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**REQUEST FOR INFORMATION**  
**FOR IMPLEMENTING OPTIMIZATION ORGANIZATIONS**

**RFI No. (2010-eHR-01)**

**Massachusetts Technology Collaborative  
Massachusetts e-Health Institute  
75 North Drive  
Westborough, MA 01581-3340  
<http://www.masstech.org>**

**Team Leader: Richard Shoup  
RFI Issued: October 30, 2009  
Responses Due: 9:00 a.m. on November 23, 2009**

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# REQUEST FOR INFORMATION FROM IMPLEMENTING OPTIMIZATION ORGANIZATIONS

RFI No. (2010-EHR-01)

## 1. Introduction

The Massachusetts eHealth Institute (“MeHI”), a non-divisible component of the Massachusetts Technology Collaborative (“MTC”) is issuing this Request for Information from Implementing Optimization Organizations (“RFI”) (No. 2010-eHR-01) to seek information from these organizations (“IOOs”) that are capable of carrying out the deployment of a large number of electronic health record systems (“EHRs”) at distributed provider sites in Massachusetts. Based on the provisions of the American Recovery and Reinvestment Act of 2009 (“ARRA”) described below, IOOs will concentrate their activities primarily on assisting primary care physicians and entities that serve a significant number of low income persons to achieve “meaningful use” of certified EHRs, with particular focus on: 1) individual and small group practices (ten or fewer professionals with prescriptive privileges); 2) Public Hospitals and Critical Access hospitals; 3) Community Health Centers and Rural Health Clinics; and 4) other settings that predominantly serve uninsured, underinsured, and medically underserved populations. **RESPONDENTS PLEASE NOTE: This RFI is not a procurement process but rather an information gathering process that may inform any requests for proposals or qualifications or certifications that may follow MTC’s receipt of ARRA funds, as described below.**

## 2. The Massachusetts Technology Collaborative

MeHI is a non-divisible component of the Massachusetts Technology Collaborative (MTC). MTC is an independent, non-partisan development agency chartered by the Commonwealth to promote new economic opportunity and foster a more favorable environment for the formation, retention and expansion of technology-related enterprise in Massachusetts. MTC serves as a catalyst in growing the knowledge- and technology-based industries that comprise the Commonwealth’s Innovation Economy. As one of its activities it works with major healthcare organizations to implement e-health solutions that are intended to improve the quality and continuity of patient care and reduce costs. MTC operates at the intersection of government, industry and academia. It brings together leaders and stakeholders to advance technology-based solutions that lead to economic growth and improved healthcare. MTC energizes emerging markets by filling gaps in the marketplace, connecting key stakeholders, conducting critical economic analyses, and providing access to intellectual and financial capital. MTC operates three programmatic divisions that support economic growth and innovation and that attempt to generate public benefits for Massachusetts citizens: (1) John Adams Innovation Institute; (2) e-Health and Life Sciences; (3) The Massachusetts Broadband Institute. For more information about MTC and its programs and activities generally, please visit the web site at [www.masstech.org](http://www.masstech.org). The component of MTC directly involved with the activities most relevant to this RFI is the Massachusetts eHealth Institute, described in more detail below.

## 3. The Massachusetts e-Health Institute

Chapter 305 of the Acts of 2008 (“Chapter 305”), enacted in August 2008, created MeHI as a non-divisible component of the Massachusetts Technology Collaborative. It also created the Healthcare Information Technology Council (the “Council”), chaired by the Secretary of Health and Human Services, Dr. JudyAnn Bigby, to oversee the activities of MeHI. MTC, acting through MeHI and the Council collectively, constitutes the single State entity responsible, in accordance with Chapter 305, for coordinating and facilitating the dissemination of EHRs throughout the Commonwealth, in all provider settings, networked through an interoperable State-wide health information exchange (“HIE”). MeHI, working in conjunction with the Council, was tasked with developing and implementing a State-wide plan to carry out this objective. Chapter 305 also contained a mandate for the Massachusetts Department of Public Health (“MDPH”) and the Board of Registration in Medicine (“BRIM”) to adopt regulations requiring use of EHR as a condition of licensure for hospitals, community health centers and physicians.

