D. Company Background

RR-D-01

CORPORATE INFORMATION	
Company Name	Oregon Community Health Information Network
Company Type	Not-For-Profit Corporation
Location of Corporate Headquarters	707 SW Washington St, Suite 1200, Portland, OR. 97205-3529
Location of Field Support Offices	Same
Location Of Programming/Technical Support Personnel	Same
PRIMARY CONTACT INFORMATION FOR THIS RFI	
Name	Barbara Trione
Title	Behavioral Health Project Manager
Office/Location Address	707 SW Washington St. Suite 1200, Portland, OR. 97205-3529
Phone Number	503.943-2531
E-Mail Address	trioneb@ochin.org
Internet Home Page	www.ochin.org

RR-D-02 Provide an overview of your firm and its history. Describe the strength of your firm and its ability to meet the needs of California's behavioral health recipients and providers. (2 pages maximum)

OCHIN, Inc. is not a software vendor. OCHIN is a collaborative Management Services Organization that delivers Epic Systems, Inc.'s Software from a centralized server cluster, across a secure private frame-relay network. OCHIN members are not customers, but are active participants in the development and direction of OCHIN's work and programs. OCHIN software is not generally installed on a member's local area network servers, but is delivered via Citrix MetaFrame XP and CitrixNFuse technology. To help you analyze OCHIN as a potential Health Information System solution, we first offer background information on the collaborative, its functions and its direction

OCHIN as a collaborative organization started in May 2000 through the guidance and work of multiple agencies covering health care for the uninsured and underinsured in Oregon. Agencies ranged from County Health Departments, Primary Care Associations, State Agencies and non-profit health safety net clinics. Our mission statement "To improve the health of the medically underserved through the best use of information and information technology," leads directly to OCHIN's basic operational purpose. This purpose is to create a management service infrastructure to serve health safely net clinics both in the primary care and the behavioral health/mental health fields, with the eventual goal of a full integration of health services. With this in mind, the goal is for the safety net organizations to receive management infrastructure services from an organization that is operated by the very clinics that benefit from its activities, as well as including the participation of close public and private non-profit stakeholders in the health safety net.

Since it's initiation in May 2000, OCHIN has developed into a stable organization with active members in California, Oregon, Washington, and Illinois. Our vision has matured to fully understand that the strength of a collaborative is in the exercise of the member's congruent values in the service of shared goals.

OCHIN works closely with Epic Systems, Inc (Epic), and together with Epic, developed FQHC specific functionality to be included in Epic's software systems and an 'indigent-care discount' for all health safety net clinics.

As with the development of the FQHC specific functionality, OCHIN and Epic are currently working together on Behavioral Health (Mental Health and Addictions) specific functionality to be included in Epic's software systems within the federal and state mandates for Mental Health and Addictions. In this RFI, OCHIN and Epic are working in a collaborative effort towards instituting Behavioral Health (Mental Health and Addictions) Practice Management, PHR, and EHR functionality.

OCHIN has designed a secure, HIPAA compliant scalable Wide Area Network that is able to deliver integrated Practice Management and EHR functionality across California, Oregon, Washington, and Illinois. OCHIN members access the WAN through a private network. All

OCHIN software is resident on central servers and is distributed via the WAN. OCHIN's systems have been designed to reduce the need to fully upgrade clinic-end systems in order to participate in OCHIN, and all software updates will be handled centrally, minimizing the need for clinic-end maintenance of software systems. Help-desk and end-user training functions are centralized.

Epic Systems, Inc's integrated modular software is eliminating the need for multiple entry of identical information into multiple systems. The logical and flexible design of the software has allowed OCHIN to undertake process improvement and standardization initiatives involving all practice management/EMR members.

OCHIN has built the capacity for health and behavioral health safety-net clinics to manage patient/consumer care and chronic conditions in real-time, and to utilize decision support tools to develop population health initiatives. OCHIN's systems will allow clinics to analyze health outcomes and develop and share best practices together.

Patients/Consumers using the OCHIN safety net health and behavioral/mental health clinics will be track-able as a shared master patient index allows each patient/consumer to have one unique identifier and record, regardless of the clinic they attended. With the Practice Management and EMR systems integrated around a shared Master Patient/Consumer Index, changes in one system are reflected across the entire system, eliminating double entry and the administrative inefficiencies and errors of entering data into separate systems.

OCHIN is governed through its Board of Directors. The Board is comprised of participating CHC/Behavioral Health Organization members and key safety net stakeholders. The majority of OCHIN clinic members are state and county health and/or behavioral/mental health departments and independent, non-profit safety net clinics

Benefits to members of OCHIN include: (1) Access to the best HIPAA-compliant integrated Practice Management and EHR software available. (2) Centralization of software applications, data delivery and reporting using Citrix Metaframe technology, thus reducing expenses associated with network and software maintenance and upgrades, including the need for clinic-level IS expertise and development. (3) Achieve significant levels of integration, eliminating duplicate entry, consolidating administrative overhead and streamlining resource utilization. (4) Simplify creation of, access to and use of shard information resources. (5) Super data warehouse of underinsured and uninsured populations and safety net demographics. (6) Measurement of clinical outcomes. (7) Increased and simplified information sharing and distribution among clinics and supporters of the health safety net to share best practices for improved quality care.

RR-D-03 List the number of employees (Full-time equivalents) in your organization for the last 3 years.

Category	2006	2007	2008
Total Employees	57	53	60
Installation/Setup	15	14	13
Research and Development	0	0	0
Application/Technology Support	16	14	15
Customer Service/Helpdesk	15	14	14
Support			
Other			
-Physicians	0	0	0
- Psychologists	0	0	0
- Psychiatrists	0	0	0
- Registered Nurses	2	2	3
- Other Clinicians	0	0	0

RR-D-04 Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

No

RR-D-05 How long has your company been in the business of developing and implementing your Electronic Health Record related products?

OCHIN, Inc. as a customer of Epic Systems Inc began using EpicCare EHR in 2003 with full support to users by 2004.

Epic Systems Inc. Response:

Epic has developed, implemented, and supported healthcare IT products since their founding in 1979.

EpicCare Ambulatory was released 15 years ago. EpicCare Inpatient was released nine years ago. Epic has continually updated and enhanced these products since their release.

RR-D-06 What were your firm's annual revenues for the last 3 fiscal years?

Category	2006	2007	2008
$1,000,000 to $5,000,555			
$5,000,000 to $25,000,000	$7,260,750	$6,484,043	$9,001,961
$25,000,000-$100,000,000			
Greater than $100,000,000			

RR-D-07 What percentage of your firm's annual revenue directly resulted from behavioral health care solutions during the past 3 fiscal years?

Category	2006	2007	2008
Percentage of Annual Revenue Resulting from BH Solutions	0%	0%	0%

RR-D-08 What percentage of annual revenue did your company expend for research and development (R & D) on your proposed products during the last 3 years?

Epic Systems Response:

Category	2006	2007	2008
Percentage of Annual Revenue Expended on R & D	21%	31%	N/A*

*Epic Systems, Inc data for 2008 not yet available.

RR-D-09 What percentage is budgeted for R & D in the current and next fiscal year?

Epic Systems Response:

2008	2008	2009
Percentage of Annual Revenue Budgeted for R & D	28-33%	20-30%

E. Partner and/or Reseller References

OCHIN is the primary responder to this RFI. Epic Systems Inc. has collaborated with OCHIN on this RFI and responded to some questions in this document, which address directly Epic's software, development, and implementation. All Epic responses are prefaced by "Epic Systems Response"

RR-E-01 Please list any partners and/or resellers in the areas of behavioral health: Strategic or tactical development, sales, support, delivery, consulting, or training.

OCHIN is an Epic Systems Inc customer that extends the use of Epic software to Primary Care, Behavioral Health and other safety-net clinics who serve non-insured and under insured patients/consumers.

Epic Systems Inc. Response:

Epic handles development, sales, support, delivery, consulting, and training for their applications in-house rather than through third party partners or resellers.

Epic also works with clients like OCHIN who extend their licenses to cover other organizations.

RR-E-02 For each partner or reseller listed above, please identify the following:

1. Functional areas
2. Nature of partnership/relationship
3. Length of relationship
4. Reference able customers for whom you have jointly provided services

(3 pages maximum)

OCHIN and Epic have had a collaborative relationship since 2001 when OCHIN, through a due diligence process, chose Epic Systems Inc as their vendor of choice. OCHIN and Epic work closely together as evidenced by the collaborative work on this RFI. Customer references can be found in OCHIN's response to question RR-O-01

F. Behavioral Health Solutions Experience

Responses to the questions in this section should emphasize experience in CA. See Section A for Descriptions of Functional Requirement Categories.

RR-F-1 Describe your firms experience and qualifications in design, development, and implementation of Behavioral Health Practice Management systems. (5 page maximum)

The proposed practice management suite includes the following products:

Resolute Professional Billing:

This solution has been customized by OCHIN to be a complete revenue and billing tracking system that takes into account the schedules of discounts common with uninsured/underinsured populations and safety net health service providers. Flexible and sophisticated reporting tools are tied into Resolute's functions and will help clinics stay on top of projected and real cash flows to a degree that has previously not been possible for most safety net clinics. The ability to utilize online billing based upon income, family, and other data will allow the clinics access to revenue streams that may not have been utilized fully before due to the complexity of billing processes.

Epic Systems Response: Resolute Professional Billing improves the efficiency of billing office workflows and performs charge adjudication and point-of-service payment collection. The system sends clean, accurate claims using a variety of HIPAA-compliant transaction formats — resulting in prompt reimbursement. Billing staff can use Resolute to work efficiently, performing immediate charge adjudication and point-of-service payment collection.

Cadence Enterprise Scheduling:

Cadence is a true enterprise-wide system that makes it simple to schedule consumers for any type of appointment in any clinic of the OCHIN collaborative, and to schedule the necessary physical (rooms, special equipment, etc.) and personnel resources (providers, interpreters, etc.). Its rules based scheduling and customization to the needs of OCHIN members will allow for improved utilization of resources. Its integration with the billing software will allow appropriately discounted fees to be collected at the beginning or end of appointments and the information transferred automatically to the billing and records system

Epic Systems Response: Cadence Enterprise Scheduling improves patient access, enhances resource utilization, and streamlines organizations users' scheduling workflows. The system's intuitive user workspace guides schedulers through the steps necessary to create appointments, supporting them with context-specific instructions, conflict and benefit checking, and solutions to complicated appointment searches. Rules-based scheduling improves utilization and helps you treat more patients with available resources.

