REQUEST FOR APPLICATIONS

ENHANCED HEALTH INFORMATION EXCHANGE PROGRAM

Open Date: December 9, 2016

Close Date: January 9, 2016, 4:00pm

Department of Health Care Finance
441 4th St. NW, Suite 900S
Washington, DC 20001
TEL: (202) 442-4790

LATE APPLICATIONS WILL NOT BE ACCEPTED

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Section I: Funding Opportunity Description

A) Background

The mission of the Government of the District of Columbia's Department of Health Care Finance (DHCF) is to improve the health outcomes of District (DC) residents by providing access to comprehensive, cost effective, and quality healthcare services. As the single state Medicaid Agency, administers the Medicaid program and the State Child Health Insurance Program (CHIP). DHCF also administers the locally-funded Healthcare Alliance Program (Alliance). Through these programs, DHCF provides health care services to children, adults, elderly and persons with disabilities who have low-income. Over 250,000 District residents (one-third of all residents) receive health care coverage through DHCF's Medicaid, CHIP and Alliance programs. DHCF strives to provide access to health care services in the most appropriate and cost-effective settings possible.

Within DHCF, the Health Care Reform and Innovation Administration (HCRIA) is tasked with developing and implementing innovative care delivery and payment reforms including the technology platforms required to support them. This includes the management of DC's Medicaid Electronic Health Record Incentive Program (MEIP), which coordinates payments to providers for the adoption and meaningful use (MU) of electronic medical records. Additionally, HCRIA leads DC's health information exchange (HIE) program, which aims to increase the quality, accessibility, equity and value of healthcare in DC by facilitating the secure and timely exchange of usable health-related information.

The scope of work funded by this grant supports the District's goal to transform our healthcare system by linking high-cost, high-need residents to care coordination, aligning payments with health outcomes, and developing a continuous learning health system that supports more timely, efficient, and better quality healthcare throughout the care continuum, as described in the recently released District of Columbia State Health Innovation Plan.

B) Program Description

Under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), DC is eligible to receive Federal financial participation funds for the design, development and installation (DDI) of specific health information technology (HIT) and health information exchange (HIE) initiatives. DHCF will leverage these funds to build upon existing HIE infrastructure in DC to connect providers with

essential healthcare-related data. In doing so, DC will move closer to its ultimate goal of establishing full District-wide healthcare data interoperability.

On July 19th, 2016, the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) approved DHCF's HIT Implementation Advance Planning Document-Update (IAPD-U), which enables DHCF to use federal funding for the DDI of the five (5) HIE-related initiatives included within this IAPD-U. The Director of DHCF has authority pursuant to the Department of Health Care Finance Establishment Act of 2007, effective February 27, 2008 (D.C. Law 17-109; D.C. Official Code 7-771.05(4) (2012 Repl.) to make grant funds available to help develop a comprehensive, efficient, and cost effective health care system for the District's uninsured, underinsured, and low-income residents. DHCF plans to issue grants to one (1) or more qualified applicants for the implementation of five (5) health information exchange (HIE) initiatives in the District of Columbia (District): 1) Dynamic Patient Care Profile, 2) Obstetrics/Prenatal Specialized Registry, 3) Electronic Clinical Quality Measurement Tool and Dashboard, 4) Analytical Patient Population Dashboard, and 5) Ambulatory Connectivity and Support for a performance period of February 1st, 2017 until September 30th, 2017. The following is an overview of each initiative:

Chart 1 – Overview of DC HIE RFA Initiatives

#	INITIATIVE	INITIATIVE DESCRIPTION	AVAILABLE FUNDING
1)	**Dynamic Patient Care Profile**	Design and implement an 'on-demand' web-based document accessible to eligible professionals (EPs) and eligible hospitals (EHs) (in addition to members of their care team) that would display an aggregation of both clinical and non-clinical data for a selected patient.	$964,200
2)	**Electronic Clinical Quality Measurement Tool and Dashboard**	Design and implement an electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by EPs and EHs to calculate their performance against quality measures for their empaneled patient population.	$450,000
3)	**Obstetrics/Prenatal Specialized Registry**	Design and develop an electronic form within a District-specified electronic health record (EHR) environment, along with a	$542,680

		separate web-based accessible outside of that EHR system, that enables EPs and EHs to directly enter and submit data associated with prenatal screenings and assessments to the District's OB/Prenatal Specialized Registry.	
4)	**Analytical Patient Population Dashboard**	Design and develop a population-level dashboard accessible by EPs and EHs for patient panel management.	$590,000
5)	**Ambulatory Connectivity and Support**	Engage EPs and support their connection to the DC HIE, including technical assistance aimed at the advanced use of HIE services.	$375,000

C) Key Dates and Information

RFA Release Date	Friday, December 9, 2016
Pre-Application Meeting (Date)	Thursday, December 15, 2016
Pre-Application Meeting (Time)	10:30 to 11:30 a.m.
Pre-Application Meeting (Location/Conference Call Access)	441 4th St. NW, 10th Floor, Room 1028 Washington, DC 20001
Deadline to submit written questions	Monday, December 19, 2016
Questions should be submitted to	HealthIT@dc.gov
Answers to questions available on	Tuesday, December 27, 2016
Questions will be available at	http://dhcf.dc.gov/page/health-information-technology-01
Application Deadline Date	Monday, January 9, 2017
Application Deadline Time	By 4:00 p.m.
Award Announcement	Wednesday, February 1, 2017
Grant Start and End Dates	February 1, 2017 to September 30, 2017

D) Program Benefits

This grant will support DC's overall HIE vision to bolster the exchange and integration of data associated with population health, social determinants of wellbeing, clinical care and health-related service utilization throughout the care continuum to improve health outcomes, control health care costs, and enhance the patient experience of healthcare received throughout DC. The strategy to reach this vision is outlined in DC's HIE Roadmap (**See Attachment A**), where existing HIE infrastructure will be leveraged to improve overall connectivity and interoperability. This grant includes HIE initiatives that will build off of this Roadmap. Chart 2 provides a summary of DC's overall HIE vision, alongside the goals and objectives for this grant driven by DC's HIE Road Map.

Chart 2 – DC's HIE Vision and Grant Goals/Objectives

OVERALL VISION FOR HIE IN DC	
Bolster the exchange/integration of data associated with population health, social determinants of wellbeing, clinical data and health-related service utilization throughout the care continuum to improve health outcomes, control health care costs, and enhance the patient experience of care received throughout DC.	
ROAD MAP GOAL #1: Promote providers' ability to share structured reports on patient care management that promotes coordinated care, quality improvement programs, performance reporting, and public health initiatives, among other aims	*Objective A* – Increase the ability of EPs and EHs to access key data captured outside of their practices/organizations to improve/manage the health of their patient populations
	Objective B – Create a single source for EPs and EHs to access critical patient information
	Objective C – Incorporate Medicaid claims data and real-time ambulatory connectivity, alongside existing hospital data networks, to enable greater insight into patient's current and future health beyond the data captured in the individual medical record
ROAD MAP GOAL #2: Enhance the sharing and use of patient histories in support of patient safety	*Objective A* – Leverage technical integration and outreach support services to increase the use of practice-level HIE tools and services
	Objective B – Drive connectivity to ambulatory EPs and practices for clinical data sharing
	Objective C – Support practice-level connectivity through services such as baseline data exchange and clinical quality measurement
ROAD MAP GOAL #3: Develop and prioritize use cases critical for the improvement of population health and the management of special populations	*Objective A* – Enhance EP and EHs' ability to capture risk-based data on specific subsets of their patient populations
	Objective B – Implement electronic transmission of risk-based data to help EPs and EHs better engage beneficiaries in improving their care
	Objective C – Ease provider and practice burden associated with quality reporting requirements
	Objective D – Implement eCQM measurement and reporting to help EPs and EHs meet mandatory reporting criteria

E) Purpose of RFA

The purpose of this RFA is to solicit applications from non-profit organizations operating an active health information exchange in DC that can lead the DDI of the five (5) HIE-related initiatives described in Chart 1. For the purposes of this RFA, a health information exchange is defined as an interoperable system that facilitates patient care for District residents through the secure electronic exchange of health-related information among approved, qualifying partners according to nationally recognized Health IT standards.