### 3.1 The HITECH Act

ARRA was enacted in February 2009 and included sections designated as the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act” or “Act”). The Act was intended to

promote the “meaningful use” of health information technology in order to improve the quality and value of American health care.

The HITECH Act authorizes incentive payments for eligible Medicare and Medicaid providers to achieve “meaningful use” of certified EHR technology. By 2015, providers are expected to have adopted and to be actively using EHR systems in compliance with the “meaningful use” definitions that are being developed by the Centers for Medicare & Medicaid Services. Medicare-participating physicians and hospitals that do not reach this goal by 2015 will be subject to penalties under the Medicare program.

Providers seeking to achieve “meaningful use” of EHR technology face a variety of challenging tasks. Because experience has shown that local technical assistance can result in effective implementation of EHR systems, the HITECH Act, through the Office of the National Coordinator (ONC), authorized the creation and funding of Regional Extension Centers (RECs). The RECs are intended to furnish assistance, both educational and technical, to help providers successfully implement and achieve “meaningful use” of certified EHR technology in accordance with the objectives of the Act.

In August, the ONC announced the availability of funding for RECs. MTC, acting through MeHI, applied to be the sole REC for the Commonwealth. It submitted a preliminary application, and, in September, received notice that it was designated as the REC for Massachusetts. It was then asked to submit a full application, by November 3, 2009. This RFI is intended, in part, to support MeHI’s ability to exercise its responsibilities as the REC upon the award of federal funds.

### 3.2 MeHI’s Strategic Plan

In December 2008, MeHI completed an initial strategic plan to address its statutory charge under Chapter 305 (the “Initial Plan”). The Initial Plan focused on a sustainable funding model, community based EHR deployment, a secure technology infrastructure, effective community engagement, governance over HIT activities and a change management strategy for implementations. With enactment of the HITECH Act, MeHI undertook, and recently completed, an update to the Initial Plan with the assistance of Deloitte Consulting LLP (the “Strategic Plan”). The updated Strategic Plan is in draft form until it receives approval from the Council and from the MTC board.

The Strategic Plan reconciles the provisions of the Initial Plan, crafted under Chapter 305, with the requirements under the HITECH Act so as to maximize available funding from State and federal sources and thereby to support efforts to achieve the successful deployment of EHRs to all Massachusetts providers networked through a State-wide HIE. The supplemental planning process reviewed and refreshed existing documentation and undertook gap analyses to identify and prioritize key activities going forward in the planning process. It focused on the following key work streams:

- Governance and Management
- Funding and Loan Process
- EHR Deployment
- Health Information Exchange Implementation, including:
  - Privacy and Security
  - Personal Health Records (PHRs) and
  - Interoperability Standards
- Public Health and Quality Reporting
- Workforce Development

For each work stream, interviews and discussion sessions were held with key stakeholders in order to access their expertise and to ensure that the Strategic Plan integrated their perspectives and experience. MeHI analyzed the key observations, analyses and recommendations associated with each work stream and incorporated aspects of them into the Strategic Plan, along with the results of its analysis of recently conducted MeHI studies and additional data made available since completion of the Initial Plan. The Strategic Plan will be available on the MeHI website in November at [www.maehi.org](http://www.maehi.org).

## **4. Role of IOOs**

The process undertaken to produce the Strategic Plan, incorporating both Chapter 305 and HITECH Act mandates, has allowed MeHI to identify the roles that IOOs will be expected to play in conjunction with provider entities in carrying out essential tasks identified in the planning process. The expected design of

the elements of the implementation process to be supported by MeHI as the REC, and therefore the related tasks to be undertaken by the IOOs, are described in detail below and provide the basis for the information that is requested pursuant to this RFI. MeHI intends to conduct an IOO certification process, whereby it shall assess the technical and financial capability of entities that wish to function as IOOs for providers (the "IOO Certification Process"). If an IOO is successfully certified, it shall have a contract with MTC whereby the IOO will be bound to offer pricing discounts, abide by a code of conduct, use standard contract forms with providers, and be subject to audit (the "IOO Certification Agreement"). The purpose of this RFI is to allow MeHI to assess the interest and ability of entities that may seek to become Certified IOOs to work with the priority providers identified by the ONC, as described in Section 1 above, and with other provider entities that are to be supported by the REC. For this purpose the remainder of this Section 4 describes the components of the expected implementation strategy intended to achieve the objectives of Chapter 305 and the HITECH Act. Section 5 identifies the information sought by MeHI preliminary to conducting the IOO Certification Process for IOOs in conjunction with the implementation steps under the Strategic Plan.

