

STATE PROCUREMENT OFFICE
NOTICE & REQUEST FOR SOLE SOURCE

15 JUN 29 P3 25

ADMINISTRATION
STATE PROCUREMENT OFFICE
STATE OF HAWAII

TO: Chief Procurement Officer

FROM: Department of Health
Name of Requesting Department

Pursuant to HRS §103D-306 and HAR chapter 3-122, Subchapter 9, the Department requests sole source approval to purchase the following:

1. Describe the goods, services, or construction to be procured.
This is to request an extension to an existing sole source exemption to continue work that the Hawaii Health Information Exchange (HHIE) has done and will continue to do for the State of Hawaii, Department of Health. The Hawaii State Legislature has approved a supplemental request for a second year of funding for HHIE in the amount of \$750,000.00. The HHIE will implement governance, and sustainability of a statewide electronic health information exchange system that conforms with federal "Meaningful Use" regulations required by Health Information Technology for Economic and Clinical Health Act (HITECH), Pub. L. 111-5, Title XII. The intention of the legislature was to contract with HHIE to perform these services on behalf of the State and State Health Information Technology Coordinator. This second year of funding is to extend the work of HHIE and continue to provide information for the Department of Health's Children and Adolescent Mental Health Division.

Table with 2 columns: Vendor/Contractor/Service Provider Name, Amount of Request, Term of contract, and Prior SPO-001, Sole Source (SS) No. Includes handwritten dates and SS number.

6. Describe in detail the following:
a. The unique features, characteristics, or capabilities of the goods, service or construction.
HITECH requires the vast majority of healthcare providers to adopt electronic health records and exchange clinical information amongst each other to improve quality and manage costs. A statewide system with universal adoption requires a centralized entity (HHIE) to facilitate data governance, assure adequate privacy and security, and manage evolving standards. Healthcare providers who do not demonstrate meaningful use of electronic medical records and health information exchange will be financially penalized by the US government in Medicare and Medicaid programs. There is no existing system or infrastructure that connects Hawaii providers and facilities on a statewide basis, nor between independent entities, e.g. Queen's Hospital and Wilcox Hospital. Stand-alone system, such as Kaiser Permanente, have achieved full exchange but not to the benefit of patients, providers, and facilities outside of their
b. How the unique features, characteristics or capabilities of the goods, service or construction are essential for the department
The dissemination and aggregation of machine-readable healthcare data will provide DOH will invaluable epidemiological and disease outbreak data. DOH currently relies on a mix of self-reported surveys, some hospital, and some health insurance claims data which each have limitations. Data from individual electronic medical records will increase DOH's precision, accuracy, and responsiveness to public health assessment, policy development, and assurance. There is no other large-scale effort in Hawaii to connect healthcare data from providers and facilities.

7. Describe the efforts and results in determining that this is the only vendor/contractor/service provider who can provide the goods, services or construction.

None. HHIE was designated per federal regulations as the one and only "State Designated Agency" (SDE) by Governor Lingle in 2010. The federal government works with and grants funds to one SDE per state. In some states, the SDE is a government agency and in others, including Hawaii, it is a private sector entity. Because of this designation, HHIE is by definition the sole source for these services. See attachment for Memorandum of Agreement and Notification of Award verifying their sole status as the State Designated Entity.

Entity by 9/30/15

See attch MDA/Gov

8. Alternate source. Describe the other possible sources for the goods, services, or construction that were investigated but did not meet the department's needs.

None, due to the nature of the State Designated Entity requirement. The State Coordinating Committee on Health Information Technology, from 2009 to 2010, deliberated on alternate models and configurations but was still required to identify one and only one SDE. HHIE (under a different name) had previously and within the past ten years of the SDE designation, attempted to deploy a stand-alone HIE pilot project and thus had more practical experience than other local entities. The pilot eventually closed down due to disagreements among the major private sector funders.

9. Identify the primary responsible staff person(s) conducting and managing this procurement. (Appropriate delegated procurement authority and completion of mandatory training required.)

*Point of contact (Place asterisk after name of person to contact for additional information).

Name	Division/Agency	Phone Number	E-mail Address
Keith Yamamoto	OPPPD	586-4412	keith.yamamoto@doh.hawaii.gov
Lorrin Kim*	OPPPD	586-4188	lorrin.kim@doh.hawaii.gov

Department shall ensure adherence to applicable administrative and statutory requirements, including HAR chapter 3-122, Subchapter 15, Cost or Pricing Data if required.

All requirements/approvals and internal controls for this expenditure is the responsibility of the department.

I certify that the information provided is to the best of my knowledge, true and correct.