Identity Master Client Index:

This solution product will tie all clients/consumers in the system to a unique identifier. This one aspect will allow all software systems implemented to tie all of a client's records together in the OCHIN data warehouse. It also will give clients who are seen in any OCHIN member's clinic a unique identifier that can make their record available in any clinic, HIPAA permission permitting. The OCHIN database is hosted on Epic's Chronicles/InterSystems Cachẽ post-relational database software, multidimensional arrays. Cachẽ is the database of choice for Epic Systems, Inc.

Prelude Patient Registration:

Prelude has been customized by OCHIN for the needs particular to the health safety net. Common workflows have been developed to improve clinic processes and speed client intake across the network of OCHIN members. It has been customized to capture the required data fields needed for reporting. Prelude is a powerful tool for managing all client payer data. It will automate the proper sliding fee discount to be applied to a client visit at the time of each visit.

Tapestry:

A comprehensive, flexible system designed to help health plans manage operations across all lines of business. It gives payor organizations the tools necessary to meet the needs of members, employers, affiliates and the providers that serve them. Tapestry automates eligibility tracking, premium billing, utilization management and contracting/claims operations using sophisticated benefit plans and contracts. It also works seamlessly with Epic's clinical, financial, and access applications wherever they are implemented in affiliated delivery networks. Tapestry automates key workflows and tasks associated with managed care administration, helping provider organizations manage risk and maintain strong, collaborative relationships with payors. The system helps manage authorizations, compares capitation receipts against eligibility history, and reconciles claim payments against contracts. A comprehensive Benefits Engine makes it easy to handle co-pays, co-insurance deductibles, MOOP, tiered benefits, riders, and more, allowing users to make informed decisions and minimize errors

Development and Implementation:

OCHIN is not the developer of the solution product. OCHIN participates in open dialogue with Epic R & D staff regarding application enhancements and long-term development.

OCHIN's Implementation of the Solution Products is detailed in section J, question RR-J-01 and covers a comprehensive approach to implementation for all new member organizations.

EPIC RESPONSE:

DESIGN AND DEVELOPMENT EXPERIENCE

In keeping with Epic's guiding principles, our system design and evaluation is heavily focused on communication with our clients. We provide customers with an opportunity to participate in open dialogue with Epic R&D staff regarding application enhancements and long-term development during our Users' Group Meeting and advisory roundtables. Input on design also comes from client staff members in the roles that will be using the application, as well as from Epic's sales and demo staff, who provide information on large-scale industry expectations.

Epic's origin as a medical DBMS company 29 years ago laid the foundation and established the discipline for some of our core development philosophies, such as generalizing enhancements for use by all clients, appropriately re-using code and ideas between applications, and developing within established technical guidelines. Our major ongoing development priorities include user experience, aesthetics, fast response times for end users, and promotion of patient safety.

Epic designs and develops all of its applications in house, rather than purchasing or subcontracting them from other organizations. Our systems share common core routines that improve performance, facilitate future development, and minimize software errors.

Epic follows a rapid development cycle, delivering a major integrated release approximately once a year and making system updates available throughout the year. This allows us to get important enhancements to our clients quickly and ensures regular access to the latest functionality. Clients can choose to install the updates as needed, or they can wait to receive the next major release.

IMPLEMENTATION EXPERIENCE

Our validation-based implementation approach is based on the best practices gained from 29 years of installing integrated information systems at similar organizations. We have a great deal of experience helping customers who strive for excellence in healthcare.

A key part of our methodology is our Model System, which provides a starting point for validating pre-built configurations based on the best content and workflows used at our customers' sites. This approach streamlines the system build process and will help clients go live, on time and on budget, with a system that meets their specific workflow and functionality needs.

RR-F-02 Describe your firm's experience and qualifications in design, development, and implementation of Behavioral Health Clinical Data Management systems. (5 page maximum)

EpicCare has been customized by OCHIN for the needs particular to the health safety net. OCHIN is currently developing customized products for Behavioral Health, such as treatment plan templates and screening templates. A Clinical Oversight Group comprised of member organization Medical and Clinical personnel oversee any change or addition to the EMR.

Development and Implementation:

OCHIN is not the developer of the solution product. OCHIN participates in open dialogue with Epic R & D staff regarding application enhancements and long-term development.

OCHIN's Implementation of the Solution Products is detailed in section J, question RR-J-01 and covers a comprehensive approach to implementation for all new member organizations.

Epic Systems Response:

EpicCare Ambulatory EMR is the healthcare IT industry's most successful EMR. It helps organizations improve the quality of care, streamline documentation and other clinical workflows, and provide comprehensive decision support. User-friendly documentation templates and charting tools encourage thorough documentation at the point of care, greatly reducing transcription costs and administrative workloads.

This software is fully integrated with the other Epic software modules. It supports a shared patient-centered electronic medical record with full functionality for charting, including charting templates, ordering of labs/x-rays/medications/referrals/etc, in-basket communications, drug-drug and drug-allergy interaction checking and health maintenance alert and best practice capabilities. Supporting software – the Hyland Document Management System – allows documents received from outside the clinic to be scanned and indexed directly into the EMR for seamless access. OCHIN is currently developing specialized EMR templates for use in the Mental Health clinic

Health Information Management provides easy-to-use tools to simplify your medical records management tasks. Chart and deficiency tracking allow you to follow patient charts as they move throughout your organization and identify incomplete charts. The HIM system also helps your staff track requests, produce output, and compute charges for release of information.

DESIGN AND DEVELOPMENT EXPERIENCE

In keeping with Epic's guiding principles, our system design and evaluation is heavily focused on communication with our clients. We provide customers with an opportunity to participate in

open dialogue with Epic R&D staff regarding application enhancements and long-term development during our Users' Group Meeting and advisory roundtables. Input on design also comes from client staff members in the roles that will be using the application, as well as from Epic's sales and demo staff, who provide information on large-scale industry expectations.

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IMPLEMENTATION EXPERIENCE

Our validation-based implementation approach is based on the best practices gained from 29 years of installing integrated information systems at similar organizations. We have a great deal of experience helping customers who strive for excellence in healthcare.

A key part of our methodology is our Model System, which provides a starting point for validating pre-built configurations based on the best content and workflows used at our customers' sites. This approach streamlines the system build process and will help clients go live, on time and on budget, with a system that meets their specific workflow and functionality needs.

RR-F-03 Describe your firm's experience and qualifications in design, development, and implementation of Computerized Provider Order Entry (CPOE) systems. (5 page maximum)

CPOE is part of the EpicCare Ambulatory EMR as described above.

Development and Implementation:

OCHIN is not the developer of the solution product. OCHIN participates in open dialogue with Epic R & D staff regarding application enhancements and long-term development.

OCHIN's Implementation of the Solution Products is detailed in section J, question RR-J-01 and covers a comprehensive approach to implementation for all new member organizations.

Epic Systems Response:

Please see the description of our **EpicCare Ambulatory EMR** above.

DESIGN AND DEVELOPMENT EXPERIENCE

In keeping with Epic's guiding principles, our system design and evaluation is heavily focused on communication with our clients. We provide customers with an opportunity to participate in open dialogue with Epic R&D staff regarding application enhancements and long-term development during our Users' Group Meeting and advisory roundtables. Input on design also comes from client staff members in the roles that will be using the application, as well as from Epic's sales and demo staff, who provide information on large-scale industry expectations.

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Epic designs and develops all of its applications in house, rather than purchasing or subcontracting them from other organizations. Our systems share common core routines that improve performance, facilitate future development, and minimize software errors.

Epic follows a rapid development cycle, delivering a major integrated release approximately once a year and making system updates available throughout the year. This allows us to get important enhancements to our clients quickly and ensures regular access to the latest functionality. Clients can choose to install the updates as needed, or they can wait to receive the next major release.

IMPLEMENTATION EXPERIENCE

Our validation-based implementation approach is based on the best practices gained from 29 years of installing integrated information systems at similar organizations. We have a great deal of experience helping customers who strive for excellence in healthcare.

A key part of our methodology is our Model System, which provides a starting point for validating pre-built configurations based on the best content and workflows used at our customers' sites. This approach streamlines the system build process and will help clients go live, on time and on budget, with a system that meets their specific workflow and functionality needs.

RR-F-04 Describe your firm's experience and qualifications in design, development, and implementation of interoperable Electronic Health Record (HER) systems. (5 page maximum)

EHR is part of the EpicCare Ambulatory EMR as described above.

Development and Implementation:

OCHIN is not the developer of the solution product. OCHIN participates in open dialogue with Epic R & D staff regarding application enhancements and long-term development.

OCHIN's Implementation of the Solution Products is detailed in section J, question RR-J-01 and covers a comprehensive approach to implementation for all new member organizations.

Epic Systems Response

Please see the description of our **EpicCare Ambulatory EMR** above.

DESIGN AND DEVELOPMENT EXPERIENCE

In keeping with Epic's guiding principles, our system design and evaluation is heavily focused on communication with our clients. We provide customers with an opportunity to participate in open dialogue with Epic R&D staff regarding application enhancements and long-term development during our Users' Group Meeting and advisory roundtables. Input on design also comes from client staff members in the roles that will be using the application, as well as from Epic's sales and demo staff, who provide information on large-scale industry expectations.

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IMPLEMENTATION EXPERIENCE

Our validation-based implementation approach is based on the best practices gained from 29 years of installing integrated information systems at similar organizations. We have a great deal of experience helping customers who strive for excellence in healthcare.

A key part of our methodology is our Model System, which provides a starting point for validating pre-built configurations based on the best content and workflows used at our customers' sites. This approach streamlines the system build process and will help clients go live, on time and on budget, with a system that meets their specific workflow and functionality needs.