#### 4.1 In General

The conceptual architecture supporting EHR deployment will be driven by the need for providers to achieve "meaningful use." MeHI expects to assure that certified EHRs used in the Commonwealth will include appropriate interfaces to achieve interoperability with a State-wide HIE sufficient to satisfy both "meaningful use" requirements and any additional Massachusetts-specific requirements derived from Chapter 305. The IOOs will be responsible for working with a defined set of provider entities, under the Certification Process and Certification Agreements established by MeHI, to assure compliance with this architecture and the other elements of implementation as envisioned by the Strategic Plan.

To maximize efficient use of EHRs, the IOOs should not only be able to identify the interfaces necessary for provider-level system interconnectivity with the HIE, but integration of the EHR with the provider's practice management system, laboratory arrangements and the like. Further, implementation based on MeHI's proposed architecture should provide clear role- or task-based authorization protocols, as well as HIPAA-compliant policies for consent management and data exchange.

#### 4.2. Electronic Health Record Systems

Providers with which the IOOs will work are to have functional access to a database of records of their patients. Each provider entity will require the hardware and software necessary to enable such access for all of its authorized users. MeHI will provide guidance to the IOOs on the basis of which they will develop the provider-specific requirements for the technology to be deployed by the providers for which they will have implementation responsibility. IOOs will be expected to have knowledge of vendor-supplied EHRs and to be familiar with between two and five common practice management systems. MeHI's functional requirements are expected to include:

- Current federal certification requirements
- Patient access
- Reporting/data communications/standards adherence capabilities sufficient to provide data for all of the required elements of the HIE, as well as the potential to add and report structured data elements needed as part of ongoing metrics development
- Public health reporting

IOOs working with providers will apply metrics for use following EHR implementation to monitor the provider's achievement of "meaningful use" and the efficacy of provider training processes.

#### 4.3 Health Information Exchange

MeHI will provide interoperability specifications between the EHRs and the State-wide HIE conforming to the applicable "meaningful use" criteria. In working with providers under the arrangements that MeHI will design, the IOOs will be expected to ensure that each provider or provider entity's EHR system is capable of interacting securely with the proposed HIE via a virtual private network or other secure connection provided through the internet. The IOO will be expected to validate pre-existing internet connectivity supplied by provider entities and may need to construct local area networks (Ethernet or wireless networks) in some settings where such networks are lacking. The IOO will have responsibility for monitoring provider compliance with interoperability and security standards to ensure the effective integration of the EHRs with the HIE.

#### 4.4 Provider Certification Process

Upon request from the REC, a Certification Body would conduct certification and re-certification processes for providers to determine if they are compliant with Chapter 305 requirements for licensure and if they are qualified to integrate with state-wide HIE. If a provider is certified by this Certification Body, the REC will provide written evidence of such certified compliance to the provider.

#### 4.5 Vendor Coordination

IOOs may need to engage in subcontracting in order to provide many of the services that an EHR project requires. In particular, MeHI expects that IOOs will need to coordinate with multiple EHR vendors for software licensing, some training, the development of online training tools, etc. A hardware deployment subcontractor may also be used, including for physical site preparation. Other types of subcontractors may be deemed necessary by a particular IOO.

MeHI also expects that IOOs will engage in negotiations with all vendors to recognize the large scale of the present initiative and to obtain pricing policies (e.g., discounts and other competitive pricing incentives) reflective of this overall scale of the initiative.

The IOO will be responsible for all work in the implementation of the EHR project, including organizing vendor work, and for maintaining communication between vendors that will minimize the disruptions caused by delays by one vendor on others, as well as avoid duplicated efforts.

