house all staff and equipment
 - b) Computer operations facility may be separate from other functions
 - c) Computer operations facility must be highly secure
 - d) All space must be located in greater Louisville
- B. LOUHIE Contractor Support Activities
- 1. Provide single point-of-contact and area-specific contacts
 - a) LOUHIE CEO has overall responsibility
 - b) Area-specific contacts (at LOUHIE option)
 - (1) LOUHIE VP of Community Affairs
 - (2) LOUHIE VP of Marketing
 - (3) LOUHIE VP of Operations
 - (4) LOUHIE VP of Privacy
 - (5) LOUHIE VP of Finance
 - 2. Provide liaison with area stakeholder organizations, e.g.
 - a) Louisville Medical Association
 - b) Louisville Hospital Association
 - 3. Provide license for eHealthTrust™ patent
 - 4. Satisfy requirements of eHealthTrust Association
- VI. Funding and Revenue Distribution
- 1. LOUHIE collects all revenue
 - 2. Contractor paid costs plus fixed fee plus incentives
 - a) estimated annual operational costs must not exceed \$4,500,000
 - (1) Follow Federal government guidelines for maximum costs for personnel
 - b) Fixed fee may not exceed \$500,000/year
 - (1) Half of fixed fee contingent on meeting annual performance goals set by LOUHIE in consultation with contractor
 - (2) LOUHIE and contractor meet monthly to review progress toward performance goals
 - c) Incentives may not exceed \$10/net new subscriber/year
 - d) No payments to contractor for development costs (including software & hardware)
 - 3. Contractor retains all rights to software and intellectual property outside Kentucky
 - 4. Exclusivity
 - a) No other eHealthTrusts will be authorized by LOUHIE
 - b) LOUHIE has exclusive use of eHealthTrust patent in Kentucky
 - 5. Payment schedule during development phase
 - a) No payments to contractor will be made until eHealthTrust is operational

- b) Contractor payments for costs will be made within 30 days of LOUHIE collection of revenue
- c) Fixed fee and incentive payments will be made within 60 days of the end of each full year of operation

VII. Eligibility Requirements

- 1. For-profit organization(s)
 - a) non-profit subcontractors are acceptable
- 2. Single organization functions as prime contractor
- 3. Single individual designated as project manager & point-of-contact
- 4. Capabilities and experience in providing all required products and services

VIII. Bidders Conference, Inquiries, and RFP Revisions

- A. February 13, 2006 in San Diego Convention Center (12:30 pm – 2 pm)
 - 1. Request for invitation of representative to Bidders Conference due 2/6/06
 - 2. Only invitees will be admitted to Bidders Conference
- B. Attendance strongly recommended, but not required
- C. Inquiries may be submitted via email to: Judah Thornewill, Judah.Thornewill@louhie.org.
- D. All questions and responses will be posted at LOUHIE web site: [www.louhie.org]
- E. LOUHIE will post modifications to the RFP, if any, on the LOUHIE web site
- F. LOUHIE will provide email notification of all RFP changes to those who submit letters of intent

IX. Required Letter of Intent

- A. Due February 27, 2006
- B. Using format in Appendix A
- C. Does not obligate organization to submit a proposal
- D. Ensures notification of any changes to RFP
- E. Partners may be added or removed by lead organization after letter of intent submitted

X. Proposal Content Guidelines

- A. Organization of proposal
 - 1. cover page must include
 - a) single individual designated as point-of-contact
 - b) name and address of proposer and all subcontractors
 - c) signature of official authorized to obligate funds for organization
 - 2. abstract (250 word maximum on separate page)
 - 3. management proposal
 - a) overview
 - b) tasks to be performed
 - c) methods, approach, techniques
 - d) timeline and deliverables
 - e) metrics to be monitored
 - f) anticipated staffing
 - 4. marketing proposal (same subsections as #3)
 - 5. technical proposal (same subsections as #3)
 - 6. operations proposal (same subsections as #3)
 - 7. security proposal (same subsections as #3)

8. budget proposal
 - a) anticipated costs for personnel, equipment, space, etc.
 - b) month-by-month budget projection for first 3 years
- B. formatting
 1. minimum 12 point type
 2. one inch margins
 3. single sided
 4. maximum 70 pages (excluding spreadsheets and attachments of previously published material)
 5. electronic submission in pdf or Microsoft Word format
 6. spreadsheets must be submitted in Microsoft Excel format
 7. attachments may be submitted in paper form (10 copies)
- XI. Receipt and Review Schedule
 - A. Proposals due May 1, 2006
 - B. Late proposals will not be accepted
 - C. Initial review by May 8, 2006 (for adherence to proposal requirements)
 - D. Technical & business review by June 1, 2006
 - E. Negotiations during June, 2006
 - F. Anticipated award date: July 1, 2006
- XII. Evaluation Criteria
 - A. Management proposal
 1. Demonstrates clear understanding of the management issues, including maintaining timeliness of tasks and contingency planning for possible delays
 2. Approach to management uses proven, effective methods, including close collaboration with LOUHIE
 3. Staffing plan is realistic and reasonable, including identification of key highly-qualified personnel
 4. Milestones, deliverables, and metrics for assessment are comprehensive and reasonable
 5. Prior successful experience managing similar projects
 - B. Marketing proposal
 1. Demonstrates clear understanding of the marketing challenges
 2. Approach to marketing uses techniques and methods that are likely to succeed and result in rapid membership growth
 3. Staffing plan is realistic and reasonable, including identification of key highly qualified personnel
 4. Milestones, deliverables, and metrics are comprehensive and reasonable
 5. Prior successful experience in similar marketing domains
 - C. Technical proposal
 1. Demonstrates clear understanding of technical requirements, particularly for security of data
 2. Approach uses state-of-the-art methods and techniques
 3. Staffing plan is realistic and reasonable, including identification of key highly qualified personnel
 4. Milestones, deliverables, and metrics are comprehensive and reasonable and timely