F) Available Funding

The availability of funding for this RFA is contingent upon availability of funds to CMS by the U.S. Department of Health & Human Services (HHS) under the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, approved February 27, 2009, Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act (ARRA) of 2009 (Pub. L. No. 111-5, §§ 13001-424,123 Stat. 226), and any required local matching funds.

The total amount of funds available is up to two million nine-hundred twenty-one thousand eight hundred and eighty dollars ($2,921,880.00). DHCF may award all five initiatives to one applicant, or may make awards on the basis of merit scores for each initiative.

The services available for funding under this RFA represent a subset of the total expenditures approved by CMS in this IAPD-U. Please note, respondents to the RFA will be permitted to sub-grant some of the work set forth under this RFA. For the purposes of this award, a sub-grant includes any legally-binding agreement between an awardee and sub-grantee. Please note this is the only opportunity to request sub-grant funding for the services funded under this RFA.

Section II: Award Information

DHCF announces the availability of grant funds for the Fiscal Year 2017 (FY 2017) to one or more qualified applicants to build upon existing HIE infrastructure to connect providers with essential healthcare-related data within the District of Columbia. Each applicant responding to this RFA must demonstrate their capacity to lead the design, development and installation (DDI) of *all five* initiatives described in Chart 1.

Due to the intricacies and breadth of the initiatives included in this RFA, applying entities may propose the use of sub-grantees. DHCF reserves the right to select up to five (5) awardees and

may award all five initiatives to one applicant, or may make awards on the basis of merit scores for each initiative (see Section VI, criteria 3, page 26).

For further information, please contact:

Wanda Foster
Department of Health Care Finance
Health Care Reform and Innovation Administration
441 4th St. NW, Suite 900S
(202) 442-4623
HealthIT@dc.gov

Up to two million nine-hundred twenty-one thousand eight hundred and eighty dollars ($2,921,880.00) will be available to fund up to five (5) HIE-related initiatives (See Chart 1). The grant will be for a period of eight (8) months from February 1, 2017 to September 30, 2017.

Section III: Eligibility Requirements

A) Qualified Organization

Applicants must have the authority to enter into an agreement with DHCF and be in compliance with applicable District of Columbia laws and regulations. Additionally, applicants shall be able to show proof of the following eligibility requirements to submit an application for this grant:

1. Be organized under the District of Columbia Non-Profit Corporation Act (D.C. Official Code, sec. 29-501 et *seq*) or organized as a Non-Profit organization in the jurisdiction where the entity is incorporated;
2. Should have a 501(c)(3) or 501(c)(4) determination pursuant to the Internal Revenue Code, except that an organization described in Section 501(c)(4) of the Internal Revenue Code that engages in lobbying activities shall not be eligible to apply, serve as a host site for members or act in type of supervisory role in the program; and
3. Be a health information exchange operating in the District as of January 1, 2016 to facilitate patient care for District residents through the secure electronic exchange of health-related information among approved, qualifying partners according to nationally recognized standards.

Sub-grants are permitted for qualified organizations. Applicants who plan to sub-grant shall submit a sub-grantee plan as part of their response, including a signed letter of commitment from sub-grantees.

B) Administrative Criteria

To be considered for review and funding, applications shall meet all of the administrative criteria listed below. ***Failure to meet any one of the following criteria may mean the application is ineligible for further review and award***.

1. The application proposal format conforms to the "Proposal Format and Content" listed in Section V.C.1 of the RFA.

2. The application is printed on 8 ½ by 11-inch paper, double-spaced, on one side, using 12-point type with a minimum of one inch margins, with all pages numbered.

3. Narrative for Section V.C.2 shall not exceed 25 pages. *NOTE: Attachments and appendices do not count towards the page limit*.

4. The Program Budget and Budget Narrative are complete and consistent with the Budget form listed as **Attachment B** of the RFA. The line item budget narrative describes the categories of items proposed.

5. The Certifications and Assurances listed in **Attachments C** and **D** are signed and dated.

6. Application must be submitted in a sealed envelope. Sealed envelopes must be clearly identified by the organization name, RFA number, and project name using the DHCF Receipt (See **Attachment E**). **Unsealed and unidentified applications will not be accepted**.

7. The applicant shall submit five (5) hard-copies of their proposal and one (1) electronic copy submitted on a flash drive or CD. Of the five (5) hard copies, one (1) copy must be stamped "original." The electronic copy must be submitted in .PDF format.

8. The application must be submitted no later than 4:00 p.m., Eastern Standard Time (EST) by the deadline date of January 9, 2017 to DHCF c/o Wanda Foster, 441 4th St. NW, Suite 900S, Washington, DC 20001.

C) Privacy and Security

Grantee shall ensure all initiatives are built according to current industry standards and best practices regarding system performance, privacy, and system security. This includes ensuring technical policies and procedures are in place for electronic information systems that maintain electronic protected health information to allow access only to those persons or software programs that have been granted access rights as specified in 45 CFR § 164.308(a)(4)[Information Access Management] (See **Attachment F** for Health Insurance Portability and Accountability Act of 1996 (HIPAA) Checklist).

Specifically, the Grantee shall:

- Ensure any and all sensitive health information is only transmitted via point-to-point transmission
- Establish protocols and/or systems in place to prevent secondary use of data, unless it is related to approved population-based activities such as those related to improving health or healthcare costs, case management, and/or care coordination, among others
- Develop and implement protocols, methodologies, and a monitoring approach designed to discover any unusual findings or unauthorized access, which can be identified with an audit of the user access logs. User access logs must be immutable or support non-repudiation (i.e., information in logs cannot be altered by anyone regardless of access privilege)
- Take affirmative action to protect a patient's protected health information (PHI) including sensitive health information from a breach or non-HIPAA violation
- Comply, at minimum, with the most recent Level 2 requirements set forth by the National Institute of Standards and Technology (NIST) in the April 2006 Special Publication 800-63 (Version 1.0.2)
- Adopt and implement, where applicable, an authentication process that requires two-factor authentication with two characters that include a username and password, along with an additional security precaution, which may include a security question or a device registration

- Assign a unique name and/or number for identifying and tracking user identity
- Ensure all data stored to authenticate an authorized user is encrypted to the level set by industry best practices
- Establish (and implement as needed) procedures for obtaining necessary electronic protected health information during an emergency
- Implement electronic procedures that terminate an electronic session after a predetermined time of inactivity generally not to exceed five (5) minutes
- Implement a mechanism to encrypt and decrypt electronic protected health information
- Implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information
- Implement policies and procedures to protect electronic protected health information from improper alteration or destruction
- Establish policies and procedures for the appropriate notification and remediation activities, consistent with the Health Information Technology for Economic and Clinical Health Act (HITECH) Act of 2009, in the event of a data breach involving ePHI

D) Insurance

Where applicable, the applicant shall provide the name of all of its insurance carriers and the type of insurance provided (e.g., its general liability insurance carrier and automobile insurance carrier, workers' compensation insurance carrier, fidelity bond holder (if applicable).

E) Compliance with Tax Obligations

Prior to execution of a grant agreement as a result of this RFA, a recipient must be in compliance with District licensing and tax laws and regulations.

1. The Applicant must submit a current completed W-9 form (See **Attachment G**) prepared for the U.S. Internal Revenue Service (IRS). DHCF defines "current" to mean that the document was completed within the same calendar year as that of the application date.

2. The tax exemption affirmation letter is the IRS's determination letter of non-profit status. If this letter is not available, then the Applicant should provide its most recent IRS Form 990 tax return, if one was submitted. If no return has yet been filed, the organization can submit its application for tax-exempt status. If the group has a supporting organization with an IRS tax-exempt status determination, then that organization's tax exemption affirmation letter should also be submitted.