RR-F-05 Describe your firm's experience and qualifications in design, development, and implementation of Personal Health Record (PHR) systems. (5 page maximum)

MyChart Shared Patient Record gives you a chance to differentiate your organization while giving patients online access to medical information and self-service options, such as requesting appointments, viewing test results, paying bills, and requesting prescription refills. This is an outstanding service to offer patients, treating them as partners by giving them more power over their own information. From home, patients can also send and receive secure messages and access targeted articles and other content for their specific conditions. Proxy access lets parents and guardians take part in their children's or aging parents' care.

Lucy Personal Health Record (in development) is a freestanding, unattached PHR that can communicate with MyChart and with outside records, letting the patient have a copy of his/her own data. Patients can also include information from other sources. Lucy is controlled by the patient, allowing them to take this information with them when they move or as they receive care

from organizations without MyChart. Patients can elect to share this information with you and any other healthcare organizations.

DESIGN AND DEVELOPMENT EXPERIENCE

In keeping with Epic's guiding principles, our system design and evaluation is heavily focused on communication with our clients. We provide customers with an opportunity to participate in open dialogue with Epic R&D staff regarding application enhancements and long-term development during our Users' Group Meeting and advisory roundtables. Input on design also comes from client staff members in the roles that will be using the application, as well as from Epic's sales and demo staff, who provide information on large-scale industry expectations.

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Epic designs and develops all of its applications in house, rather than purchasing or subcontracting them from other organizations. Our systems share common core routines that improve performance, facilitate future development, and minimize software errors.

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IMPLEMENTATION EXPERIENCE

Our validation-based implementation approach is based on the best practices gained from 29 years of installing integrated information systems at similar organizations. We have a great deal of experience helping customers who strive for excellence in healthcare.

A key part of our methodology is our Model System, which provides a starting point for validating pre-built configurations based on the best content and workflows used at our customers' sites. This approach streamlines the system build process and will help clients go live, on time and on budget, with a system that meets their specific workflow and functionality needs.

RR-F-06 Describe your firm's experience and qualifications for Systems Integration. (3 page maximum)

Epic Systems Response:

Due to the fundamental integration of Epic's systems, no interfaces are required between Epic's applications; all interfaces to third-party applications connect directly to the Epicenter Enterprise Data Repository. These interfaces can be point-to-point, or you can employ the interface engine of your choice.

Epic has some of the most extensive interfacing experience in the industry; we offer a library of standard HL7 and ANSI interfaces that can be fine-tuned to your exact needs. We will work with you to ensure appropriate connectivity with third-party systems.

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RR-F-07 Describe your firm's experience and approach to the conversion of electronic behavioral health data. (1 page maximum)

Epic System Response:

Epic has a great deal of successful experience in converting clinical, demographic, and other data. The conversion and import utilities described below have been used to successfully transition legacy system data into customers' systems. Prior to data conversion, we will help you review your current files and choose the right conversion methods. Epic supplies a variety of import and conversion utilities to facilitate the population of Epic's database:

HL7 Interfaces. For your current structures that are HL7 compliant, our standard interfaces are often used as a conversion tool. This provides you with a standard method for bringing data into Epic that also leverages any real-time interface implementation work being done.

Import Utility. Epic's system comes with a built-in import utility. This utility allows you to quickly and easily update or bring new information into Epic databases from a variety of external applications. It involves a batch process for data stored in a simple ASCII file format. Data can also be imported from spreadsheet applications such as Microsoft Excel.

Conversion Utility. We have developed a conversion utility for use when importing complex data sets that already exist in electronic format in another system. This conversion process involves extracting data from the legacy system into an application such as Microsoft Excel or Microsoft Access. Epic creates a mapping table to determine how Epic items correspond with items in the application's data set.

Reporting Tools. Epic's reporting tools offer a wide range of capabilities for importing or exporting data. Clarity Enterprise Reporting lets you import external, non-Epic data into the reporting repository. This allows you to produce reports that integrate data from your entire enterprise and include data from sources outside of your organization.

Web Links. Epic's system can import links to data or documents stored in a third-party web applications — for example, non-HL7 compliant data structures. The Import or Conversion utilities described above can create order records in our database with a link to an online document with the details of the order. When users click the link, context information, including patient, user, and document identifier, are sent to the third-party system to pull up the appropriate information.

RR-F-08 Describe your firm's experience and approach to the conversion of paper-based behavioral health data. (1 page maximum)

OCHIN's approach to conversion of a paper-based health data system to an electronic system is part of any implementation process and is individualized to the organizations needs. Conversion is accomplished in two ways:

- **Abstracting**
  Abstraction of clinical data from the paper chart to the electronic chart has been done by OCHIN partners in a variety of ways, and we will work with a new organization to support the option that fits their needs. Early training and allocated time for abstracting is one strategy for supporting providers or other staff in gaining familiarity with the new electronic health record system in advance of go-live.
- **Scanning**
  Key parts of the paper chart may be important to scan into the electronic chart. OCHIN supports imaged scans.

Epic Response:

We have dealt with conversions in virtually all of our implementations and have amassed a great deal of conversion experience, including from paper-based data. There are two ways that the existing paper chart can be handled: abstracting and scanning. In some cases, large amounts of data from the paper chart can be abstracted into the Epic system. Sections which cannot be abstracted in this way can be scanned in and attached to the patient's record, thereby making the content a part of the patient's electronic record. Charts which have been brought

into Epic completely through abstraction and/or scanning can be marked as such, ensuring that those paper charts will not need to be referenced in the future. Many clients choose to load the most frequently used patient charts prior to go-live and abstract other paper charts on-the-fly.

G. Solution Product History

RR-G-01 Please provide the following information about the solution product(s) that you propose

Epic Systems Response:

#	Product Name And Primary Function	When First Developed	When / Where First Deployed	Number Of Installations To Date
1	EpicCare Ambulatory EMR	1993	1994/Kaiser Northwest	99 live clients representing 95,000 doctors and 3,700 clinics.
2	Cadence Enterprise Scheduling	1983	1990/Harvard Pilgrim Health Care, Newton, MA	102 live clients representing 92,000 physicians and 3,500 clinics.
3	Resolute Professional Billing	1987	1990/University of Wisconsin State Lab of Hygiene, Madison, WI	73 live clients representing 56,000 physicians and 2,300 clinics.
4	MyChart Shared Patient Record	1999	2001/Geisinger Health Services, Danville, PA	50 live clients representing 53,000 physicians and 2,000 clinics.
5	Health Information Management	2002	2002/Talbert Medical Group, Santa Ana, CA	55 live clients representing 73,000 physicians and 2,000 clinics.

RR-G-02 For each solution product listed in the above table, please provide:

1. The history of the product including whether the product was internally developed or acquired from another source.

Epic Systems Response:

Epic offers a suite of integrated applications designed for the unique needs of healthcare providers. We began by developing a database management system that kept track of patient information, including clinical data, over time. Founded in 1979, we offer a full suite of clinical, access, revenue, and e-health products built on one database.

Epic develops all applications in-house using the same source code. Since the same source code is shared among all applications, customers maintain consistency in data management across their enterprise, yet have enough configurability to meet the needs of different organizations and users.

Epic doesn't acquire products or companies, we don't outsource or subcontract our work, and we don't have to answer to the short term goals of public shareholders. Our focus is on our clients.

2. The specific industry standards that the product was designed to, including any exceptions to those standards.

Epic Systems Response:

Our products are designed according to the needs of our clients, with significant input from these groups throughout the development cycle.

Our software also contains a wealth of features and functionality to help our clients comply with regulatory requirements. Epic monitors HIPAA standards and other regulations very closely. Our company is a member of the Workgroup for Electronic Data Interchange (WEDi), which has been designated to play an important role in the standards-setting process defined in the HIPAA legislation. Epic staff members regularly receive information from public policy groups and attend seminars regarding HIPAA issues, and Epic's development plans are guided by HIPAA standards.

Epic conforms to industry and government-mandated standards to the best of our knowledge, and our releases often anticipate the changing needs of healthcare. We receive updates and bulletins from governmental entities and intermediaries in order to keep abreast of regulatory changes. Many of Epic's

employees participate in workgroups of the Certification Commission for Healthcare Information Technology (CCHIT) and the EHR Vendor Association Standards and Interoperability subcommittee. Our leadership in these organizations contributes to the development of new industry standards and technologies for data exchange in electronic records.

3. Whether the product is CCHIT certified

Epic Systems Response:

a. If the product is CCHIT certified, for which category and year is it certified? Examples would be "Ambulatory 2006", "Ambulatory 2007". Etc.

EpicCare Ambulatory Spring 2008 version is a CCHIT Certified product for CCHIT Ambulatory EHR 2008.

b. If the product is not CCHIT certified, do you plan to acquire CCHIT certification and if so, in which category and when?

We have achieved CCHIT certifications in each of CCHIT's available categories. Epic products were recently certified in the three new three electronic health record categories for Spring 2008:

- EpicCare Inpatient was the only application to receive CCHIT certification under the 2008 inpatient EHR criteria
- ASAP is certified in the Emergency Department category
- Epic was the only vendor awarded certification in the enterprise category (vendors that provide comprehensive and interoperable ambulatory, inpatient, and emergency department EHRs.)

RR-G-03 How are enhancements and new release priorities determined?

Epic Systems Response:

New enhancements are primarily determined and prioritized based on customer input during our annual Users' Group Meeting (UGM), described below in RR-G-06. UGM is our primary forum for collecting and reviewing enhancement requests. During UGM, Epic clients have the opportunity to meet with our software developers, implementers, and other staff in a series of

Focus Group and Strategic Design Group sessions to discuss and prioritize development initiatives in each application area. Attendees can vote on future enhancements, and our developers take this input into consideration when planning the upcoming development cycle.

Customer-requested changes to the software are generally incorporated into our standard development cycle and made part of the standard code base so that all our customers benefit from enhancements made to the system on behalf of other clients. We design these enhancements in such a way that you can usually choose whether to use them.

RR-G-04 How are clients supported during the release of an enhancement?

As part of the implementation process, certain staff members are designated as Site Specialists or Trainers. They receive targeted training so that they're able to support their organization's software users.