5. Prior successful experience building similar or related systems
- D. Operations proposal
1. Demonstrates clear understanding of the operations challenges, including addressing the operational requirements
 2. Approach to operations uses techniques and methods that are likely to succeed and result in excellent customer service
 3. Staffing plan is realistic and reasonable, including identification of key highly qualified personnel
 4. Milestones, deliverables, and metrics are comprehensive and reasonable
 5. Prior successful experience in similar operational areas
- E. Security proposal
1. Demonstrates clear understanding of the physical security challenges, including addressing all the security requirements
 2. Approach to security uses techniques and methods that are likely to succeed and result in deterrence and prevention of intrusion and/or theft
 3. Staffing plan is realistic and reasonable, including identification of key highly qualified personnel
 4. Milestones, deliverables, and metrics are comprehensive and reasonable
 5. Prior successful experience addressing similar security issues
- F. Budget proposal
6. Demonstrates clear understanding of required costs
 7. Provides good value to LOUHIE
- XIII. Additional Conditions
- A. Organizations (including consortia of organizations) may not submit multiple bids
1. any proposed options should be included in a single proposal
- B. Organizations may simultaneously bid on related RFP “Licenses for Web Services Integration with eHealthTrust Electronic Medical Records with Patient Permission”
- C. LOUHIE is not obligated to make an award based on this RFP
- D. LOUHIE is not responsible for costs of proposal preparation
- E. Initial term of contract is 4 years
1. option for extension(s) or competitive renewal
 2. contract may be discontinued by LOUHIE if revenue does not cover costs
- F. Ownership of all hardware and rights within Kentucky to all software and intellectual property will be transferred to LOUHIE at the conclusion of the initial contract term
- G. Proposals are considered confidential by LOUHIE and will not be available for public release
1. names of organizations submitting successful proposal will be announced
 2. terms and conditions of final agreement will NOT be considered confidential
- XIV. References
- A. For additional information on eHealthTrust: www.ehealthtrust.com
- B. For additional information about Louisville's Health Information Exchange activities: www.louhie.org
- C. For additional information about Kentucky's eHealth Board: <http://chfs.ky.gov/ehealth/e-Health+Board/>
- D. For the text of Kentucky's eHealth Legislation: <http://www.lrc.ky.gov/record/05rs/SB2.htm>

Appendix A. Required Bidding Form (include with proposal)

[MUST BE RECEIVED by May 1, 2006]

[date]

Response to LOUHIE RFP “Operation and Management of eHealthTrust”

Submitted by:

[name and address of organization(s)]

Point of Contact:

[name, address, phone, fax, e-mail of person serving as point of contact]

Estimated annual costs of Phase 1: [insert dollar amount here, not to exceed \$4,500,000]

Estimated annual costs of Phase 2: [insert dollar amount here, not to exceed \$4,500,000]

Proposed annual fixed fee: [insert dollar amount here, not to exceed \$500,000]

Proposed marketing incentive per net-new-member/year: [insert dollar amount here, not to exceed \$10.00]

Estimated time for Phase 0 (system development): [insert time estimate here, e.g. 3 months]

As required by the RFP, it is understood and agreed that 1) no payments by LOUHIE will be made for any development costs (including software and hardware); and 2) all purchased hardware and the rights in Kentucky to all software and intellectual property developed as a result of this project will be transferred to LOUHIE upon termination of this agreement.

I hereby certify that I have full authority on behalf of the organization(s) listed above and am authorized to commit to the terms specified.

[signature of authorized official]

[typed name and title of authorized official]

Appendix B. Format of Required Letter of Intent

[MUST BE RECEIVED by February 27, 2006]

[date]

Judah Thornewill
Agent for LOUHIE
c/o University of Louisville
K-Wing, Suite 4026
555 South Floyd Street
Louisville, KY 40202

Re: eHealthTrust RFP Letter of Intent

Dear Mr. Thornewill:

In response to the RFP entitled "Operation and Management of eHealthTrust" issued by the Louisville Health Information Exchange (LOUHIE), this letter is to inform you that:

[name of organization(s)]

[name, address, phone, fax, and e-mail for single person serving as point of contact]

intend to submit a proposal and bid by the required deadline of May 1, 2006. Also, we wish to be notified of any changes in the RFP via email at: [email address for notifications]

This letter does not obligate us to submit a proposal. Also, we understand that partner organizations may be added or removed prior to submission of our proposal.

Sincerely,

[authorized official of organization(s)]