#### 4.6 Reporting Requirements

MeHI will define the scope of reporting requirements to be achieved by provider-level EHRs and through the REC and HIE. Reporting requirements will include those needed to satisfy performance measure criteria established by the ONC, those associated with “meaningful use” criteria and those derived from State-specific reporting obligations contemplated by Chapter 305.

#### 4.7 Collaborative Learning Facilitation

The IOOs will be expected to use a collaborative learning environment among provider entities, other organizations participating in the implementation activities, and the National Learning Consortium to be developed through the ONC. This facilitation will have as a central purpose the sharing of information across provider entities and other organizations participating in or affected by the implementation activities, including community leadership.

### **5. Information Requested**

In order to perform its functions as REC and most effectively to use the resources made available to MeHI in that capacity from Federal, State and other sources, MeHI expects that it will certify IOOs and require that they agree to abide by a code of conduct to support the ability of provider entities to achieve “meaningful use” within the time frames set out in the HITECH Act and to satisfy licensure requirements that may be adopted by MDPH and BRIM in accordance with Chapter 305’s dictates. Certified IOOs, in turn, would contract with providers to conduct the necessary implementation and optimizations. The following information is requested from entities that may consider being an IOO. Potential respondents to this RFI should carefully read Section 5 and the provisions of Attachment A with regard to the data to be provided in response to this RFI. As a result, while an entity that responds to this RFI cannot be assured of eventually being certified by MeHI, entities that do respond to this RFI may be given preference in response to any request for qualifications (RFQ) that MeHI may eventually issue for certifying IOOs.

Each respondent should please provide the following information relating to its own experience in implementing EHRs and, as applicable, HIEs. Please base your responses on the following definitions of practice size: [e.g., solo practice (1 provider) small practice (2-4 providers), medium practice (5-9 providers), and large practice (10+ providers)].

1. Please describe your experience, in Massachusetts or elsewhere, with implementing EHRs at the provider level. Please describe your experience with establishing interconnectivity between any such EHR system and a local or State-wide HIE. Please describe your experience either interfacing or integrating EHRs with Practice Management Systems. How many installations of each type have you completed within the past three years? Where is your geographic area of support?

2. Please describe the practice size and type of organization (e.g., IPA, PHO, PO, Hospital) you have implemented over the past three years. Please be specific as to type of provider (hospital, specialty physician, primary care physician, etc.) and, with respect to physicians and other non-institutional providers, the size of the groups involved in the effort with which you undertook the work described in your response to Question 1. Please identify those provider entities with which you have worked that represent the priority focus of REC funding as describing at the outset of this RFI.
3. Please describe the process you used for vendor selection, for hardware, software and connectivity, and the types of financial and contractual arrangements that you arranged for use by the providers with whom you worked, as described in your response to Question 1. Would you expect such financial and contractual arrangements to be transferable to working with Massachusetts providers with whom you have not previously worked?
4. Based on your experience, please provide us with an estimate of what you have found the costs will be to implement an interoperable EHR system at the physician group level. Please be specific as to the differences in costs associated with different size groups and different types of physician practices including ASP and local models. Please provide the information broken down by hardware, application software, infrastructure software, implementation costs, training costs, workflow and process redesign costs and post implementation costs (ongoing training, hardware and software maintenance and problem tracking/resolution). Please itemize and include all costs.
5. Have you developed a standardized implementation guide for use with provider entities? Have you developed a standard form of contract to use with providers for implementation of EHRs? If so, are you willing to share it with MeHI? Please describe the major components and any vendor-specific aspects. Do you have a methodology to assist practices in determining whether or not to select a hosted or local model? What are the major criteria for determination?
6. Please describe your organization's composition of staff for EHR and PMS implementation:
  - clinical and non clinical
  - specific vendor competencies
  - workflow and process redesign
  - training skills
  - project management
  - physician leadership skills
  - practice management skills
  - certification/qualification of implementation to certain standards
7. Please describe your organization's composition of staff for technical implementation:
  - product selection
  - template design
  - hardware
  - software
  - interface development
  - capacity and performance optimization
  - system integration
8. Please describe your organization's composition of staff for practice support:
  - budget
  - staffing
  - financial planning
  - procurement and contracting
  - governance
  - communication and outreach