Train-the-trainer is provided for all upgrades and for system enhancements as needed. Standard end-user documentation is provided with this training. For a full description of OCHIN's training, please see section K, question RR-K-01

Epic Systems Response:

As part of our comprehensive maintenance program, customers receive each new Epic release as it becomes available. These integrated releases, which are distributed approximately once per year, include major software enhancements, updates, and revisions; Interim Updates are released between major releases to distribute additional enhancements and fixes. We provide releases and updates on DVD.

Your team of designated Epic technical services representatives will notify you in advance of upcoming releases and updates, and also help you evaluate which new features to implement and how to configure them to best meet your needs.

We provide detailed instructions to your IT staff for preparing, running, and testing upgrades in your test environment. Your Epic Technical Coordinator and other support staff will work closely with you throughout the planning and implementation of upgrades to help ensure the process goes as smoothly as possible. Our services include the following:

- Assistance with planning and logistics of upgrade timelines.
- Assistance with configuration or questions about release notes, new functionality, and new application workflows.
- Running a checksum utility prior to installing a new version in your environment to compare all screens, items, routines, etc., in your environment with those in Epic's

reference environment. Discrepancies are analyzed and resolutions determined prior to the actual upgrade, thus ensuring the integrity of the upgrade.

- Direct assistance with upgrades of both production and non-production environments.
- Assistance from technical and implementation staff to help you assess the newly installed release, determine which features would benefit your organization, and make the most of new content and functionality.
- Our Top Ten upgrade program helps you define your business drivers, survey the current state of your system, set the future direction for each application, plan for optimization, and implement the upgrade.

RR-G-05 Describe the size of the installed base of your solution. Include the number of users and the number of sites where the product is installed.

OCHIN, as of this date, has 23 member organizations with 103 clinic sites. These clinic sites average approximately 1.5 million visits per year. In January, OCHIN will add another member with 50 clinics and over 700,000 visits annually. OCHIN is a collaborative Management Services Organization that delivers Epic Systems, Inc.'s Solution Software from a centralized server cluster, across a secure private frame-relay network.

Epic Systems Response:

The number of clients live on the proposed applications can be found in table RR-G-01.

We focus on a small client base so that we can offer individualized service to each customer. Our 170 client organizations are industry leaders who are shaping the future of healthcare. 17-22% of the U.S. population will be covered by our clinical systems when they are fully rolled out at customer sites.

RR-G-06 Describe any regularly-held seminars or user group meetings available to users of your product and the time/place of the next gathering.

Workgroups

One of the biggest advantages of belonging to OCHIN's collaborative is the opportunity to learn from one another and improve our systems. As a member of OCHIN's collaborative, an organization can contribute to the decisions about the system's configuration as well as the workflows and processes that are required to support those decisions.

Each organization has the opportunity to designate representation to all of the OCHIN workgroups, providing a means to represent an organization's business needs and interests. These workgroups are comprised of subject matter experts from OCHIN and our member organizations who work together to manage issues and improvements to the system. In doing so, the participants always consider how their decisions and resultant outcomes impact the universal use, functioning, and effectiveness of the system. As more members join and the need for increased capability grow, the stronger the commitment of these workgroups becomes to maintain a system and create processes that are truly reflective of the collaborative.

Annual User's Group Conference

OCHIN's User's Group Reunion and Conference offers a 3 day seminar covering a variety of topics for the end user. The 5th Annual Conference was just held November 19-21, 2008. The 2009 Annual Conference is in the initial planning stage. Please refer to Attachment 1 for the Agenda of the November 2008 Conference.

Epic Systems Response:

Epic's Users' Group Meeting (UGM) provides a forum for clients to exchange ideas about Epic products with our staff members and peer organizations within our customer base. It is open to all Epic customers and attracts a variety of healthcare experts from our client organizations. Attendees are invited to attend informational sessions by healthcare informatics experts, learn proven implementation strategies from the customers who developed them, network with other healthcare industry professionals, receive news about Epic's development initiatives for the coming year, and see demonstrations of our products and third-party tools used with our applications. Epic's next UGM is scheduled for September 2009 at our Verona, Wisconsin headquarters.

Epic also organizes advisory councils and roundtables to facilitate the exchange of information and advice in specific application and role-based areas. Most are held semi-annually, with others scheduled annually during UGM. All clients are welcome and encouraged to attend those sessions that are relevant to their application mix. Our clients relate their recent experiences with the software, learn about upcoming product development plans, and work with us to prioritize ideas for enhancing software functionality. Our specialty forums include:

- Physician Advisory Council
- Nursing Advisory Council
- Financial Advisory Council
- Scheduling Advisory Council
- Training Advisory Council (annual)
- Systems Roundtable (annual)

- Directors Advisory Council
- Communications Advisory Council (annual)
- Executive Forum (annual)
- CEO Summit (annual)
- Legal Medical Record Forum (annual)
- Reporting Forum (annual)

H. Solution Product Technologies

Software Technologies

RR-H-01 Provide the technologies used for each solution product identified above

#	Product Name	Product Type (Client Server, Web, etc?	Operating System (Windows, Unix, Linux, etc.)	Application Language (VB6, VB. Net, C, C**, C#, Java, Etc?
1	EpicCare Ambulatory EMR	Client server	Epic offers a range of platform options. For the online transaction processing server, we support HP Integrity, HP 9000, Sun SPARC, and IBM System p-class servers. For Citrix, Web, reporting, and print format servers, you can employ brands offering Intel-based servers. Epic's production database functions on a variety of OS configurations, allowing you to employ the work environment, support system, and equipment of your choice. Epic's production and other servers can use various flavors of UNIX — HP-UX, Solaris, and AIX. Additional options for servers hosting non-production environments include Red Hat Linux, SUSE Linux, and Windows.	The user interface for our practice management and EHR system comprises web-based and Windows-programmed activities hosted in a Windows executable frame that seamlessly incorporates browser functionality to display the web-based activities. Epic's business logic is written with a combination of tools to maximize both performance and scalability. These tools include .NET (C#), VB6, InterSystems Caché ObjectScript, and Web Services. We also make limited use of helper code written in C.
2	Cadence Enterprise Scheduling	Client server		
3	Resolute Professional Billing	Client server		
4	Health Information Management	Client server		
5	MyChart Shared Patient Record	Web-based		Our Web applications employ technologies such as HTTP(S), XML/XSL, Microsoft Active Server Pages, Javascript, HTML, VBScript (on the Web server side), and ActiveX (Web server side only).

Server Hardware Minimum Specifications

RR-H-02 In the following table, please provide the minimum server hardware technical specification levels for operation of your solution software products. Please consider all types of possible servers such as: database, fax, email, internet, backup, image management, etc.

#	Primary Server Purpose	Number of Processors per Server	Processor Type/Speed (MHz)	Memory (Gig)	Storage (Gig)
1					
2					
3					

OCHIN is a hosted solution. Implementation of all servers is centrally performed and maintained by OCHIN staff at its datacenter.

Client Hardware Minimum Specifications

RR-H-03 In the following table, please provide the minimum client hardware technical specification levels for operation of your solution software products. Please consider all types of client types including workstations, tablet PCs, PDAs, etc.

OCHIN is a hosted solution. Implementation of the client UI is delivered via the Citrix Intelligent Computing Architecture (ICA)®. Below are the minimum recommendations for implementation of the OCHIN solution.

#	Operating Systems	Display	Memory (Gig)	Network	Protocol
1	Windows Vista©	For all systems: 1024x768 Resolution. 256 colors, 15" or larger monitor	128 MB or more	Network Interface Card supporting TCP/IP	Citrix Intelligent Computing Architecture (ICA)©
2	Windows XP©				
3	Windows 2003©				
4	Windows 2000 w/SP4©		32 MB or more		

Peripheral Hardware Minimum Specifications

RR-H-04 Provide the minimum peripheral hardware technical specification levels for operation of your solution software products. Please consider all types of peripherals such as printers, scanners, card readers, notepads, etc.

#	Type of Peripheral Hardware	Operating System (if Applicable)	Specifications/ Characteristics
1			
2			
3			

Printing

For basic server printing, any network printer that supports PCL5e or below should work. Many customers have had problems with PCL6 drivers so we don't recommend using printers that support only PCL6 without extensive testing. For client and Hyperspace Attached printing, any printer for which you have a Windows driver should work. Though OCHIN does not recommend, certify, or endorse any particular brand, the following printer brands have been used successfully by OCHIN and other Epic customers:

- Eltron Zebra (label printers)
- HP LaserJet
- Intermec (label printers)
- Lanier
- Lexmark
- Okidata
- Xerox

Print Server	Network Print Server running Line Print Daemon (LPD). Eg. Windows 2003 Server® with “Print Services for UNIX”
Printer Manufacturer Recommended	Hewlett Packard® Laser Printers (PCL5e, PCL6 Preferred) Postscript support recommended.
Network	Network Interface Card supporting TCP/IP

Scanning

OCHIN has worked with Epic and Hyland Software (Onbase) to integrate the Onbase Document Management System (DMS) into the clinic workflow. OCHIN also requires the licensing of Kofax VRS Software Workgroup Edition to enable to use of barcode recognition. The VRS solution provides for an extensive list of certified scanners.

Scanners (Document)	USB or SCSI based on the KOFAX VRS Workgroup Edition Certification List
Card Scanners	USB based scanners TWAIN Compliant

Card Scanners

OCHIN delivers front desk scanning of insurance cards and eligibility documents through TWAIN redirection integrated into the Citrix XenApp application delivery system. The use of TWAIN redirection allows for direct scanning into the patient record at the point of service.

Minimum Network/Communication Specifications

RR-F-05 Provide the minimum network/communication technologies employed by your solution software products.

#	Type of Network/Communication Technology	Operating System (if Applicable)	Specifications/ Characteristics
1			
2			
3			

While most facilities have plenty of network bandwidth to support the implementation of Epic, this is an area that should be validated. With active thin client installations, the usage averages 15-25 kbps per user over a typical five-minute workflow, with peaks up to 35 kbps per user. Activities like printing or image acquisition may place a greater demand on network bandwidth. The exact demand is dependent on the frequency and the size of the image or printout.

Network latency can cause response time issues if it is greater than 80 ms round trip between the client and the central Citrix servers.

Epic's and OCHIN's experience with other customers has indicated that wireless networks can be susceptible to interference from external influences including rogue access points, microwave ovens, and safety glass. Consult a wireless network expert to assist in planning or validating your wireless infrastructure.