3. The Applicant shall comply, where applicable, with any federal and District licensing requirements.

F) Statement of Certification

Applicant shall submit a Statement of Certification (See Attachment C), signed by the duly authorized officer of the applicant organization, the truth of which is sworn or attested to by the applicant, which states:

1. The individuals, by name, title, address, and phone number who are authorized to negotiate with the Department on behalf of the organization;

2. That the applicant is able to maintain adequate files and records and can and will meet all reporting requirements;

3. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;

4. Whether the applicant, or where applicable, any of its officers, partners, principles, members, associates or key employees, within the last three (3) years prior to the date of the application, has:
    a. Been indicted or had charges brought against them (if still pending) and/or been convicted of:
        i. Any crime or offense arising directly or indirectly from the conduct of the applicant's organization, or
        ii. Any crime or offense involving financial misconduct or fraud; or
    b. Been the subject of legal proceedings arising directly from the provision of services by the organization.

5. If any response to the disclosures referenced at G.4. is in the affirmative, the applicant shall fully describe such indictments, charges, convictions, or legal proceedings (and the status and disposition thereof) and surrounding circumstances in writing and provide documentation of the circumstances.

6. That the applicant is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia Office of Tax and Revenue (OTR) stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR;

7. That the applicant has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance, and audit trail;

8. That, if required by the Department, the applicant is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;

9. That the applicant is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR § 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating agency;

10. That the applicant has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;

11. That the applicant has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

12. That the applicant has a satisfactory record performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the applicant has otherwise established that it has the skills and resources necessary to perform the grant;

13. That the applicant has a satisfactory record of integrity and business ethics;

14. That the applicant has the necessary organization, experience, accounting and operational controls, and technical skills to implement the grant, or the ability to obtain them;

15. That the applicant is in compliance with the applicable District licensing and tax laws and regulations;

16. That the applicant complies with provisions of the Drug-Free Workplace Act;

17. That the applicant meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations; and

18. That the applicant will, if successful, indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

G) Certificate of Good Standing

Applicant shall represent that it is duly organized, validly existing, and in good standing under the laws of the jurisdiction it is organized or licensed, and it, its employees, agents, sub-grantees, representatives and members of its workforce are licensed and in good standing with the applicable agency, board, or governing body to perform its obligations. It shall also represent that it, its employees, agents, sub-grantees, representatives, and members of its workforce are in good standing with the District of Columbia, that it, its employees, agents, subcontractors, representatives and members of its workforce will submit a Certification of Good Standing from the District of Columbia Department of Consumer and Regulatory Affairs, and that it, its employees,

agents, sub-grantees, representatives, and members of its workforce have not been de-barred from being employed as a Grantee by the federal government of District of Columbia.

H) Auditing Requirement

The Grantee shall submit the results of an annual, single, or program-specific audit as part of their application in accordance with the Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments and Non-Profit Organizations." The audit shall be performed by an independent auditor in accordance with generally accepted government auditing standards. The audit shall include funds passed through the Grantor and expended by the Grantee.

Upon request, an applicant shall provide a copy of its most recent and complete set of audited or unaudited financial statements or if audited financial statements have never been prepared due to the size of newness of an organization, the applicant shall provide, at a minimum, an Organizational Budget, an Income Statement (or Profit and Loss Statement), and a Balance Sheet certified by an authorized representative of the organization, and any letters, filings, etc. submitted to the IRS within the three (3) years before the date of the grant application.

Upon request, the applicant shall provide evidence of being a legally-authorized entity (e.g., 501(c)(3) determination letter) and a current business license, if relevant for the applicant's business status and any correspondence or other communication received from the IRS within the three (3) years before submission of the grant application that relates to the applicant's tax status.

I) RFA Terms and Conditions

The terms and conditions of this RFA are as follows:

1. Funding for this award is contingent on continued funding from the grantor. The RFA does not commit DHCF to make an award;

2. DHCF reserves the right to accept or deny any or all applications if DHCF determines it is in the best interest of District to do so. DHCF shall notify the applicant if it rejects that applicant’s proposal. DHCF may suspend or terminate an outstanding RFA pursuant to its own grant making rule(s) or an applicable federal regulation or requirement;

3. DHCF reserves the right to issue addenda and/or amendments subsequent to the issuance of the RFA, or to rescind the RFA;

4. DHCF shall not be liable for any costs incurred in the preparation of applications in response to the RFA. Applicant agrees that all costs incurred in developing the application are the applicant's sole responsibility;

5. DHCF may conduct pre-award on-site visits to verify information submitted in the application and to determine if the applicant's facilities are appropriate for the services intended; and

6. DHCF may enter into negotiations with an applicant and adopt a firm funding amount or other revision of the applicant's proposal that may result from negotiations.

7. Any and all data requested by DHCF and provided during the contract term shall be made available in a format as requested and/or approved by DHCF.

8. If there are any conflicts between the terms and conditions of the RFA and any applicable federal or local law or regulation, or any ambiguity related thereto, then the provisions of the applicable law or regulation shall control and it shall be the responsibility of the applicant to ensure compliance.

Section IV: Scope of Work

In addition to the requirements set forth in *Section III: Eligibility Requirements,* each applicant responding to this RFA must demonstrate their capacity to lead the design, development and installation (DDI) of all five initiatives described in Chart 1. Due to the initiatives' reliance on data stored by District government entities, applicants shall demonstrate their ability to collaborate with the relevant District government entities. As noted in subsequent sections, the successful applicant shall be prepared to provide these services working in conjunction with DHCF, DHS, and any associated contractor or subcontractor as necessary to complete this work.

Descriptions of the specific scope of work for each initiative can be found in the subsections below.

A) Dynamic Patient Care Profile

The Dynamic Patient Care Profile will provide a single electronic source where qualified users can access information necessary to adequately coordinate the care of patients.

This tool will help providers quickly gather relevant information about a patient, to facilitate better care coordination and potentially better outcomes. Additionally, it will allow clinicians (and their associated care teams) to verify the accuracy of the data captured within their own EHR systems.

The Grantee shall comply with the following requirements in the DDI efforts associated with the Dynamic Patient Care Profile:

1. The Grantee shall ensure the Patient Profile is populated with the following required data elements from the following data sources:

Chart 3 – Required Data Sources and Types for the Dynamic Patient Care Profile

#	DATA SOURCE	DATA SYSTEM(S)	DATA ELEMENT(S)
1)	DC Department of Health Care Finance	Medicaid Management Information System (MMIS) Medicaid Claims Data Warehouse (MDW)	Attributed Entities, Diagnosed Chronic Conditions, Immunization Data, Medicaid Claims History, Patient Demographics, Risk Stratification, and Medication(s)
2)	DC Department of Human Services	Homeless Management Information System (HMIS)	Housing Status
3)	Chesapeake Regional Information System for our Patients (CRISP)	Admission, Discharge, Transfer (ADT)/Encounter Notification Systems Query Portal System	Care Plan/Management Information, Hospital/Ambulatory Utilization, and Patient Demographics

2. The Grantee shall aggregate all required data using Application Programming Interfaces (APIs).

3. The Grantee shall ensure that the Patient Care Profile aggregates the required data elements at the individual patient level.

4. The Grantee shall provide access to the Patient Care Profile through a web-based portal system.

5. The Grantee shall restrict access to the following qualified users:

    a. District MU Eligible Professionals
    b. District MU Eligible Hospitals
    c. District Federally Qualified Health Centers (FQHCs)
    d. District Medicaid Managed Care Organizations (MCOs)
    e. District Health Homes

6. The Grantee shall ensure all DDI work for the Patient Care Profile reflects the needs of the District's payment reform and quality initiatives, which include the Medicaid Health Homes programs, pay-for-performance (P4P) incentives for District Medicaid Managed Care Organizations and Federally Qualified Health Centers, and other efforts described in the District of Columbia State Health Innovation Plan.

7. The Grantee shall ensure DDI work associated with HMIS is coordinated with DHS and their associated sub-grantees, including the development of the HMIS API and DHS enterprise service bus (ESB).

8. The Grantee shall provide the following information to DHCF on a monthly basis for the purposes of project performance monitoring:

    a. Percentage of Dynamic Patient Care Profile initiative completed, and a brief narrative description of progress on major milestones.
    b. Number of times unique users accessed the Dynamic Patient Care Profile
    c. Number of unique users that accessed the Dynamic Patient Care Profile

B) Electronic Clinical Quality Measurement Tool and Dashboard

The eCQM Tool and Dashboard will support providers' ability to meet MU requirements, and can be leveraged to fulfill future Federal and District quality reporting requirements.