Virginia Pressler
 Department Head Signature

JUN 29 2015
~~JUN 26 2015~~ *JP*
 Date

For Chief Procurement Officer Use Only

Date Notice Posted: 6/30/15

Submit written objection to this notice to issue a sole source contract within seven calendar days or as otherwise allowed from date notice posted to:

state.procurement.office@hawaii.gov

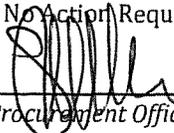
Chief Procurement Officer (CPO) Comments:

Retroactive approval is granted for the period 6/20/2015 to 6/30/2016 and is based on the department's representation that the vendor is the only entity designated by the State of Hawaii, and meets the requirements for a statewide electronic health information exchange system that conforms with federal regulations required by the Health Information Technology for Economic and Clinical Health Act (HITECH) Pub L. 111-5, Title XII. This approval is for the solicitation process only, HRS section 103D-310(c) and HAR section 3-122-112 shall apply (i.e., the vendor is required to provide proof of compliance and may use the Hawaii Compliance Express (HCE) and the award posting shall be documented in the procurement/contract file. When processing payment to the vendor, the department shall attach a current HCE compliance certificate with the invoice for payment.

Per HAR 3-122-123(2), any sole source procurement price adjustment requires cost or pricing data for sufficient analysis by the procurement officer to show price fairness and reasonableness. This analysis should be documented in the contract file.

If there are any questions, please contact Bonnie Kahakui at 587-4702 or bonnie.a.kahakui@hawaii.gov.

- Approved Disapproved No Action Required



Chief Procurement Officer Signature Date 8/12/15

SCOPE OF SERVICES

1. Goal of the Service

The STATE shall contract with the CONTRACTOR, to provide the following:

- a. Develop and administer health information exchange capacity for Meaningful Use (MU) public health reporting;
- b. Develop, administer, and support health information exchange capacity, comprising Direct Secure Messaging and Electronic Health Record (EHR) interfaces for secure Query Services exchange of Protected Health Information (PHI) between Community Providers, and between the branches and providers of the STATE;
- c. Conform with and be responsive to federal agencies involved in the health information exchange, including but not limited to, the Centers for Medicare and Medicaid Services (CMS), and the Office of the National Coordinator for Health Information Technology (ONC);
- d. Conform with and be responsive to state agencies involved in health information technology and the CMS MU of electronic health records public health reporting requirements, including but not limited to, the Department of Health (DOH), the Department of Human Services (DHS), the Office of the Governor, the State Health Information Technology (HIT) Coordinator, the Office of Information Management and Technology (OIMT) and, the Department of Commerce and Consumer Affairs (DCCA), and;
- e. Provide regular project plans, execution, documentation, and report updates in a written format that is convertible into various formats, to the STATE on behalf of the aforementioned State agencies.

2. Time Schedule

The term of this Contract shall be from the STATE's Notice to Proceed to and including June 29, 2016. The duration of the contract may be extended for an additional twenty-four (24) months or two (2) years upon the agreement of the parties to accomplish project objectives.

3. Service Activities

The CONTRACTOR shall:

- a. Develop and administer health information exchange capacity for MU public health reporting to the STATE. This health information exchange capacity shall include:
 - i. Compliance to Federal MU standards, including:

- a) Compliance to the Stage One (1) and Stage Two (1) MU Final Rule for public health functions published by CMS;
 - b) Compliance of all applicable CONTRACTOR systems to MU 2014 Edition EHR certification standards;
 - ii. Development of a written Public Health MU Data Implementation Plan, to be approved by the STATE, documenting the CONTRACTOR'S work with providers to establish new data connections to the CONTRACTOR for MU public health reporting;
 - iii. Development of a Public Health MU Data Maintenance Plan for the secure connections between providers, the CONTRACTOR, and the STATE to exchange immunization information systems, reportable lab results, and syndromic surveillance data;
 - iv. Provision of technical support during regular business hours (7:45 a.m. – 4:30 p.m. Hawaii Standard Time) of the State of Hawaii relating to any issues encountered with the CONTRACTOR and the STATE data connections;
 - v. Monitoring of all data connections that conduit through the CONTRACTOR for immunization information systems, reportable lab results, and syndromic surveillance data to the STATE. This shall include timely notification to the STATE via email, text, or telephone call if there is a network outage or technical problems;
 - vi. Planning for and resending of any missing data in the event of a network outage or technical problems within forty-eight (48) hours of service resumption;
 - vii. Development and maintenance of written policies, procedures, and protocols for public health meaningful use reporting data communication to the STATE.
- b. Develop, administer, and support health information exchange capacity for secure exchange of electronic Protected Health Information (PHI) between the Sections and providers of the STATE. This is to comprise both hosted direct secure messaging nodes, and Electronic Health Record (EHR) to the CONTRACTOR query exchange interface-based services for DOH Children & Adolescent Mental Health Division (CAMHD) sites. The health information exchange capacity shall include:
- i. Compliance to Federal MU standards, including:
 - a) Compliance to the Stage One (1) and Stage Two (1) MU Final Rule for public health functions published by CMS;