System Backup/Recovery Considerations (Not to exceed 4 pages)

RR-H-06 Describe the system backup process for your core product

OCHIN uses a well-documented recovery strategy that takes a full nightly backup of the production database. SAN Volume snapshots are used for facilitating backups without downtime. Since all write activity is frozen during the SAN snapshot, this has an adverse effect on end user performance. Consequently, these are done when there is minimal user activity. These full copy snapshots have proven to be more reliable as the recovery source. All file systems that require 24/7 availability have snapshots taken. OCHIN maintains at least one online copy of the full Epic database, obtained via SAN-level snapshot utilities, throughout the day to allow for rapid restore and recovery.

OCHIN retains daily backup to a disk based backup (de-duplication) solution for at least thirty days. A copy of the rotation is replicated to an offsite location via a private circuit. OCHIN also retains a week of production Caché journal files on disk.

RR-H-07 Can backup be completed in a dynamic mode so that the system can be operational 24 hours per day?

OCHIN utilizes a fully automated backup and replication solution based on Symantec VERITAS Net backup Datacenter Edition. The solution freezes the database (pausing user interaction) for sixty seconds during the nightly SAN snapshot and then thaws (un-pausing user interaction) the database before backing up the duplicate disks to the disk based replication device.

RR-H-08 Describe any automated backup features that allow rapid and unattended backups of system and operational data on a user-scheduled basis.

Users do not have access to backup or restore data directly. All requests are submitted to OCHIN for review.

RR-H-09 Can the System be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers.

The OCHIN system is implemented in an ASP Architecture model, with no application servers located on the partners premises. OCHIN delivers this solution via either Private Line (dedicated circuits) or Virtual Private Network (VPN) utilizing 3DES/AES encryption and OCHIN has delivered on 99.97% availability to members over the last 6 years.

Epic's applications are configured as a Client/Server utilizing a CACHÉ multidimensional database. The standard configuration is an enterprise wide data repository on a single production cluster where applications use a multi-tiered client/server architecture that has characteristics common to both two-tiered and three-tiered architectures. We employ a split logic model where the application logic is split between the client and the server. The client-server architecture distributes the processing load between client and server so that the server completes data-intensive operations, and the client handles user-intensive operations. The OCHIN implementation of Epic is hosted on a cluster of Sun Enterprise servers utilizing SPARC64 VI processors, configured in a HA arrangement, utilizing VERITAS Foundation High Availability Suite. The servers utilize Sun Solaris 10™ Operating System and are attached to a highly redundant Hitachi Thunder SAN. All components are configured with redundant nodes, components and OCHIN regularly tests the failover between nodes during maintenance windows.

Data Archiving Considerations (Not to exceed 4 pages)

RR-H-10 What are the capabilities for archiving data?

OCHIN continues to review the requirement to Archive data within the collaborative, but to date has not implemented a live solution. While OCHIN has an active database of more than 500,000 unique (unduplicated) patients (1.5 million annualized visits) the database remains extremely small. This has removed the requirement to archive data even with records exceeding seven years.

Executive Overview of Process

Healthcare organizations collect and store an enormous amount of patient data each day. As a result, storage requirements for production systems increase substantially over time. Day-to-day data access patterns typically revolve around newer, or active, data in these large databases. This data is typically a smaller percentage of the total size of the database, but it commands more strict performance requirements. The majority of the data in these large databases, though, is typically less frequently accessed (passive and dormant data); therefore, this type of data has a more relaxed performance requirement.

Identifying and understanding such a data access pattern gives us the ability to implement a tiered storage solution where the data that’s most likely to be frequently accessed is on tier-1 storage, while the least frequently accessed data is on more affordable storage (tier-2 and -3 storage). Epic has developed an archiving system to facilitate the use of less expensive storage, while still providing integrated, quick access to archived data.

The Epic archiving framework is designed to minimize the impact of archived data on end users. Applications have been updated to integrate retrieval for archived data as part of their workflows

as appropriate. In most cases, the archived data is retrieved immediately in synchronous mode, while requests that originate from batch-type reports are serviced in an asynchronous fashion.

From a technical standpoint, the Epic archiving framework uses the Interconnect framework to communicate between Chronicles and the file server. Data is stored in compressed files on the file server. Upon receiving confirmation of the save operation, the data is deleted from Chronicles, subsequently reducing the storage footprint of your production database. In addition to the direct benefit of reducing the storage requirement of tier-1 storage, there are several other indirect benefits such as:

- Reducing the size of the various environments that are copies of production, such as the production support environment, the release environment, etc.
- Reducing the time required for integrity checks to complete on your production data sets
- Reducing the size of your backups, as well as the time taken to perform a full backup
- Reducing the time required to restore from backup

Note that deleting data from within a database file in Caché does not automatically reclaim space at the file system level. This is because InterSystems Caché does not currently support dynamic resizing/shrinking of database files. As a result, manual steps are required to physically reclaim available space at the file system level, and you should work with your Epic Server Systems representative to implement these steps.

Epic's initial archiving support is focused on clinical notes (used in EpicCare Inpatient and EpicCare Ambulatory), as these typically account for a sizeable portion of a production database, and clinical notes tend to fall nicely in the active, passive, or dormant categories. Meanwhile, we continue to perform research against several live production databases to identify data growth and storage patterns. As we analyze this information and identify good candidates for archiving, we'll continue to add support within the applications to enable archiving for other master files.

Finally, our plans for future versions include the introduction of tier-3 storage for dormant data.

RR-H-11 What are the capabilities for restoring archived data?

While the save-to-archive process is a scheduled process, the retrieve-from-archive process is typically more real-time, as it is initiated by an end-user process. As previously mentioned, one key goal for Epic's archiving infrastructure is to minimize the impact of archived data on end-users.

The retrieve-from-archive process, at a high level, is described below:

- An end-user double-clicks on a report in Hyperspace. The request to build the report is sent to the database server. The application code on the database server determines what data should be contained in this report.

- While the application code is preparing the report, if it encounters an archived widget, it knows it has to retrieve the widget before displaying the report. There are a couple of options at this point:
    - Should this data be retrieved in synchronous mode? That is, should the requesting process, or caller, block until the data has been retrieved from the archive and restored into Chronicles?
    - Or, should this data be retrieved in asynchronous mode? That is, should the caller queue up the retrieval request, then move on with processing the rest of the report? In this case, the data is retrieved in the background and restored into Chronicles.

  While the application code is responsible for making the right choice, the guideline in a case such as the one described above is simple: retrieve data in-line, that is, in synchronous mode, if there is potentially only a handful of archived widgets in this report. Otherwise, if there is a possibility of several archived widgets in this report, retrieve them in asynchronous mode. In the case where the data being worked on is more discrete, the applications will retrieve the data in synchronous mode prior to making their calculations and providing results back to the caller.

  In the event that the data is retrieved in asynchronous mode, the user is presented with a message at the top of the report indicating that this report contains some archived widgets that are currently being retrieved. The rest of the report (that is, the data that is not archived) displays as usual. The user then has the option to refresh the report to view the retrieved data once the retrieval operation has completed. Epic is continuing to work on making this process even more streamlined by trying to automate a refresh of the report once it has been retrieved.

RR-H-12 What tools/media are used for archiving data?

Archived data when implemented with the OCHIN system would utilize Network Attached Storage (NAS) that uses disks presented from our Storage Area Network (SAN). A RAID5 array of disk would be presented instead of the RAID10 array used for production data. The communication and logging would be implemented using an “Interconnect” server solution that utilizes a MS SQL Database to identify the data contained within the compressed files.

System Interface Considerations (Note to exceed 3 pages)

RR-H-13 Describe your overall approach to developing, testing, implementing, and upgrading system interfaces to other third-party systems. Describe the process you use to settle disputes over interfaces between your solution and others.

OCHIN maintains an external Business Rules Engine (HIX) that was developed by OCHIN to act as an intermediary between disparate systems. The HIX solution is a pair of Highly Available

(HA) servers utilizing a Java based service bus that allows OCHIN to extend the capabilities of any database driven system to transmit and receive messages. All development is conducted in our Development system with data passing through the HIX to the Medical and DMS solutions. QA processes establish that the code has reach Code Release levels that allow us to move the code to user acceptance testing in our Release environment. Once code has passed User Acceptance testing the code is checked out of the version control repository and submitted to our Continuous Integration Server for automatic build and delivery to the Production HIX. OCHIN currently has 207+ active interfaces to 3rd party systems.

RR-H-14 With what version of HL7 is your product compliant?

Currently OCHIN supports v2.3 and is about to activate v2.5.1 for an ELINCS interface. However the HIX can be updated to support any required version of HL7.

Data Security Considerations (Not to exceed 3 pages)

RR-H-15 Discuss your approach to data/information security, especially with regards to Internet technologies. What level of encryption and authentication is supported?

The implementation of OCHIN within a member organization follows these basic security practices:

Only registered (Business Associate) networks are connect directly to the OCHIN datacenter, the connection consisting of either a dedicated line (e.g. T1, DS3 etc) or a Virtual Private Network (VPN) utilizing IPSEC 3DES/AES encryption. The method of connection provides only the physical layer for IP transport, while a pair of redundant firewalls limits the Port level access to the trusted network. Each station connection to the OCHIN Citrix farm is then session encrypted using 128bit to stop internal snooping of the data.

Workstations are individually registered into the medical database to provide authorization to the user “Login Prompt” and to provide a physical location audit trail of the system used to access the data.

Users are issued a unique identification number and password that meets standard best practices for length, complexity and rotation. While a complete audit trail is maintained of all user interaction within the system (down to the screen and field viewed).

All data entering or leaving the OCHIN network that is destined for third party agencies is encrypted using either Site-to-Site VPN (3DES/AES) or Public Key (SSL) encryption, with organizational or individual identification credentials. Transaction logs of all data sent or received are stored and archived for auditing purposes.

OCHIN also maintains Intrusion Prevention Services (IPS) and MARS (Reporting) solutions from Cisco Systems to identify and notify OCHIN of any unusual activity from any security zone.

Scalability Considerations (Not to exceed 3 pages)

RR-H-16 Describe your product's ability to expand to accommodate increasing numbers of users, servers, etc.