The Grantee shall comply with the following requirements for the the Electronic Clinical Quality Measurement (eCQM) Tool and Dashboard:

1. The eCQM Dashboard provides users with the option to route Continuity of Care Documents (CCDs) from EPs and EHs, as per the most recent C-CDA standards from Health Level Seven International (HL7) and the American Section of the International Association of Testing Materials (ASTM).

2. The routed CCDs can be used to facilitate all measure calculations associated with DC's MU program.

3. The eCQM Dashboard is accessible through a web-based portal system.

4. Medicaid claims data can be routed through the eCQM Dashboard.

5. The eCQM dashboard enables end users to calculate and view their own performance against specific measures, both on a patient and/or practice level.

6. The eCQM dashboard can allow providers to view specific measure individual-level data used to calculate eCQMs for their attributed patients.

7. Establish an outreach team(s) to work with providers' CCD specifications to safeguard against inaccurate measure calculations.

8. Restrict access for the following qualified users:

    a. District MU Eligible Professionals
    b. District MU Eligible Hospitals
    c. District Federally Qualified Health Centers (FQHCs)
    d. District Medicaid Managed Care Organizations (MCOs)
    e. District Health Homes
    f. Designated District Government personnel

9. The Grantee shall provide the following data to DHCF on a monthly basis for the purposes of project performance monitoring:

    a. Percentage of eCQM Tool and Dashboard initiative completed, and a brief narrative description of progress on major milestones.
    b. Number of times unique users accessed the eCQM Tool and Dashboard
    c. Number of C-CDAs submitted for eCQM calculation by the eCQM Tool and Dashboard

C) Obstetrics/Prenatal Specialized Registry

The Obstetrics/Prenatal Specialized Registry will help the District address a major public health issue – infant mortality and poor birth outcomes. The District has one of the highest rates of infant death among capital cities in high income countries. This registry will support providers in gaining a better understanding of their pregnant and post-

partum patients, and promote providers' ability to deliver more tailored, person-centered care. Additionally, this registry will move the District closer to the interoperable infrastructure needed to track, analyze, and engage this specific patient subpopulation in pre- and postnatal care.

The Grantee shall comply with the following requirements for the DDI efforts associated with the Obstetrics/Prenatal Specialized Registry:

1. The Grantee shall work with the largest EHR vendor in the District (by market-share of the Medicaid provider population), eClinicalWorks (eCW), to develop a method in which EPs and EHs can automatically capture and submit Medicaid-required prenatal assessment data from within the eCW platform.

2. The Grantee shall ensure the eCW-based tool captures all data points required as part of the District's current Obstetrical Authorization and Initial Assessment form (See **Attachment H**).

3. The Grantee shall ensure the eCW-based tool integrates seamlessly with DHCF's web-based reporting application using a 2014 CEHRT-compatible file format.

4. The Grantee shall ensure the eCW-based tool has the ability to align with any relevant standards CMS/ONC adopts for Public Health Registry Reporting in the future.

5. The Grantee shall provide training to all end users on how to use the eCW-based tool and integrate it into their current clinical workflows.

6. The Grantee shall provide the following data to DHCF on a monthly basis for the purposes of project performance monitoring:

    a. Percentage of initiative completed, and a brief narrative description of progress on major milestones.
    b. Number and percentage of unique users that submitted data to the Obstetrics/Prenatal Specialized Registry through the eCW-based tool
    c. Number of times unique users submitted data to the Obstetrics/Prenatal Specialized Registry through eCW-based tool

D) Analytical Patient Population Dashboard

The Analytical Patient Population Dashboard will support providers' ability to better manage their panel population through the creation of standardized and ad hoc reports, using data from various information points. As the District intends to link more health care payments to quality and alternative payment models, the Analytical Patient Population Dashboard will increase providers' success in shifting towards more shared-risk and population-based payment approaches that incentivize improvements in the quality and efficiency of person-centered care. The success of this shift will depend on providers' ability to manage their patient populations effectively. This includes their ability to identify high-cost patients and/or patients at high risk of developing costly and harmful conditions, such as diabetes and heart failure.

The Grantee shall comply with the following requirements for the DDI efforts associated with the Analytical Patient Population Dashboard:

1. The Grantee shall develop a web-based dashboard that uses the various data sources captured and/or connected as part of the initiatives described in this RFA (e.g., Dynamic Patient Care Profile APIs, eCQM data, structure data captured in the Obstetrics/Prenatal Specialized Registry, and provider- and practice-level data captured through the ambulatory connectivity and support efforts).

2. The Grantee shall develop custom reports that support end user's participation in Federal and District healthcare reform initiatives.

3. The Grantee shall configure the data and reports accessible through the dashboard so it can be tailored to specific user types (e.g., EPs, EHs, etc.) in order to align with Federal and District program requirements.

4. The Grantee shall restrict access to the following qualified users:

    a. District MU Eligible Professionals
    b. District MU Eligible Hospitals
    c. District Federally Qualified Health Centers (FQHCs)
    d. District Medicaid Managed Care Organizations (MCOs)
    e. District Health Homes
    f. Designated District Government personnel

5. The Grantee shall provide the following data to DHCF on a monthly basis for the purposes of project performance monitoring:

    a. Percentage of the Analytical Patient Population Dashboard initiative completed, and a brief narrative description of progress on major milestones.
    b. Number of unique users that used the Analytical Patient Population Dashboard
    c. Number of times unique users accessed the Analytical Patient Population Dashboard

E) Ambulatory Connectivity and Support

Many ambulatory EPs do not yet have the connectivity, tools, and skills needed to succeed in population-based quality and value-based health care payment models. These EPs need support to connect and transform their practices and prepare for success in quality-based payment models. The Grantee will provide technical assistance to directly engage with Medicaid ambulatory EPs and assist them in on-boarding activities associated with DC's growing compendium of HIE services, including those associated with DHCF's Health Home programs

Efforts associated with this Ambulatory Connectivity and Support task shall include the following elements:

1. The Grantee shall ensure in-person support is available for all outreach and implementation efforts.

2. The Grantee shall include the following assessment activities in their efforts:

    a. Data quality of outbound C-CDAs
    b. Effective use of current DC HIE services (e.g., Admission, Discharge, Transfer (ADT)/Encounter Notification Service (ENS) services, etc.)
    c. Integration of the eCQM Dashboard, Analytical Patient Population Dashboard, and/or Dynamic Patient Care Profile into current clinical workflows and EHR technology (where feasible).

3. The Grantee shall help support EPs in meeting HIE-related MU requirements (e.g., MU State 1 or 2 – Objective #2; MU Stage 3 – Objective #7).

4. The Grantees shall support EPs in using HIE services to complement ongoing healthcare reform efforts in the District as highlighted in the District's State Health Innovation Plan (SHIP), particularly those pertaining to the District's current and future Health Home initiatives.

5. The Grantee shall develop a peer learning collaborative focused on workflow design activities associated with the integration of District's available HIE services.

6. The Grantee shall develop best practice guidelines providing a roadmap for optimal use of HIE services based on the practical experiences of the District's most successful EPs.

7. The Grantee shall provide the following data to DHCF quarterly for the purposes of project performance monitoring:

    a. Number of ambulatory practices/providers contacted
    b. Number of ambulatory practices/providers that have integrated one (or more) HIE service
    c. Number of outbound C-CDAs generated from ambulatory practices/providers

Section V: Application and Submission Information

A) Pre-Application Conference

A pre-application conference is scheduled for:

Thursday, December 15, 2016 from 10:30 – 11:30 AM ET
Department of Health Care Finance
441 4th St. NW, 10th Floor, Room 1028
Washington, DC 20001

B) Application Delivery

Applications are due no later than 4:00 p.m., Eastern Time (ET) on Tuesday, January 9, 2017, to DHCF, c/o Wanda Foster 441 4th St. NW, Suite 900S, Washington, DC 20001. Applications will not be accepted by email or fax.

Applications must be submitted in person and must be submitted in their entirety, including any supplemental documents as indicated in section III. B.7. Applicants will not be allowed to assemble application material on the premises of DHCF. All applicants will be provided with a hard copy receipt.