- b) Compliance of all applicable CONTRACTOR systems to MU 2014 Edition EHR certification standards;
- ii. Development of a Direct Secure Messaging (DSM) Implementation Plan including DOH CAMHD;
 - a) This plan shall comprise all activities required for planning, outreach, user provisioning, and system administration; for secure communication of patient and administrative information via a hosted system, for a list of DOH CAMHD: Family Guidance Center Branches, Administrative Programs, and contracted provider agencies;
 - b) This service shall permit an agreed list of DOH CAMHD authorized users to access secure messages, under the supervision of licensed providers;
 - c) This plan shall transition all existing DOH CAMHD and associated-provider users to a fully CONTRACTOR-provided hosted DSM service by the conclusion of the plan's second month;
- iii. Development of a Query Services Implementation Plan for EHR interfaces to the CONTRACTOR'S Health-eNet systems.
 - a) This service shall permit patient data lookup in the CONTRACTOR query system by licensed DOH CAMHD employed and contracted psychiatrist and psychologist providers for patient care;
 - b) Access shall be configured for a list of MU-compliant EHR including the DOH CAMHD EHR;
- iv. Development and implementation of a Services Training Plan, for 1) CONTRACTOR secure messaging use, and 2) CONTRACTOR query systems use, by DOH CAMHD employees and contracted providers. This plan shall incorporate: initial onsite user training; virtual or remote user training sessions; and development of super-users for each DOH CAMHD Administrative program, DOH CAMHD Family Guidance Center, and DOH CAMHD contracted provider agency;
- v. Development and implementation of a Services Maintenance & Support Plan, for technical support during regular business hours (7:45 a.m. – 4:30 p.m. Hawaii Standard Time) of the State of Hawaii for any issues encountered with the CONTRACTOR and the STATE and contracted provider data connections; This maintenance and support plan is to:

- a) Support the operational use of CONTRACTOR Direct Secure Messaging to communicate patient and administrative information within a list of all DOH CAMHD: Family Guidance Center Branches, Administrative Programs, and contracted provider agencies;
 - b) Support the operational use of the CONTRACTOR query systems by both DOH CAMHD employed and contracted providers;
 - c) Incorporate a plan for monitoring of all data and connections that exchanged through the CONTRACTOR to DOH CAMHD for patient care. This shall include timely notification to the STATE via email, text, or telephone call if there are network outages or technical problems;
 - d) Include development of a Systems & Data Continuity Plan for restoration or resending of any missing data in the event of network outages or technical problems within forty-eight (48) hours of service resumption;
- c. To improve Public Health communications and data, develop, administer, and support health information exchange capacity for a confirmed and prioritized list of identified Community Providers. Activities shall comprise EHR to the CONTRACTOR query exchange interface-based services, and hosted direct secure messaging nodes for Community Providers. This secure electronic PHI health information exchange capacity shall include:
- i. Compliance to Federal MU standards, including:
 - a) Compliance to the Stage One (1) and Stage Two (1) MU Final Rule for public health functions published by CMS;
 - b) Compliance of all applicable CONTRACTOR systems to MU 2014 Edition EHR certification standards;
 - ii. Development of a Direct Secure Messaging Implementation Plan for Community Providers;
 - a) This plan shall comprise all activities required for planning, outreach, user provisioning, and system administration; for secure communication of patient and administrative information via a hosted DSM system, for a confirmed list Community Provider agencies;

- iii. Development of a Query Services Implementation Plan for EHR interfaces from listed Community Providers to the CONTRACTOR Health-eNet systems to perform:
 - a) Patient data lookup and exchange in the CONTRACTOR query system;
 - b) Medication history lookup and medication reconciliation;
 - c) CONTRACTOR sign-in access for qualified licensed providers into the State of Hawaii’s Prescription Drug Monitoring Program (PDMP) system for patient drug lookup when available;
 - d) Prioritization of services implementation shall be set by agreement with provider organizations. Services goals are to benefit increased public health functions. The CONTRACTOR shall identify a list of Community Providers with MU-compliant EHR including primarily the Federally Qualified Health Centers (FQHC), and specified private Community Providers with MU-compliant EHR systems;
- iv. Development and implementation of a Services Training Plan, for 1) CONTRACTOR query systems use, and 2) CONTRACTOR secure messaging use by listed Community Providers. This plan shall incorporate: initial onsite user training; virtual or remote user training sessions; and development of super-users for each Community Provider agency;
- v. Development and implementation of a Services Maintenance and Support Plan, for technical support during regular business hours (7:45 a.m. – 4:30 p.m. Hawaii Standard Time) of the State of Hawaii for any issues encountered with the CONTRACTOR and Community Provider data connections; This plan is to:
 - a) Support the operational use of CONTRACTOR Direct Secure Messaging to communicate patient and administrative information to and from Community Providers with other providers utilizing CONTRACTOR;
 - b) Support the operational use of the CONTRACTOR query services by named Community Providers;
 - c) Incorporate a plan for monitoring of all data and connections that exchanged through the