9. Please describe the types of incentives that you believe will be most useful for encouraging providers who have not yet begun implementing EHRs to do so. Please describe the types of incentives that you believe will be most useful for encouraging providers to meet “meaningful use” criteria as defined by the ONC (2011-2015). Please be as specific as possible regarding each stage of criteria.
10. Please describe mechanisms you have used for assuring compliance of EHRs and associated HIEs with applicable privacy and security requirements. Please describe other key risks and mechanisms or mitigating those risks in implementation processes.
11. Please provide the metrics you have found most useful in measuring:
  - the initial implementation of EHRs at the provider level;
  - monitoring of on-going use of EHRs once systems have been implemented, including metrics used for purposes of post-implementation remediation;
  - promotion of continuous improvement in the use of implemented EHRs
  - whether the criteria for meaningful use from 2011-2015 have been met
12. Please describe the size and composition of the team you would provide to support an EHR implementation from initiation to meaningful use optimization by practice size as defined in question 2. Please describe the team you would provide to support HIE implementation. Please provide your top five implementation scenarios.
13. Please review the draft proposed REC business model in Attachment B. Please provide any input, comments or feedback regarding the model including process, capabilities, feasibility, etc.
14. Please provide us with any other information or services that differentiate your organization from other IOOs.
15. Please provide a list of three references.

## **6. MTC Treatment of Sensitive Information**

As a public agency, MTC is bound by the Massachusetts Public Records Law. We also recognize that private companies may have a legitimate basis for keeping certain information out of the public domain. To satisfy such a need, respondents to this RFI may wish to provide non-specific information. Alternatively, respondents may identify certain information as sensitive and submit the information in strict accordance with MTC’s Policy and Procedures Regarding Submission of “Sensitive Information” in **Attachment A**.

Information submitted without any assertion of confidentiality or in a manner that fails to comply with MTC’s Policy and Procedures shall be deemed subject to public disclosure if it becomes the subject of a valid public records request.

***Do not submit any sensitive information electronically to MTC.***

## **7. How to Respond to this RFI**

Please submit a single unbound copy, or electronic file, of your RFI response by 9:00 a.m. on Monday, November 23, 2009. Submit responses, and any questions that you may have, to:

RFI 2010-eHR-01  
Massachusetts e-Health Institute  
Massachusetts Technology Collaborative  
75 North Drive  
Westborough, MA 01581  
[info@maehi.org](mailto:info@maehi.org)

**ATTACHMENT A**  
**THE MASSACHUSETTS TECHNOLOGY COLLABORATIVE**  
**POLICY AND PROCEDURES REGARDING SUBMISSION OF “SENSITIVE INFORMATION”**

The Massachusetts Technology Collaborative, the Massachusetts Renewable Energy Trust, the Massachusetts e-Health Institute, the Massachusetts Broadband Institute, and John Adams Innovation Institute (collectively referred to herein as “MTC”) are subject to the requirements concerning disclosure of public records under the Massachusetts Public Records Act, M.G.L. c. 66 (the “Public Records Act”), which governs the retention, disposition and archiving of public records. For purposes of the Public Records Act, “public records” include all books, papers, maps, photographs, recorded tapes, financial statements, statistical tabulations, or other documentary materials or data, regardless of physical form or characteristics, made or received by MTC. As a result, any information submitted to MTC by a grant applicant, recipient grantee, respondent to a request for response (including, but not limited to an RFQ, RFP and RFI), contractor, or any other party (collectively the “Submitting Party”) is subject to public disclosure as set forth in the Public Records Act.

The foregoing notwithstanding, “public records” do not include certain materials or data which fall within one of the specifically enumerated exemptions set forth in the Public Records Act or in other statutes, including MTC’s enabling act, M.G.L. Chapter 40J. One such exemption that may be applicable to documents submitted by a Submitting Party is for any documentary materials or data made or received by MTC that consists of trade secrets or commercial or financial information regarding the operation of any business conducted by the Submitting Party, or regarding the competitive position of such Submitting Party in a particular field of endeavor (the “Trade Secrets Exemption”).