Applications submitted after the deadline will not be accepted. Any additions or deletions to an application will not be accepted after the deadline.

C) Application Requirements

1. Proposal Format and Content

a. Table of Contents
b. Narrative
c. Proposed Budget and Budget Justification
d. Proposed Work Plan
e. Appendices
    Appendix 1: IRS letter of non-profit corporation status
    Appendix 2: Most recent annual audit
    Appendix 3: Proposed Organizational Chart
    Appendix 4: Proposed staff resumes
    Appendix 5: Proposed staff job descriptions
    Appendix 6: District of Columbia Business License
    Appendix 7: Certificate of Good Standing
    Appendix 8: Completed W-9 Form
    Appendix 9: List of District Grants (FY16-17)
    Appendix 10: Completed Automated Clearing House Form

2. Program Narrative

The narrative section (which is limited to 25 pages) should describe the applicant's past experience and technical expertise in providing health information exchange services related to the five (5) initiatives described in Chart 1. This section shall also articulate how the applicant plans to meet all requirements and objectives captured in the RFA, particularly the Scope of Work. This includes addressing the following areas as detailed below:

a. Identify your organization's operational readiness and capabilities to design, develop and install each initiative. Please include your organizations history, experience, and/or knowledge related to health

information exchange and the corresponding initiatives sought in this RFA.

b. Describe your plan, process, and approach to establishing each initiative and the extent to which the tools will interact with one another. Please include your organization's plans to collaborate with DHCF, DHS, and any required District Government contractors/sub-contractors.
c. Describe any existing or proposed partnerships (i.e., sub-grantees) that will assist in the development and implementation of these initiatives. Please include a description of their qualifications and why they are necessary for the success of the corresponding initiative.

3. Proposed Project Plans

The proposed project plans narrative shall describe how the applicant will organize, staff, and manage each of the initiatives listed in Chart 1 and the SOW. Each project plan shall also include proposed start and completion dates associated with the major milestones of the initiative.

4. Grant, Fiscal, and Financial Management

Describe how your organization will provide sound grant and fiscal management for the project, including experience in managing other grant funds. Include a summary of the grant, fiscal, and financial management systems currently in place that will support the DDI efforts around the initiatives included in this RFA. Appendix 10 of your proposal shall include a list of any grants received in FY16 and/or any expected grants to be received in FY17 from the District Government. This list shall state the District Government entity providing the grant, description of the SOW, the total grant amount, and the timeframe for the grant.

5. Program Reporting

Discuss your organization's approach to report measurable progress and the frequency of reporting (e.g., weekly, monthly, etc.). Include details on how this approach incorporates District initiatives and priorities.

6. Applicant Qualifications

a. Describe the leadership capacity of your organization. Please include your organization's specific involvement and roles in the District's health information exchange efforts in the last five (5) years.

b. Discuss your mission and compatibility between your organization and the District Government, particularly DHCF. Please include how the initiatives included in this RFA are compatible or will enhance your organization's mission and future plans for HIE in the District. Additionally, please describe why your organization is "best" qualified to design and implement these HIE-related initiatives.

7. **Program Budget and Narrative Justification**
   The applicant shall provide a line-item budget and budget narrative justification. The budget narrative justification should clearly state how the applicant arrived at the budget figures. The applicant shall also submit a proposed five-year budget forecast (through the end of FY2021) that illustrates assumptions regarding the long-term sustainability of the HIE initiatives listed in Chart 1.

D) Funding Restrictions

Any award associated with this RFA is limited to the availability of the District local appropriation as well as federal funding in Fiscal Year 2017 as set forth in DHCF's latest HIT Implementation Advance Planning Document-Update (IAPD-U) approved by the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) on July 19th.

Section VI: Application and Review Information

A) Criteria

All applicants for this RFA will be objectively reviewed and scored against four criteria:

Criteria 1: Organizational Structure and Project Leadership (Total of 10 Points)

a. The applicant provides a description of all staff and/or positions to be used to perform the work under the RFA; resumes of key staff proposed and job descriptions for any key positions proposed; and an organizational chart, including any potential sub-grantees, showing clear lines of authority and responsibility. The applicant provides a clear discussion of how the organizational structure supports the objectives under this RFA. (*5 Points*)

b. The applicant provides a staffing plan that outlines staff and subcontractors being offered to perform the tasks, indicating level of effort as well as duties and responsibilities in relation to the scope of work. The staffing plan shall include the timeframes for commitment of each staff person to this project and a description of how the applicant's staff and subcontractors will be organized and supervised to meet all RFA requirements (*5 Points*)

Criteria 2: Operational Readiness and Capacity (Total of 30 Points)

a. The applicant describes the organization's history, experience, and/or knowledge related to health information exchange in the District that would support their ability to meet all RFA requirements. (10 Points)
b. The applicant demonstrates the operational readiness to design, develop and install each initiative. *(15 Points)*
c. The applicant identifies their strengths and barriers to successful DDI of each HIE initiative and presents action plans to overcome these weaknesses. *(5 Points)*

Criteria 3: Process and Plans to Design, Develop, and Install Each Initiative in Chart 1 (Total of 45 Points)

a. The applicant's plan addresses the unique requirements of each initiative, and provides a realistic implementation schedule. (*15 Points, 3 points per initiative*)
b. The applicant discusses the practical experience it will apply in planning and implementing *each* initiative. The applicant includes information on the knowledge and experience of proposed staff, and sub-grantees (if applicable), related to each of the HIE initiatives proposed (*10 Points, 2 points per initiative*)
c. The applicant presents a thorough approach to assessing user needs and implementing a user-centered process for design, development, and installation. (*10 Points, 2 points per initiative*)
d. The applicant describes a streamlined approach to integrate the initiatives designed to enhance end-user experience. (*10 Points*)

Criteria 4: Grant and Fiscal Management and Reporting (Total of 15 Points)

a. The applicant describes the grant, fiscal, and financial management system in place, qualifications of systems management staff, and experience with grant monitoring, and reporting functions within the last five (5) years. The applicant describes how the fiscal and financial management system ensures all expenditures are accurately tracked, reported, and reconciled. (*7 Points*)
b. The applicant presents a reasonable plan for the long-term financial sustainability of the initiatives (3 points).
c. The applicant discusses the protocol for submission of the required progress reports. (*5 Points*)

B) Review and Selection Process

All applications that are complete and meet the eligibility and administrative criteria listed in Section III will be reviewed and scored by a panel of internal or external reviewers who are neutral, qualified, professionals selected by the DHCF Office of the Director for their unique expertise in health information technology, health information exchange, privacy and security, evaluation, and Medicaid. The panel will review, score, and rank each applicant's proposal based on the criteria outlined in the RFA. Scoring and the recommendations of the review panel are advisory.

Applications will be scored according to the evaluation criteria listed above. The results of the evaluation for each application submitted will be classified into one of four categories below:

Chart 4 – RFA Evaluation Classification

Ranking Classification	Point Range
Most Qualified	95 – 100
Very Qualified	80 – 94
Qualified	70 – 79
Minimally Qualified	69 and below

The individual scores of the review panel will be averaged and assigned a classification equivalent to the point range of the averaged scores. The grantee will be selected from among the applications that score in the "Most Qualified" point range category. If no applications are ranked in the "Most Qualified" category, DHCF may select from the "Very Qualified" and/or "Qualified" categories.

The final decision to fund an application rests with the DHCF Office of the Director. If the Office of the Director does not follow the panel's recommendations, they shall provide written justification as required by District regulations.

C) Anticipated Announcement and Award Dates

The anticipated announcement date is February 1, 2017. The anticipated date of award is February 1, 2017.

Section VII: Award Information

A) Award Notices

DHCF will provide the successful applicant with a Notice of Grant Award (NOGA). The NOGA shall be signed and returned to DHCF within 10 business days. Unsuccessful applications will be notified in writing. Grant proceeds will only be paid after receipt of the signed NOGA and release.

B) Programmatic, Administrative and National Policy Requirements

The Grantee will be held to strict milestones and requirements in order to receive the full amount of the grant. This will be based on a DHCF-approved Work Plan, which will be submitted to DHCF 30-days after award.