CONTRACTOR to Community Providers for patient care. This shall include timely notifications via email, text, or telephone call if there are network outages or technical problems;

- d) Include development of a Systems & Data Continuity Plan for restoration or resending of any missing data in the event of network outages or technical problems within forty-eight (48) hours of service resumption;
 - vi. Development of an Information Assurance and Security Review Plan, artifacts, and updates; Comprising providing security plan review and recommendation services for an agreed list of STATE contracted provider agencies;
 - vii. Development and implementation of a Master Project Plan, to be approved by the STATE, and regularly updated, encompassing at minimum all sub-plans mentioned above, and documenting the CONTRACTOR'S work with the STATE and Community Providers for secure information exchange via CONTRACTOR.
- d. Conform with and be responsive to federal agencies involved in the health information exchange, including but not limited to the CMS, and the ONC.

The CONTRACTOR shall provide copies of all DHHS, CMS, and ONC reporting requirements, ONC Program Information Notices (PINS), and reporting requirements under the terms of all federal grant funds; and document all correspondence and inform the STATE and relevant state agencies;

- e. Conform with and be responsive to state agencies involved in health information technology and the CMS MU of EHR public health reporting requirements, including but not limited to, the DOH, and relevant state agencies;

The CONTRACTOR shall:

- i. Adopt National Quality Forum (NQF) performance measures as identified by the STATE (e.g. medication e-prescribing (NQF ID 0486) and structured electronic laboratory data into certified EHR (NQF ID 0489)); and
- ii. Report updates of all new projects of the CONTRACTOR;
- iii. Provide comprehensive annual updates of the CONTRACTOR'S Strategic Plan;

- iv. Provide quarterly updates to the CONTRACTOR'S Sustainability Plan, and;
 - v. Provide monthly updates of all CONTRACTOR'S projects to the STATE, for distribution to the State Health IT Coordinator-led Hawaii Health IT Committee (HHITC).
- d. Provide project execution, documentation, and report updates in a written format, to the STATE on behalf of the State HIT Coordinator and as specified in the Memorandum of Agreement (MOA) (see, Exhibit "C").

The CONTRACTOR shall:

- i. Develop a master work-plan for all health information exchange systems implementation comprising all State and Federal-funded activities (to be provided in MS Project or MS Excel format);
- ii. Provide monthly project progress updates based on CONTRACTOR-provided detailed work-plan;
- iii. Provide CONTRACTOR system use, uptime, and availability reports to include direct messaging and query exchange, additional service modules, and including detailed sub-plans;
- iv. Provide CONTRACTOR query services roll-out documentation, including detailed project sub-plans for example: medication management services, hospital & provider EHR query interface implementations, lab reporting; radiology images services;
- v. Produce Regional Extension Center service plans and MU attestation numbers, as applicable;
- vi. Provide work products and updates from CONTRACTOR-led Data Governance, Standards and Interoperability initiatives;
- vii. Provide Technical System Architecture documents and updates;
- viii. Provide Information Assurance and Security Review plans, artifacts, and updates;
- ix. Provide unique physician participation reports for health providers covered under the CONTRACTOR'S services, per month by provider category, and by each category of system services to the community for example via direct messaging, query, medication management, REC, imaging);
- x. Provide total message/usage volume reports by each category of system services, and by provider category (e.g. primary care, specialist, pharmacist); and,

- xi. Provide interface testing and development plans, including scheduled vendor deliverable plans and updates.

4. Payments Schedule:

Payments shall be made in accordance with Attachment –S7. All deliverables and services shall be submitted to the STATE as follows:

Lorrin Kim, Chief
Office of Planning, Policy & Program Development, Room 120
Hawaii State Department of Health
1250 Punchbowl Street, Honolulu, Hawaii 96813

5. Compliance

- a. Compliance with information privacy and security required by relevant federal (e.g., Health Insurance Portability and Accountability Act, CFR 42 Part 2) and state laws is the responsibility of the CONTRACTOR.
- b. The CONTRACTOR shall not utilize information collected or shared as part of public health MU operations or any part of this Scope of Services for public reporting, research, and conducting studies without written consent from the STATE.