**IT IS MTC’S EXPECTATION AND BELIEF THAT THE OVERWHELMING PERCENTAGE OF DOCUMENTS IT RECEIVES FROM A SUBMITTING PARTY DOES NOT CONTAIN ANY INFORMATION THAT WOULD WARRANT AN ASSERTION BY MTC OF AN EXEMPTION FROM THE PUBLIC RECORDS ACT. SUBMITTING PARTIES SHOULD THEREFORE TAKE CARE IN DETERMINING WHICH DOCUMENTS THEY SUBMIT TO MTC, AND SHOULD ASSUME THAT ALL DOCUMENTS SUBMITTED TO MTC ARE SUBJECT TO PUBLIC DISCLOSURE WITHOUT ANY PRIOR NOTICE TO THE SUBMITTING PARTY AND WITHOUT RESORT TO ANY FORMAL PUBLIC RECORDS REQUEST.**

In the event that a Submitting Party wishes to submit certain documents to MTC and believes such a document or documents may be proprietary in nature and may fall within the parameters of the Trade Secrets Exemption and/or some other applicable exemption, the following procedures shall apply:

1. At the time of the Submitting Party’s initial submission of documents to MTC, the Submitting Party must provide a cover letter, addressed to MTC’s General Counsel, indicating that it is submitting documents which it believes are exempt from public disclosure, including a description of the specific exemption(s) that the Submitting Party contends is/are applicable to the submitted materials, a precise description of the type and magnitude of harm that would result in the event of the documents’ disclosure, and a specific start date and end date within which the claimed exemption applies. If different exemptions, harms and/or dates apply to different documents, it is the Submitting Party’s responsibility and obligation to provide detailed explanations for each such document.
2. At the time of the Submitting Party’s initial submission of documents to MTC, the Submitting Party must also clearly and unambiguously identify each and every such document that it contends is subject to an exemption from public disclosure as “Sensitive Information.” It is the Submitting Party’s responsibility and obligation to ensure that all such documents are sufficiently identified as “Sensitive Information,” and Submitting Party’s designation must be placed in a prominent location on the face of each and every document that it contends is exempt from disclosure under the Public Records Act.

**INFORMATION SUBMITTED TO MTC IN ANY FORM OTHER THAN A HARD COPY DOCUMENT WILL NOT BE SUBJECT TO THE PROCEDURES SET FORTH IN THIS POLICY. FOR EXAMPLE, INFORMATION SUBMITTED BY E-MAIL, FACSIMILE AND/OR VERBALLY WILL NOT BE SUBJECT TO THESE PROCEDURES AND MAY BE DISCLOSED AT ANY TIME WITHOUT NOTICE TO THE SUBMITTING PARTY.**

3. Documents that are not accompanied by the written notification to MTC's General Counsel or are not properly identified by the Submitting Party as "Sensitive Information" at the time of their initial submission to MTC are presumptively subject to disclosure under the Public Records Act, and the procedures for providing the Submitting Party with notice of any formal public records request for documents, as set forth below, shall be inapplicable.
4. At the time MTC receives documents from the Submitting Party, any such documents designated by Submitting Party as "Sensitive Information" shall be segregated and stored in a secure filing area when not being utilized by appropriate MTC staff. By submitting a grant application, request for response, or any other act that involves the submission of information to MTC, the Submitting Party certifies, acknowledges and agrees that (a) MTC's receipt, segregation and storage of documents designated by Submitting Party as "Sensitive Information" does not represent a finding by MTC that such documents fall within the Trade Secrets Exemption or any other exemption to the Public Records Act, or that the documents are otherwise exempt from disclosure under the Public Records Act, and (b) MTC is not liable under any circumstances for the subsequent disclosure of any information submitted to MTC by the Submitting Party, whether or not such documents are designated as "Sensitive Information" or MTC was negligent in disclosing such documents.
5. In the event that MTC receives an inquiry or request for information submitted by a Submitting Party, MTC shall produce all responsive information without notice to the Submitting Party. In the event that the inquiry or request entails documents that the Submitting Party has previously designated as "Sensitive Information" in strict accordance with this Policy, the inquiring party shall be notified in writing that one or more of the documents it has requested has been designated by the Submitting Party as "Sensitive Information", and, if not already submitted, that a formal, written public records request must be submitted by the requesting party to MTC's General Counsel for a determination of whether the subject documents are exempt from disclosure.
6. Upon the General Counsel's receipt of a formal, written public records request for information that encompass documents previously designated by Submitting Party as "Sensitive Information", the Submitting Party shall be notified in writing of MTC's receipt of the public records request, and MTC may, but shall not be required to provide Submitting Party an opportunity to present MTC with information and/or legal arguments concerning the applicability of the Trade Secrets Exemption or some other exemption to the subject documents.
7. The General Counsel shall review the subject documents, the Public Records Act and the exemption(s) claimed by the Submitting Party in making a determination concerning their potential disclosure.