In order to receive funds associated with this RFA, the grantee (and any sub-grantees) must agree to comply with the procurement regulations outlined in 42 CFR 495.

C) Reporting

Grantees will be required to submit monthly programmatic reports and financial requests for reimbursement. The programmatic reports will indicate the status of goals and performance measures, as well as any successes or challenges encountered during the report period. The financial reports will indicate the status of program spending by category and will be submitted along with all receipts, invoices or other documentation of incurred expenses. Reports are due no later than the 15th after the end of the reported month.

D) Payment

Upon award, DHCF shall provide funding to the Grantee(s) according to the terms outlined in the grant agreement which will include a Fund Disbursement Schedule and

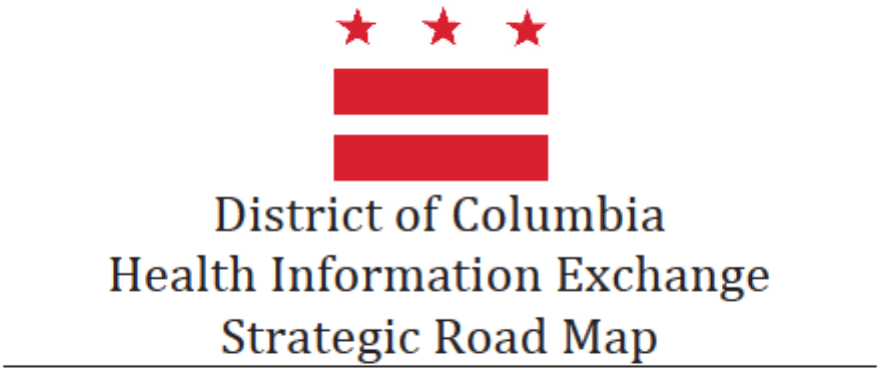
Terms. All payments associated with this grant will be made through an Automated Clearing House (See **Attachment I**).

Section VIII: DC Agency Contacts

For additional information regarding this RFA, please contact Wanda Foster, Health Care Reform & Innovation Administration via email at HealthIT@dc.gov or by phone at (202) 442-4623.

ATTACHMENTS

Attachment A - DC's Health Information Exchange Roadmap



District of Columbia Health Information Exchange Strategic Road Map

A PATHWAY FOR THE FUTURE OF THE DC HEALTH INFORMATION EXCHANGE

Department of Health Care Finance

Introduction

The District of Columbia Health Information Exchange (HIE) Policy Board is a twenty-one (21) member volunteer Advisory Board appointed by the Mayor of the District of Columbia. The Board includes members who represent hospitals, clinicians, payors, consumers and District of Columbia government agencies.

The Department of Health Care Finance (DHCF) is an agency of the District of Columbia Government that is responsible for administering the Medicaid program and for implementing provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act.

The HIE Policy Board was originally convened to, among other things, advise the Department of Health Care Finance (DHCF) regarding a grant from the U.S. Department of Health and Human Services (HHS), Office of the National Coordinator for Health Information Technology (ONC) under the State Health Information Exchange Cooperative Agreement (State HIE) Program to plan and implement statewide Health Information Exchange (HIE). The District used cooperative agreement funds to support hospitals in enrolling with the Chesapeake Regional Information System for our Patients (CRISP) and to expand connectivity of District public health systems.

In 2014, after the funding from the HITECH Act had expired, DHCF and the HIE Policy Board initiated a process for creating a set of policy recommendations to govern the continued operation, maintenance and sustainability of HIE in the District. The process included:

- one-on-one interviews during the summer of 2014 with a range of HIE stakeholders;
- a DC HIE Summit in September, 2014; and
- a series of meetings of the HIE Policy Board in late 2014 and early 2015.

The HIE Policy Board convened three subcommittees, each covering a topic significant to the future development of the HIE: governance, technology and finance. Each subcommittee was chaired by an individual from the Policy Board. This document reflects the recommendations that grew out of the subcommittee and full HIE Policy Board discussions and represents a starting point for continued conversation on how to develop, operate and sustain HIE in the District.

Guiding Principles

A set of guiding principles was put forth by the governance subcommittee and adopted by the Board in order to provide a foundation for its future direction.

Governance of HIE in the District must be inclusive of multiple stakeholders. HIE touches and affects many individuals and organizations within the District. They must have input on development of the HIE policy moving forward.

Goals for HIE should be aligned with District goals for the health of patients. The advantages to a functional and sustainable health information exchange are significant for patients. At the same time, HIE is most effective when it is aligned with other strategies such as payment policy and public health investment. Aligning HIE functionality with payment incentive for providers will produce the most widespread HIE adoption.

Operations of HIE in the District must be flexible to both address and adapt to changes in the marketplace. The state of technology is constantly changing and improving, and the HIE operations must be able to respond to advances in technology, changes in health policy (such as reporting on national quality programs), changes in legal issues (such as those regarding privacy and security of personal health information) and potential new mandates regarding issues such as care coordination or disease surveillance.

Any efforts to expand HIE must coordinate with existing HIE programs within the District. There are a number of HIEs (with various functionality and funding sources) currently operating within the District, each with its own network of patients, providers and stakeholders. (See the Appendix for a table a few selected HIE in the District.) It is important that the efforts to expand HIE build on this work and be coordinated in order to avoid redundancy.

Innovation must be accelerated. Any governance approach to HIE should serve as catalyst for innovations in the way information is exchanged, collected and used.

The privacy and security of personal health information must be preserved. The exchange of personal health data is significant and the appropriate protections, both from a legal and technical standpoint, must be implemented.

In order to operationalize these principles, the DC HIE Policy Board makes the following recommendations:

Recommendations

The recommendations below were adopted by the DC HIE Policy Board.

Governance

Considerations of the Governance Committee

The Governance Committee considered what would be the most appropriate governance model to best serve the DC HIE and its various stakeholders. At the outset of their work, the governance committee drafted a set of guiding principles and also outlined the activities for which the governance entity should be responsible.

In developing their recommendations, the committee examined the pros and cons of the current governance model of HIE activities, the governance models of existing HIE initiatives in the region, and best practices from around the country.

Recommendations in the Area of Governance

The District needs a local coordinating entity to support the development and pursuit of the District's HIE goals. This coordinating entity should adequately represent public and private stakeholders. Private stakeholders should include the right payers, providers and consumers, with consideration given to inclusion of those who would be contributing data and financial support of HIE in the District.

The HIE Policy Board wishes to pursue a governance model that takes a public utility approach. The Board recognizes that both the public and private sectors have strengths needed to promote HIE in the District and the governance model should leverage both. While the Board considered the virtues of creating a new public-private entity, they ultimately took the view that a public-private approach to governance, procurement, and staffing could be pursued through a combination of a DC-based advisory board and partnerships with existing private entities, such as CRISP, Capitol Partners in Care, and others. Because this point generated considerable discussion on the Board, majority and minority views are attached to the Road Map to further explain the thinking behind each perspective.

The governance structure that evolves must ***take on the role of organizing and providing direction to all HIE activities*** in the District. The local coordinating entity should provide input and coordinate efforts across all health and human services cluster agencies.

The governance structure should participate in the following functions for HIE:

1. Develop policies that guide technical activities and how technology is used
2. Provide the guidance for stakeholder compliance with privacy laws (state, federal levels, etc.) and to promote security, access, and use (include patients and policy makers)
3. Convene stakeholders to coordinate HIE activity, address their concerns, and develop a plan for sustainability
4. Identify trusted sources for standards
5. Conduct information dissemination (including reporting and accountability to the public)
6. Act as a liaison with regional and national partners (other state HIEs)
7. Negotiate parameters of interconnectivity between state and other HIE partners
8. Monitor and evaluate performance and outcomes of HIE

Technology

Considerations of the Technology Committee

The Technology Committee considered their charge of making recommendations for a common technology strategy that begins to bridge the existing HIE organizations that already exist within the District. The Technology Committee identified five key HIE partners to include in the coordination of HIE efforts in DC: Capital Partners in Care, the Children's IQ Network, CRISP, Department of Health and iCAMS (see the Appendix for more detail). The technology committee agreed that there are more HIE initiatives and organizations to include in the future, but that these five should be the focus of initial efforts. The committee reviewed the current technologies and services performed by these health information organizations in order to better understand the direction needed to develop a common technology strategy to facilitate the exchange of data among existing entities.