OCHIN has continued to scale its solution based on its continual growth in membership. OCHIN currently supports one and a half million patient visits a year up from five hundred thousand visits four years ago. The Epic system is used by many of the largest medical organizations in country and is scalable both vertically and horizontally with the system architecture. The OCHIN system has grown from five member organizations to more than twenty four organizations with only changes to the core capacity of its database servers and storage platforms.

Increases in patient volume have a direct affect on the CPU utilization and Disk I/O subsystems of the database system and through correct management of these resources the query response time can be kept well within acceptable use policies. OCHIN continually monitors system utilization and response time and recently replaced its Sun Fire UltraSparc servers with new Sun Enterprise SPARC64 servers which will provide an estimated three years of growth in system capacity. Along with the server replacement the Storage Area Network (SAN) was re-engineered to allow for Multi-Path access to the drive arrays and implementation of additional RAID10 arrays to provide for a significant growth path in the future.

RR-H-17 Provide any performance metrics that describe the maximum load(s) under which your system can continue to perform at an optimum level.

Epic is implemented in many of the largest medical organizations in the country with user bases of 10,000 or more. OCHIN currently has 24 organizations across geographic regions with a registered terminal base of 3000 workstations, of this number OCHIN regularly sees 1300 concurrent connections to a single environment providing for 5700 patient visits daily and all accompanying billing, scheduling and reporting requirements. This volume is currently utilizing between 6 and 10 percent of an Eight Core SPARC64-VI server. Performance measurements show sub-second response times to most transactions (excluding large sequential data queries).

RR-H-18 It is possible that many counties will want to work with the same vendor. How would your company mitigate the impact from potentially high-volume purchases from multiple counties in California? Include in your answer the need to hire additions staff, increase

locations and the possible impact to implementation and training schedules, and problem response times

OCHIN has a long history of rapid growth and a proven ability to meet the needs of its customers. Our hosting model maximizes our ability to support large implementations remotely. It also reduces the chance of local problems and improves uptime.

OCHIN is in the process of building a co-location and support facility in California. Our expected growth in the California EMR and practice management (PM) markets already requires us to provide a managed growth plan in the state of California. Our experience suggests that implementation and training schedules can be managed across the state effectively with a combination of appropriate training methodologies for end users, an effective rolling implementation plan and a comprehensive internal staff training plan. Effective project management will be required to develop and execute to the implementation plan. OCHIN has a proven record of implementation and a core competency in project management as proven by our history of EMR and PM implementations. Effective monitoring tools for problem resolution and preferences for implementation will determine when and how many staff to add for implementation and maintenance.

I Functional Requirement Survey

The Functional Requirement Survey is available on the accompanying Excel Spreadsheet.

J. Implementation Planning (Not to exceed 5 pages)

RR-J-01 Describe your suggested best-practice approach to implementing your solution. Please include details regarding data conversion and training, and how these activities contribute to you suggested approach

OCHIN models Epic's award winning customer service and implementation strategies. Both OCHIN and Epic are dedicated to achieving excellent customer service. We have experience working with large county health departments with nearly 1,000 users in multiple sites to small, rural FQHCs with relatively few providers and staff.

Typically, OCHIN uses one of two implementation strategies, depending on the size and complexity of the organization. One is a longer, more detailed process while the other is a rapid deployment strategy. We will adopt and adjust the appropriate strategy to fit your needs.

It is important to set the stage for a successful implementation by focusing on proven and consistent predictors of a favorable outcome. OCHIN considers these the foundation of an excellent implementation strategy:

- Top management and staff support
- Successful change management strategy
- Adequate funding
- Appropriately aggressive timelines
- Keeping it simple
- Adequate staffing
- Focus on organization-specific work flows
- Focus on support strategies for both pre- and post-implementation

OCHIN's approach is to work closely with each of its members and prospective members to ensure their readiness to implement Practice Management, and later the Electronic Medical Record, and to ensure a successful implementation of each.

OCHIN typically works with a new member to identify a project team to establish scope, measures of success, and milestone timelines. A project plan and deliverables are developed, reviewed and tracked throughout the course of the planning process. The major activities and related resources for your project team for a typical implementation follow:

These are the major <u>activities</u> of a typical implementation:

- **Kick off Meeting**
  The member's implementation team and OCHIN's Project Manager meet to discuss the implementation process, project milestones, deliverables and tasks required for the implementation. The team will receive an OCHIN Implementation Guide to serve as a resource for planning and implementing the system.
- **On-site Observation**
  We will ask to have a new member survey completed and provided prior to the kick-off meeting. Once we have responses, an OCHIN workflow expert will visit to observe the physical setup and current clinical workflows, and begin the document discovery process. The information we obtain from this on-site observation will help us evaluate how to most effectively guide the member through a major system change.
- **Implementation Team Meetings**
  Planning meetings, which generally occur once every two weeks during the planning process, are scheduled to review project plan progress and upcoming deliverables,

and to assist the clinic with emerging issues. OCHIN's Project Manager will meet by phone with the Member's Project Manager on alternate weeks.

- **All-Staff Demo**
  OCHIN's Project Manager will help coordinate an all-staff demonstration of the Practice Management system. This may be the first time all of the member's staff and providers will have an opportunity to observe the new system, and it provides a forum to ask questions about the change that is coming.
- **Encounter Form Review and Changes (PM only)**
  The member's Implementation Team will review the forms (encounter, registration, and so on) currently being used and evaluate them in terms of workflows and potential modifications. It is of key importance to involve the providers in this process especially with the encounter form modification. OCHIN can provide examples of encounter forms and registration forms that have been developed with the Epic Practice Management workflow in mind.
- **Design Build Sessions (PM)**
  The OCHIN implementation team will meet with the member's implementation team for a series of meetings that will demonstrate each of the Epic Practice Management modules. These sessions will focus on how OCHIN customized Epic to meet the partners' needs. It will also show how the OCHIN partnership makes decisions that affect all groups and which fields are customizable for the individual organization needs.
- **Workflow Review Meetings (EMR)**
  These meetings will focus on reviewing the member's workflows in comparison to OCHIN documented best practice EMR workflows. An OCHIN workflow analyst will participate with you in reviewing those workflows that may be more complex such as those for medication requests/refills, lab orders/processing, telephone encounters, and referrals. OCHIN's Project Manager will work with the member's Project Manager on a calendar of workflow reviews so the appropriate subject matter experts can be scheduled for the right sessions—pharmacy techs, triage nurses, etc. It has been OCHIN's experience that when the workflow changes are communicated with the staff effected prior to training, it smoothes the implementation process.
- **Patient Demographic Data Import (PM only)**
  The OCHIN standard process supported by Epic is to import patient demographic data. Prior to the import, analysis is done to ensure that duplicate patients are not being created. A core set of data is generally recommended for import, allowing member organizations to enter the broader set of demographics the first time the patient is seen. This typically results in more accurate patient information in the new system.

- **Connectivity and Equipment Testing**
  OCHIN IT staff will test connectivity from the organization's site(s) to the OCHIN server with the assistance of the member's IT staff
- **End-User Training**
  OCHIN will train all staff intended to use the system just prior to implementation. (For larger partner organizations, OCHIN will train the partner's trainers to do so.) When EMR is implemented, Front Desk and Billing staff receive integration training to prepare them for the changes when EMR is integrated with the OCHIN Practice Management system. All staff must attend complete training to receive a sign-on and password.
- **Provider Template Training / Conversion (PM only)**
  Scheduling templates are required to be built into the system before appointments can be made. Template processing is taught in the morning, and in the afternoon there is a

workshop specifically designed for an organization's template processors to manually enter all provider schedules into the Epic system. OCHIN trainers will assist them.

- **Appointment Conversion (PM only)**
  The appointment conversion is a manual conversion of appointments from the old system that is scheduled from the go-live date forward into the Epic system. The operations coordinator will lead the appointment conversion after the scheduling staff has been trained on Epic. This is an opportunity for staff to practice in the system prior to go-live.

- **Account Conversion (optional) (PM only)**
  The account conversion is a manual conversion of the Guarantors (Responsible Parties) and their coverage into the Epic system. This an opportunity for registrars and billing office staff to practice registration in Epic. The partner organization evaluates the validity of all data when deciding what to convert into Epic.
- **Abstracting (EMR only)**
  Abstraction of clinical data from the paper chart to the electronic chart has been done by OCHIN partners in a variety of ways, and we will work with a new organization to support the option that fits their needs. Early training and allocated time for abstracting is one strategy for supporting providers or other staff in gaining familiarity with the new electronic health record system in advance of go-live.
- **Scanning (EMR**)
  Key parts of the paper chart may be important to scan into the electronic chart. OCHIN supports imaged scans.
- **Order Transmittal Testing (EMR only)**
  OCHIN and the member's Site Specialist(s) and desktop and printer IT support test the accuracy of the Order Transmittal setup in the system prior to go-live. Order Transmittal testing involves testing each workstation in the member's facility(s) to make sure that each type of electronic order/message transmits to the intended printer or electronic InBasket and displays as designed. Examples of items tested are prescriptions, after visit summaries (for the client), referrals, outside procedure requisition, and letters. This intense testing requires that the clinic be closed while this activity takes place. (This has worked well if it is on a staff meeting day when clients are not scheduled.)
- **Dress Rehearsal**
  Dress Rehearsal is a dry run of the system to test security levels, printing, and an opportunity for staff and provider to practice what they have learned in their own clinic environment. Using fictional scenarios, clinic administrators will play clients. Front desk and registration staff will check them in and check them out after their visit with the provider. Providers and clinical support staff will practice charting and ordering in the electronic medical record in the context of the client visit.

These are the typical <u>resources/roles</u> of an OCHIN implementation for the member organization:

- **Project Leadership**
  <u>Implementation Team</u>: Successfully implementing a new system into clinic operations requires clinic leadership to be steering the ship—making workflow and system configuration decisions, securing the necessary resources for a timely go-live, and leading the change anticipated in the everyday work lives of staff. Engagement of the key people in the member organization is critical for a successful implementation. The Clinic Manager may have overall organizational project management responsibilities for the implementation, coordinating internal resources, facilitating information gathering, and working in direct partnership with the OCHIN project manager.