**THE GENERAL COUNSEL IS THE SOLE AUTHORITY WITHIN MTC FOR MAKING DETERMINATIONS ON THE APPLICABILITY AND/OR ASSERTION OF AN EXEMPTION TO THE PUBLIC RECORDS ACT. NO EMPLOYEE OF MTC OTHER THAN THE GENERAL COUNSEL HAS ANY AUTHORITY TO ADDRESS ISSUES CONCERNING THE STATUS OF "SENSITIVE INFORMATION" OR TO BIND MTC IN ANY MANNER CONCERNING MTC'S TREATMENT AND DISCLOSURE OF SUCH DOCUMENTS.**

**FURTHERMORE, THE POTENTIAL APPLICABILITY OF AN EXEMPTION TO THE DISCLOSURE OF DOCUMENTS DESIGNATED BY THE SUBMITTING PARTY AS "SENSITIVE INFORMATION" SHALL NOT REQUIRE MTC TO ASSERT SUCH AN EXEMPTION. MTC'S GENERAL COUNSEL RETAINS THE SOLE DISCRETION AND AUTHORITY TO ASSERT AN EXEMPTION, AND HE MAY DECLINE TO EXERT SUCH AN EXEMPTION IF, WITHIN HIS DISCRETION, THE PUBLIC INTEREST IS SERVED BY THE DISCLOSURE OF ANY DOCUMENTS SUBMITTED BY THE SUBMITTING PARTY.**

8. MTC shall provide the requesting party and Submitting Party with written notice of its determination that the subject documents are either exempt or not exempt from disclosure.
9. In the event that MTC determines that the subject documents are exempt from disclosure, the requesting party may seek review of MTC's determination before the Supervisor of Public Records, and MTC shall notify the Submitting Party in writing in the event that the requesting party pursues a review of MTC's determination.

10. In the event the requesting party pursues a review of MTC's determination that the documents are exempt from disclosure and the Supervisor of Public Records concludes that the subject documents are not exempt from disclosure and orders MTC to disclose such documents to the requester, MTC shall notify the Submitting Party in writing prior to the disclosure of any such documents, and Submitting Party may pursue injunctive relief or any other course of action in its discretion.
11. In the event that MTC determines that the subject documents are not exempt from disclosure or the General Counsel determines that, under the circumstances and in his discretion, MTC shall not assert an exemption, MTC shall notify the Submitting Party in writing prior to the disclosure of any such documents, and Submitting Party may pursue injunctive relief or any other course of action in its discretion.

**THE SUBMITTING PARTY'S SUBMISSION OF DOCUMENTATION TO MTC SHALL REQUIRE A SIGNED CERTIFICATION THAT SUBMITTING PARTY ACKNOWLEDGES, UNDERSTANDS AND AGREES WITH THE APPLICABILITY OF THE FOREGOING PROCEDURES TO ANY DOCUMENTS SUBMITTED TO MTC BY SUBMITTING PARTY AT ANY TIME, INCLUDING BUT NOT LIMITED TO THE ACKNOWLEDGEMENTS SET FORTH HEREIN, AND THAT SUBMITTING PARTY SHALL BE BOUND BY THESE PROCEDURES.**

All documents submitted by Submitting Party, whether designated as "Sensitive Information" or not, are not returnable to Submitting Party.