The Technology Committee also sketched out the current data flows among these organizations. Some of the key issues that they raised included the need to understand use cases to drive decisions about technology needs and decisions, the need for care management in ambulatory settings, and whether there is a need for a core infrastructure versus multiple individual interfaces.

The committee also considered some of gaps in the current data structure and flow. Some of the gaps that were identified by the Technology Committee included:

- Some current interfaces are one-way, meaning that data goes in but providers and organizations then cannot access data.
- CRISP data is not widely integrated into existing hospital and clinical EHR systems.
- Exchange capabilities do not provide access to ambulatory and visit history information for Medicaid patients.
- There is not a mechanism for patient matching or a provider directory.

The technology committee concluded that all recommendations must have the goal of making HIE easier, cheaper and more accurate for users and to provide care management, reporting and analytics capabilities.

Recommendations in the Area of Technology

The technology approach must build on existing HIE efforts in the District. The DC HIE Policy Board recognizes the important work being done by multiple stakeholder groups to promote the exchange of health information; any additional efforts should build on and further connect existing HIE approaches.

While continued work to prioritize use cases and populations to be served needs additional attention, the general approach should:

- ***Prioritize serving Medicaid beneficiaries.***
- ***Develop and prioritize use cases critical for the improvement of population health and the management of special populations.***
- ***Promote the sharing and use of patient histories in support of patient safety.*** One of the most promising advantages for HIEs is improved patient safety. Up to 18% of the patient safety errors generally and as many as 70% of adverse drug events could be eliminated if the right information about the right patient were available at the right time.
- ***Continue encounter notification services*** - The District should continue its partnership with CRISP, which provides an encounter notifications service (ENS) and access to a query portal.[1]
- ***Care provider report information*** - The District should promote the ability of providers to share structured reports on patient care management to promote coordinated care, quality improvement programs, performance reporting, and public health initiatives, among other items.
- ***Radiology/special imaging information*** – Significant savings and reduced risk to patients can be achieved through sharing of radiology and imaging information.
- ***Closed loop referrals for transitions of care*** – There should be improved ways to offer referral summaries and follow up visit status reports for individual patients.

[1] Taken from http://www.crisp.org on December 9, 2014.

- ***HIE to support medication management*** – There should be improved access to information on the prescription drugs patients are using to improve patient care and prevent adverse drug interactions.
- ***Increased access to Medicaid claims data*** – Claims data can provide valuable information about patient treatment history that may not be available elsewhere. DHCF should work to make this data available to providers in a private and secure manor.

National data standards should be promulgated to promote interoperability within the District.

Policies and technical safeguards should be developed to protect personal health information.

Finance

Considerations of the Finance Committee

The Finance Committee met to consider recommendations for high level principles on financing options for both the development of, but more importantly, the long term sustainability of an HIE program in DC. The subcommittee examined various financing models that are used for HIE programs, as well as those that are being leveraged within the District to create recommendations for financing. The committee considered information on transaction fees, subscription fees, legislation for local appropriated funds, and Medicaid 90/10 funds.

In developing their recommendations, the committee also considered what the short-term, intermediate and long-term needs would be and how different sources could be leveraged in defining a pathway for sustainability. The committee also identified potential value drivers for HIE participation for some stakeholders, such as reducing readmissions for hospitals or care management and care coordination for payors. The committee considered questions of whether users should pay for services they might utilize or whether all participants should make contributions to support all services. The committee also briefly considered whether legislation or an opt-out strategy should be considered.

Recommendations in the Area of Finance

While start-up resources may be necessary, ***any HIE approach should have a plan for achieving long-term financial sustainability.*** The District should pursue federal 90/10 match for the development of HIE strategies that could serve the Medicaid population.

The Policy Board should ***determine what the value drivers*** are to encourage HIE participation from private stakeholders.

The Policy Board should being ***to lay out options for subscription and transaction fees*** as a source of financing consistent with best practices from other HIEs.

Use Cases

At several points – both before and during the process for developing this Road Map – DHCF HIE program staff have queried various audiences about what types of HIE use cases they would find most valuable. This question was posed in a survey presented to DC health professionals (doctors, nurses and pharmacists) in February 2013 with about 1,000 responses, a series of semi-structured discussions with approximately twenty key stakeholders in July and August of 2014, and a poll conducted of the audience of approximately 150 at the HIE Community Summit in September, 2014.

The results of the most preferred services are summarized in the table below. Across the three surveys, both hospitals discharge summaries and medication history appear in the top three results in in all three surveys suggesting that they may be the best candidate use cases to consider developing for HIE users in DC. Additionally, use cases such as disease management, lab and pathology results and continuity of care documents appeared multiple times in the top five results.

	DC Health Professionals HIE Survey	One-on-one Stakeholder Interviews	HIE Summit
1	Hospital discharge summaries	Medication history	Hospital Discharge Summaries
2	Medication History	Lab and pathology results	Continuity of Care Documents
3	Disease management	Hospital discharge summaries	Medication History
4	Hospital admission, discharge and transfer notifications	Continuity of care documents	Disease Management
5	Lab and pathology results	Referral information	Patient Portal
6	Radiology reports and images	Public health reporting	Public Health Information and Reporting
7	Patient demographic	Hospital admission, discharge and transfer notifications	Lab and Pathology Orders and/or Results
8	e-prescribing link	Disease Management	Patient Demographic Information /Insurance Coverage
9	Continuity of care documents	Radiology images and reports	EHR Lite
10	Referral reports		Hospital Admission, Discharge, and/or Transfer Notifications

Conclusion

Continued development of HIE functionality has the potential to fundamentally transform how health care delivery is practiced within the District. Exponential advances in computing power; the rise of independent HIEs throughout the District; and the integration of public and population health into the HIE have the potential to put significant and needed information in hands of providers, payors and consumers in order to improve health outcomes. It is essential to harness the power of this technology to help create a more modern and advanced health care system within the District – one that is efficient, effective and focused on improving the delivery of health care services to its citizens.

Appendix A: Existing HIE Landscape in DC

	iCAMS	DC DOH	CRISP	Capitol Partners in Care	Children's IQ Network
Data	Behavioral health data only	Immunizations/Vaccines ELR (reportable) Syndromic Surviellence Cancer Reporting Communicable Reportable Disease Clinical Information (hypertention related)	Admissions, Discharge and Transfer (ADT) feeds Labs Ordered Radiology reports D/C summary ENS	Clinical Encounter data (Progress Note, Diagnoses, Medications, Allergies, Immunizations, Labs, DI, etc.) Care Plans generated by CHWs	Pediatric only
Participants	All Mental Health Rehab Services providers (34), 26,000 covered lives	All hospitals participating Ambulatory Care providers (Unity, DCPCA, etc.)	GWU, Howard, Washington Hospital center, Georgetown university Hosptial, providence Hiosopital	Providence Hospital Health Services, Community Health Centers (FQHCs and others), other ambulatory care providers	CNMC, partipcating NOVA clinics.

	iCAMS	DC DOH	CRISP	Capitol Partners in Care	Children's IQ Network
Financing	Funded through federal and local government resources	Funded through federal and local government resources.	Hospitals charged based on intricate formula (inputs: bed size, patient population, and annual revenue). Ambulatory providers receive services for free.	Currently funded through CCIN grant and future funding will come from CMS Innovation grant won by GWU. Participants have agreed to pay to sustain the network following the end of the grants, though currently exploring mechanisms to leverage Medicaid funds	Run and financed by CNMC.