Leadership Team: Additionally for large organizations where coordination of decisions and services is required, Leadership Team meetings may take place periodically for overall scope or other decision making or resolving resource conflicts. Besides the Clinic Manager and Operations Supervisor, participants in these meetings might include Program, IT, and Executive directors, and the CFO.

- **Operations and Clinical Leads**
  Operations leads for registration, scheduling, check-in/check-out, billing and claims, and clinical leads are important members of the planning team and the workflow review sessions where they—along with project leadership and subject matter experts—will make decisions that direct OCHIN in configuring the system and designing the training to support their business practices. Also, they are often the practical advocates in preparing staff for using the new system.

- **Site Specialist**
  The site specialist may represent a new role for the clinic and is pivotal as it plans for and prepares to implement the OCHIN Epic system. Following implementation, this dedicated position remains permanently on-site as an applications expert who supports the introduction, integration, acceptance, and optimal use of the system by clinic operations and patient care teams.

- **Subject Matter Experts**
  Staff and/or managers who are experts in their part of clinic operations will attend relevant workflow reviews or other planning and work sessions. For example, the billing lead will gather billing information for system build, lead the manual account conversion (if needed), plan collections using Account Workqueues, standardize Internal Use codes with those in the OCHIN/Epic system, do analysis of the billing department's reporting needs, and plan the exodus off the legacy system.

- **IT Representative**
  The IT representative is a key participant and is responsible for ensuring that the clinic network is performing efficiently and has connectivity to OCHIN and that the OCHIN Epic icons are installed to desktops for testing and rehearsal activities, and ultimately for go-live. The IT representative will also identify needed hardware or software purchases (for example, PCs, printers/trays, scanner) based on OCHIN specifications, manage those purchases if needed, and set up or change hardware based on workflow needs

- **Help Desk**
  If the partner organization has a Help Desk, it will be important for their involvement in coordinating support processes with the Site Specialist.

These are the typical resources/roles in an OCHIN implementation provided by OCHIN:

- **Project Manager**
  OCHIN's project manager will be the primary contact for an organization and will guide the member through the planning and implementation process, in accordance with an agreed upon timeline. The OCHIN project manager attends all planning meetings and supports member leadership in conducting the meetings. They will ensure that the appropriate OCHIN staff are resourced to the implementation and are attending meetings, workflow review sessions, and other activities required for a successful implementation.

- **Trainers and Go-Live Support Staff**

OCHIN provides trainers for implementation training for all end-users or, as agreed on for larger organizations, for the member's internal trainers. In many cases, these same trainers are also the on-site support for the go-live. The appropriate numbers of OCHIN support staff are assigned to assist end users at go-live, for an agreed upon period of time (example: 1 week for PM and 2 weeks for EMR). The OCHIN Support Team is meant to complement the partner's Site Specialist(s) in providing go-live support.

- **Workflow Analyst**
  An OCHIN workflow analyst will perform a clinic observation and do a gap analysis between the best practice OCHIN workflows and the core workflows they observe in the partner organization. They will also support reviews and analyses of complex workflows.

- **Application Specialists**
  OCHIN analysts will be assigned to the implementation to configure the system to support business and clinic practice. They use the data supplied by the member to set up the system—fee schedule, payer information, visit types, provider preference lists, staff roles and much more.

- **IT Staff**
  OCHIN IT Staff will work with the partner's IT representative to coordinate connectivity, security of circuits, firewalls, desktop access to an Epic login prompt, and printing needs based on operational and clinical workflows.

Roll out methodologies

There are two methods (with several variations) of rolling out an OCHIN/Epic implementation:

- **Phased, controlled roll-out** – This is recommended for large multi-clinic organizations. Available resources will dictate the speed at which the partner can roll-out to other clinic sites. OCHIN recommends implementing a beta site to test the decisions and system functionality in larger organizations.

- **"Big bang" roll-out** – This is a more aggressive approach that is easier to do in smaller clinics. While it takes a large amount of hands-on support, it can be less disruptive than a phased, controlled roll out in some situations.

  In some cases, it may be advisable to do a modified "Big Bang" roll-out in a single clinic. OCHIN will work with the member to find the best fit.

RR-J-02 What is the typical implementation timeframe for your solution? Express your answer as a range (6-12 months, 1 to 2 year, etc) qualified by a size-or-project; factor such as number of users, total project cost, etc. An example would "6 to 12 months for a total project cost not to exceeding $500,000", etc. Please feel free to share any metrics that you typically use to estimate the timeframe for the implementation for you solution.

A typical planning period from the signing of a contract to the first go-live is typically 3 to 6 months for each Practice Management and the EMR. OCHIN works closely with its members and potential members to develop a plan that meets the balanced timeline-resource-scope needs of an organization.

K. Training and Documentation (Not to exceed 2 pages)

RR-K-01 Describe the types of training offered, i.e. end-user, systems administrator, installer, etc.

OCHIN provides comprehensive training designed to meet an organization's needs. To maximize the training experience, OCHIN's implementation training is a blend of Web Based Training (WBT) and hands-on classroom training supported by web-accessible and printable end user documentation. Continued training through the train-the-trainer model can additionally be provided remotely through GoToMeeting technology.

End-User Training OCHIN offers role-based training for end users—from front desk staff to providers to billers, medical records staff, referral staff, and ancillary services staff. Courses are designed for all roles anticipated to use the practice management and EMR suites of software. OCHIN trainers may teach the classroom-based sessions direct to end users, or they may offer train-the-trainer sessions and mentoring to internal trainers, depending on arrangements between OCHIN and the partner organization.

In addition to WBT and classroom training in the electronic training environment, some training is production oriented. For example, template (scheduling templates) training during the morning is followed by real-time creation of scheduling templates in the afternoon. The new scheduling templates are a prerequisite for adding the appointments scheduled for go-live (and later) into the new system. Another example is claims training, which is done on live claims data in the system following go-live. Additionally, a provider's first few charts are abstracted into the EMR as part of abstraction training prior to go-live. Most of these activities are designed to allow staff and providers to gain some familiarity and sense of confidence in actually using the system prior to go-live and/or while OCHIN trainers/support staff are on site to assist.

An important component of training is the Dress Rehearsal which is a practice session for using the system as it will be configured at go-live. This activity follows (pretend) patients through a clinic visit beginning with check-in and registration, seeing a provider, checking out and capturing of charges. Confidence in using the system in the context of a patient visit is the training goal.

System Administration Training OCHIN analysts administer the Epic System for the most part which limits the amount of configuration training required for the partner organization. Ongoing system maintenance includes, but is not limited to, training sessions on the following:

- Master Files Manager (security, providers, fee schedule)
- Duplicate / Merge Management
- InBasket Coverage Management
- Error Queue Monitoring and Management
- Preference List Management

Other Report Development Training

RR-K-02 How often is training offered (as needed, or on a set calendar schedule?

The full range of implementation training is provided prior to the system going live. Post-implementation, OCHIN offers training as needed to site specialists/super users in a train-the-trainer model for their end users or, depending on the training content, for their own continued skills development. Train-the-trainer is provided for all upgrades, and for system enhancements as needed. Standard end-user documentation is provided with this training.

RR-K-03 Please give the duration of each class, the location of training and the recommended number of people that should attend training. This can vary, but an example of end user class durations for PM and EMR implementations follow:

Practice management/Front Desk: Up to 16 hours

Registration
Template Processing (provider schedules)
Scheduling
Check-In and Check-Out
Intake Assessments
EMR: Up to 12 hours
Charting (ex: clinical history, vitals, diagnosis, treatment plans, progress notes)
Ordering (ex: labs, medications/refills, referrals)
Care Team Communications
InBasket Management (ex: refill requests, open charts, patient communications, lab results)
Ancillary Services Processing (ex: lab, pharmacy/PAP)
Medical Records Release of Information
Referral Coordination
Scanning and Indexing to EMR
Billing Operations: Up to 12 hours
Charge Entry
Account Maintenance
Claims Processing
Payment Posting
Reporting Writing: Up to 32 hours
Registration Tables
EMR Tables
Transaction Tables
Custom Tables
Managed Care (if required): Up to 16 hours
Authorization Management
Service Limits Tracking
Payor/Provider Relations Management
System Administration involves 6-8 hours of initial training.

RR-K-05 Who provides the training: employees of your company or subcontractor? OCHIN trainers provide the training.

RR-K-06 Do you provide clinician-specific training? Yes.

RR-K-07 Do you provide fiscal-specific training related to billing Short-Doyle Medi-Cal in California? Not at this time. This may be identified as a need should OCHIN expand its member base in California. .

Documentation (Not to exceed 2 pages)

RR-K-07 Describe the documentation (both system and training) provided as part of standard installation approach including:

1. Manager and user reference manuals (applications)

Manager and user reference materials are provided during training sessions, and application manuals are located on the OCHIN Member web site. Documented best practice workflows are provided during workflow review or design/build sessions. The OCHIN Member web site contains a variety of other reference materials for partner organizations such as quality metrics materials, upgrade documentation, system change notifications, reference materials resulting from the work of a variety of OCHIN-hosted work groups (e.g. clinical oversight group, claims workgroup, site specialists, reporting), and other workflow-based system documentation

2. User operator/system administrator manuals

Reference materials provided concurrent with training sessions.

3. Hardware/OS manuals

Supplied by third-party manufacturer(s). Also please see hardware infrastructure section

4. Network and Security

Supplied by third-party manufacturer(s). Also please see hardware infrastructure section.

5. Training manuals (initial and ongoing user self training)

Role-based quick reference guides provided during implementation training sessions. Also see response to (1) above

RR-K-08 Is the documentation available:

1. In hardcopy?

All materials available on the OCHIN Member web site may be printed by member organizations and used as desired.

2. On CD-ROM?

3. On the Local Area Network?

4. On the Internet?

Please see (1) in previous section

RR-K-09 How often is your documentation updated? How often are updates made available to the user? How is documentation updated (memo, revised manuals, on-line, CD, etc)?

Documentation is updated as needed and immediately made available to OCHIN members through the Member web site. Notification of new and planned system changes are distributed to all members by email every Friday, even though some or many may have been involved in designing and/or testing the change in a test environment prior to moving into the production environment. Larger system changes will have been demonstrated and/or trained (with documentation) to member site specialists/super users in advance of the change moving into production.