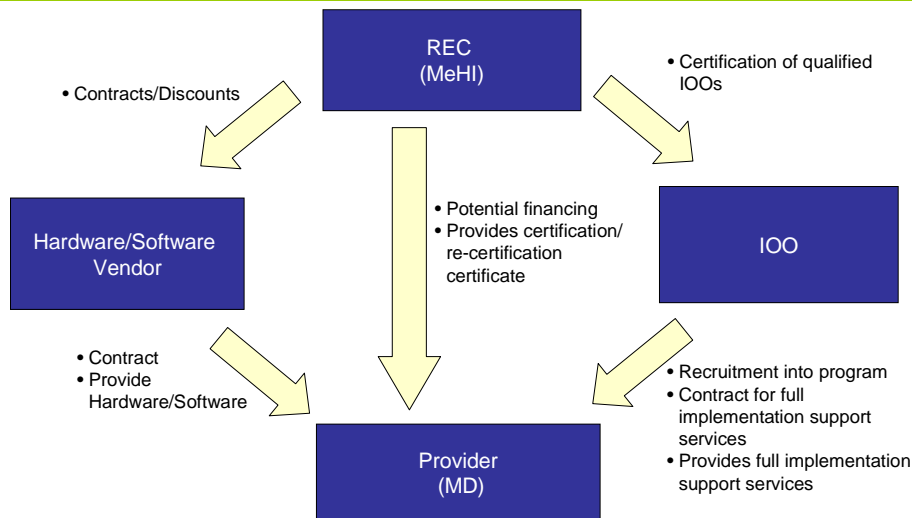
## ATTACHMENT B DRAFT PROPOSED MEHI BUSINESS MODEL OVERVIEW

### Massachusetts eHealth Institute Regional Extension Center Roles and Responsibilities

MeHI/Regional Extension Center	Implementation and Optimization Organizations
<ul style="list-style-type: none"> <li>Pursuant to RFP process, certifies IOOs for program participation to recruit providers and supply implementation services</li> <li>Pursuant to RFP process, contracts with H/S vendors to sell products/services to providers at preferred prices</li> <li>Provides financing services to providers and integrates/coordinates Medicaid incentive payments</li> <li>Oversees certification and recertification process for providers                             <ul style="list-style-type: none"> <li>Provides certification and re-certification certificate</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Recruits providers into program</li> <li>Contracts with providers for full range of implementation services</li> <li>Provides full range of implementation services thru to meaningful use</li> </ul>
Providers	Hardware/Software Vendors
<ul style="list-style-type: none"> <li>Contract with IOO for full implementation package</li> <li>Contract with participating H/S vendors for provision of products and services at preferred prices</li> </ul>	<ul style="list-style-type: none"> <li>Contracts directly with providers</li> <li>Provide products and services directly to providers pursuant to terms negotiated with MeHI/REC</li> </ul>

Potential REC Value Proposition includes: \$ 5K incentives, loan program, HIE integration, Ch. 305 compliance, process for meaningful use/maximize HITECH incentives, contract templates, lead generation

### EHR Implementation: Overview of Contracts and Services



## Massachusetts eHealth Institute Potential Funding Model

Potential Revenue Sources for REC	Potential approach and process
<ul style="list-style-type: none"> <li>• Funding from HITECH: \$5000/priority provider               <ul style="list-style-type: none"> <li>– Estimate of 2,400 priority providers</li> </ul> </li> <li>• Initial fees for services and certification of Chapter 305 compliance and eligibility for HIE integration</li> <li>• Modest ongoing fees for services and re-certification of Chapter 305 compliance and HIE integration (e.g., every two years)</li> <li>• Additional services               <ul style="list-style-type: none"> <li>– Educational programs</li> <li>– Best practices</li> <li>– Communities of practice</li> <li>– Etc.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• REC would provide incentive funding to IOO to be used to reduce implementation pricing to provider</li> <li>• Certification body would certify and re-certify providers so that they would receive licensure per Ch. 305 and be allowed to connect to HIE</li> <li>• Every two years re-certification required</li> </ul>