L. Contractual Support

(Not to exceed 4 pages)

RR-L-01 Do proposed acquisition and/or ongoing maintenance/support costs include:

1. Future enhancements to acquired/licensed application modules?

   Certain enhancements and all new releases are free of charge. Other enhancements may have an additional cost, depending on the functionality and vendor costs.

2. Operating system and related environmental software?

   Yes

3. Interface maintenance?

   Yes

4. Architectural changes such as migration to emerging technologies and new methods of systems deployment?

   OCHIN will maintain a methodology for managing mental health that, based on our existing model of care, may include emerging technologies. This will be supported at no additional charge.

If not, describe the conditions and terms under which enhancements/new releases are made available to existing customers.

RR-L-02 What are your normal support hours (specify time zone)? Where is support staff located?

Hours of OCHIN Help Desk operations are 7:00 am – 6:00 pm Monday through Friday, Pacific Time. Critical issues may be reported and addressed 24x7. Support staff is located in Portland, Oregon. Location may be negotiated if required.

RR-L-03 Which of the following support features are available? Check all that apply:

1. Toll-free hotline: Currently not offered but can be configured if required.
2. Remote monitoring: Yes
3. Remote diagnostics: Yes
4. Training tutorials: Yes, via web based training modules.
5. Web-based support training: Not currently, but OCHIN is continually adding to its availability of WBT.

6. 24 x 7 software support: Yes

7. 24 x7 hardware support: Yes

RR-L-04 Provide the response time for problems reported during:

1. Regular business hours

Critical (priority)
Response and initiation of action: Immediate
Resolution (correction or workaround): Within 4 hours
High (priority)
Response and initiation of action: Within 4 hours
Resolution (correction or workaround): Within 1 business day
Normal (priority)
Response and initiation of action: Within 1 business day
Resolution: Within 4 business days
Low (priority)
Response and initiation of action: Within 1 business day
Resolution: Within 10-15 business days

2. Off-hours

Critical (priority)
Response and initiation of action: Immediate
Resolution (correction or workaround): Within 4 hours

RR-L-05 Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements by client be viewed on-line and downloaded?

OCHIN is transitioning from the Track-It problem tracking system to JIRA at this time. JIRA offers added functionality, search capabilities, and reporting to support its second-level help desk operations. Filters (views/lists) of outstanding problems by various user-defined selection criteria are downloadable in Word, Excel, and other formats. Graphing capabilities are included in the JIRA Help Desk system. It will be available to our users in January 2009.

RR-L-06 Describe your firm's approach to software maintenance agreements. Include how, and at what frequency, your firm provides maintenance and upgrade services in support of your system products.

Standard version releases are implemented annually. Maintenance and non-critical patches are installed every other week. Implementation of critical and other patient safety patches are expedited, most often installed at the next opportunity for minimum impact to users.

M. Cost and Licensing (Not to exceed 3 pages)

RR-M-01 Describe your pricing and /or licensing models based on the various product functionalities listed above. Do not provide specific pricing in your response, but information on how pricing is derived is pertinent. Examples of pricing models may be: module-based pricing, package or suite pricing, single price package, subscription based, package plus maintenance.

OCHIN is able to extend its licenses of the Epic Solution products to members of the collaborative, which lowers overall costs for an organization. OCHIN delivers wraparound services and technical support to organizations providing care to underserved populations. Epic typically works with very large organizations. When smaller organizations purchase Epic through OCHIN it allows them access to a very powerful system for an affordable price. OCHIN is a consortium governed by its membership that is committed to providing high quality support of the Epic product.

Services are bundled into two fee types; installation/licensing and maintenance. For primary care services the historical pattern for assessing fees has been based on a number of visits purchased by the organization. Strategy for mental health pricing may be either by the number of visits purchased or by number of patient records.

Installation/licensing fees include system design, system build, application build, on site support, security installation, network/hardware/data design, network/hardware/data build, basic training materials, workflow design, 52 pages of pre-written edits, developer license fees for Epic, a fully installed interface engine and already built interfaces as well as data conversion and migration and training for administrators. OCHIN travel expenses are also a component of the total installation cost and are based on actual flight/hotel expenses incurred by OCHIN and a per diem for staff at the usually and customary rate for the locale.

Maintenance fees for cache licenses are paid by members based upon OCHIN's actual annual cost. Maintenance fees pay for full system support for storage, back up, system refreshes, extract management, interfaces maintenance (includes error log management, error correction and reposting), all rules based build management, claims forms, claims submittal, e-remit, annual fee schedule updates, management of CPT codes/AMA codes/ADA codes, medication database, On Base system and hardware management, CITRIX support for Epic, new clinical content requests, Smart form design, data clean up, community library reports, data architecture and consulting, specialty provider's specific clinical requirements, SOLUTIONS management, workflow redesign, all federal and state compliance updates implementation, table configuration, charge router management, system change management processes, full upgrade testing include QA and regression testing, system edits, continuous development of the product for specific needs both clinical and administrative, and Epic based, community health center specific knowledge transfer. Extended hours technical support (including on-call night and weekend emergency coverage) is included with maintenance fees. Connectivity costs are passed through to members on a monthly basis and are based upon OCHIN's actual cost. OCHIN maintains the database tables, security, helpdesk support and all upgrades.

A visit is defined as a complete patient appointment or encounter. A missed appointment for which a patient is charged a fee is considered a visit. Multiple visits for the same patient on a single day constitute a single visit. Additional visits may be purchased if need exceeds original purchased amount.

The Epic product contains several modules that can be bundled into a customized purchase by the member organization. OCHIN offers flexibility to the member through value added options such as hosting of data, customization, advanced reporting functions and support. An initial fee for installation/licensing is paid based on the module purchased. This fee includes all training, installation, workflow design, go live support and connectivity costs...

Modules available are as follows:

Identity - A master patient index, which will tie all patients in the system to a unique identifier.

Prelude – Patient registration software customized by OCHIN to meet the needs of a particular health care safety net.

Cadence – The system of choice for all scheduling processes in the OCHIN system.

EpicCare – An electronic medical record (EMR) that is fully integrated with other Epic software modules.

Resolute –Billing software that helps participants achieve a fast, efficient paperless claims process and to streamline data entry.

Clarity – Analyst reporting software which is another key to the success of the OCHIN integrated Practice Management and Electronic Medical Record System.

Tapestry – A comprehensive, flexible system designed to help health plans manage operations across all lines of business.

Detailed descriptions of the Solution products listed above can be found in Section F responses to the specific Solution product.

RR-M-02 List any programs your corporation currently participates in, in which you provide a single pricing and licensing model for a large customer with decentralized purchasing (public or private sector), and functional descriptions of that model. Examples of this type of this type of licensing/procurement program may be the State of California Software License Program (SLP), or the California Sourcing Initiative.

OCHIN, through its license agreement with Epic Systems Inc is able to extend this licensing of Solution products to member organizations. This achieves an economy of scale through the collaborative.

OCHIN is also able to pass along breaks for ancillary products to collaborative members because of volume purchasing. Some of the products available are CPT, ICD, and DSM coding updates. These ancillary product purchases through OCHIN are treated as direct pass through fees, and OCHIN does not charge a premium to its members.

Epic System Response:

Our licenses allow clients like OCHIN to extend their licenses to other organizations.

N. Risks and Issues

(Not to exceed 3 pages)

RR-N-03 It is fully expected that Counties will encounter risks/issues that they must manage and mitigate. Please identify the risks/issues that a County is most likely to encounter when implementing your solution. Please include examples from prior implementations of your solution.

Single Master Patient Index (MPI) Construct: OCHIN's system is based on a single MPI construct to support a fully integrated and comprehensive single patient/consumer record. Unless another instance is created, there needs to be overarching agreement about standard system design by participating County organizations. The risk is minimal when opportunities for integrated care are considered. Participating organizations embrace this concept and develop or refresh supporting policies.

Reseller of Epic Systems Inc Products: OCHIN has a business partnership with Epic Systems based in Madison, Wisconsin, and is licensed to deliver practice management and electronic medical record services as a hosted solution. OCHIN and Epic work together to enhance the software and services to meet the needs of public health, behavioral health, private non-profit, and Federally Qualified Health Centers. As a non-profit 501c (3) organization, a sustained OCHIN-Epic partnership is essential. This is a difficult risk to mitigate. As most people purchase through OCHIN for Epic. Epic requires OCHIN to service their customers to a particular quality. There is the possibility that Epic could take over the contracts if the service and satisfaction of the members was not adequate. This is a similar risk, but less so, than exists with all software vendors.

Resource requirements: Public health, behavioral health, private non-profit, Federally Qualified Health Centers, and all other organizations serving the health care needs of the under- and uninsured are typically staffed lean. Planning, implementing, and supporting new systems requires resources that are not readily available, placing considerable risk on the success of the project. OCHIN's services are able to mitigate this risk with our wraparound support and services to ensure the success of the installation.

Technical: As a hosting and service-based organization, OCHIN does not replace currently implemented infrastructure at participating organizations, but acts as an extension of those organizations by working with the Counties to integrate the full capabilities of the product into the current network. The risks are minimal but require careful review and understanding of the County's current infrastructure to make the implementation a success. OCHIN has integrated its service solution in many counties in California, Oregon, and Washington and has never had a failed implementation (this is consistent with Epic Systems' implementations within large-scale hospital solutions for inpatient services).

O. Project References

RR-O-04 Provide a minimum of three (3) previous implementations of your solution that most closely approximates a CA County Behavioral Health setting. Include a California reference if available. Provide names and contact information of individuals who have sufficient experience to speak knowledgeably concerning:

1. The implementation process
2. System functionality
3. Vendor support
4. Documentation
5. Training
6. Overall

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Epic Systems Response;

Epic has selected Hennepin County Medical Center and Geisinger Health System as references based on their use of the proposed products. Please contact Nick Cincotta when you are ready to place your reference calls and he can give you up-to-date contact information at that time. This will also give him the opportunity to place a courtesy call to the client.

Please review the Attachment 2 “Reference Profiles” for more information.

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