	iCAMS	DC DOH	CRISP	Capitol Partners in Care	Children's IQ Network
Technology Infrastrucutre	Combined web-based EMR, claims/billing, practice management system, business intelligence, CCD	Health Clinical Portals, Clinical Data Repository, Health Business Intelligence, CCD, Case Management, EMPI, , transmission of public health data, and population health surveillance ; clinical data	Query portal, Prescription Drug Monitoring Program (PDMP, currently Maryland only), Encounter Notification Service, Family Reunification portal access (currently DC only)	Longitudinal record for patients built on the eHX server and allows for exchange of anything in a CCD (demographics, procedures, meds, etc.). Allows for integration with CCIN's Case Management system. Integrated with eCW EHR at facilities; ability to access record through eHX portal (for hospitalists, referring providers)	Longitudinal record for patients built on the eHX server and allows for exchange of anything in a CCD (demographics, procedures, meds, etc.). Also allows for Single Sign On to eHX and interoperability with EPIC and Cerner. Connection to DC Immunization Registry

	iCAMS	DC DOH	CRISP	Capitol Partners in Care	Children's IQ Network
Governance	DBH is a cabinet level Agency within the District of Columbia Government	DC DOH	Governed by a board of directors, though most work is conducted by staff. A standard participation agreement based on the DURSA (developed by Security and Privacy Officer and Legal Counsel) is used for working with hospitals, providers, and HIEs. State involvement is provided by participation on Board.	Currently governed by CCIN board (sole funder at this point in time); a Capital Partners in Care governance committee is in the process of developing a governance structure for the HIE to include participation from all stakeholders.	Run and financed by Children's National Health System

Appendix B: Majority Viewpoint on HIE Governance

Summary:

On Wednesday, April 8, 2015, the DC Health Information Exchange Policy Board met in open session to consider and vote on the proposed HIE Road Map. During the consideration of this document, the Board could not come to consensus on a recommendation for DC HIE governance structure that the HIE Policy Board would put forth in the "Road Map." The majority of those board members present and voting supported the continuation of the DC HIE advisory board governance structure that is currently housed within an existing governmental agency to serve as the District's HIE coordinating entity going forward. A minority of board members argued in favor of establishing a new entity along the lines of a public benefit corporation.

Describe how the coordinating approach would work.

In recognition of the existing independent HIEs currently or imminently functioning in the District, the majority determined that the critical need is for an advisory board structure to guide the implementation of HIE services in the District . The advisory board should work to coordinate how and what information is exchanged in the District with the goal of improving health outcomes. Existing HIEs would maintain their own governance and purchasing roles and the mission of the Advisory Board would be to grow connectivity between existing entities and to guide HIE policy so that there is coherent approach to data exchange across the District.

Why is that approach preferable?

The majority felt that an advisory board structure was the most efficient, effective and economical way to oversee the coordination of HIE activities in the District. The majority concluded that an independent quasi-governmental entity would not provide sufficient benefits to justify the expense and resource allocation needed to establish the entity and in the end would not be a sustainable model. The majority believed that there was little desire or ability in the provider community to support an additional subscription fee to pay for the operations of a quasi-governmental board. Instead, the majority felt that leveraging existing governmental resources to support an advisory HIE Policy Board would provide the most sustainable and efficient way to guide the delivery of HIE services in the District with limited overhead. The majority made it clear that role of the board should be one that facilitates the sharing of information and connecting of HIE services in the District. The majority believed that the advisory board would provide the best avenue to ensure the necessary stakeholders and consumers would be part of the dialogue in shaping the uses and connections of HIEs in the District.

How can risks/challenges with this approach be overcome?

One of the challenges experienced with the current HIE Policy Board is some decline in participation over the three years of the Board's activity and particularly lack of credible consumer input. With terms of some current Board members expiring, this will present an opportunity to improve consumer representation and to find replacements for some Board members who have not continued participation due to changes in employment or other priorities. One important way to maintain strong participation on the Advisory Board is to ensure the Board is consistently consulted and deferred to in the development of HIE policy. DHCF and District leadership should commit to a model of serious and sustained consultation with the HIE Policy Board. Another challenge presented by the Advisory Board model is how to achieve Road Map goals of procurement strategies that 1) can move at the speed of technology and 2) reinforce existing resources and assets in the District. Thus, the HIE Policy Board has instructed DHCF to research ways to establish formal and legal partnerships with existing HIE entities in order to facilitate ongoing investment in these resources.

Appendix C: Minority Viewpoint on HIE Governance

Based on the DC "HIE Summit" Governance Committee recommendation, the "DC Community Vision for HIE" proposed a "public benefit corporation" (PBC), called the "Care Management Optimization Trust (CMOT)". The CMOT would serve as an HIE governing structure to create a public-private partnership, where DC agencies and community stakeholder representatives would serve as co-equals and enjoy a shared sense of ownership for improving DC health outcomes, while decreasing inappropriate Medicaid patient care utilization and costs.

The primary goal of using a PBC structure for the CMOT is to establish a governing structure that would be directly accountable TO the DC government, but NOT encumbered BY the internal government regulations regarding procurement, hiring and rulemaking--- that have plagued the current HIE Board. A PBC provides community-wide accountability and enable recruiting and providing a private sector-level salary to an HIE Chief Executive--- who has the health IT system architecture expertise that is essential to ensure ongoing interoperability of DC's current HIEs, while advancing a vision for expanded HIE services. A PBC is also crucial for seeking private grants.

The clearest benefit of using a PBC model is that it engages governing board members with a sense of shared ownership--- in a way that simply giving input via an advisory board cannot achieve. The CMOT Governing Board was proposed to include senior level agency leaders, with C-suite level community stakeholder leaders, to promote direct leadership communication as well as broad community buy-in. The major CMOT committees would have managers from those groups, who would bring expertise to promote coordination in how the District's HIE-supported care management activities will be conducted.

Accountability to DC Government would be achieved as follows:
1) CMOT will be chartered into DC law by DC Council / DC Mayor, like the DC Youth & Investment Trust Corp.;
2) CMOT will make Annual Performance Reports to the DC City Council/Mayor for Public Accountability;
3) CMOT will be funded as DC Budget Line item (i.e. as a "Public Good") w/ Annual budget process review;
4) CMOT Board Chair will be the DHCF Director - To ensure that the CMOT supports the DHCF Mission;
5) CMOT Vice-Chair, Secretary & Treasurer are appointed by the Mayor, with limited, renewable terms;
6) DC Depts. of Health, of Health Care Finance and of Human Services will be seated on CMOT Board;
7) DC Depts. of Health, of Health Care Finance and of Human Services will serve on CMOT Sub-Committees;
8) The DC Vision raised the issue of having the DC Atty. General's Privacy Officer on CMOT board/committee;
9) The DC Vision raised the issue of having a rep from the Office of the CFO on the CMOT finance committee;

10) CMOT will have Spending/Contracting Financial Limits to ensure DC government fiscal oversight.

Costs to Set Up and Operate:
Consultation with HIE experts indicates the CMOT will need an operating budget of about $2 million per year, including special support to ensure ongoing stability of DC's FQHC HIE infrastructure. Because connecting DC's current HIEs would be the initial CMOT activity, the CMOT could be "phased in" over the next year. The initial governance for ensuring current DC HIE interoperability could start with just four appointed CMOT officers, an HIE Chief Executive and minimal staff for the first 3-6 months. Initial HIE connectivity, to include the Medicaid MCOs, community providers, DBH, DOH and DHCF could be potentially supported by federal and/or private funding.

The DC Medicaid MCOs would be expected to pay connection fees for access to the CMOT's comprehensive patient clinical record--- to enable more coordinated and effective care management activities (as is standard across the country). A full Return-on-Investment (ROI) would be achieved after just a 5% (135) reduction in readmissions.* Providers would NOT be charged for HIE participation, but would be able to subscribe for special services...

There is a clear ongoing role for a DHCF Advisory Committee. Consistent with DHCF's State Innovation Model grant, the DHCF could research the "best practices" in care management strategies and also the alignment of financial incentives to promote active DC care provider participation in the CMOT. **However, the role of overseeing "HIE services to support enhanced care management" is bigger than any one DC agency--- and needs to reside in a PBC, where the full community is engaged, with a sense of shared ownership & accountability...**

** A 5% reduction = 135 out of 2878 "potentially preventable re-admissions" – based on $15,000 per Readmission - As reported in the June 30, 2013 DHCF Readmission Report.*

Attachment B - Program Budget and Budget Narrative

Department of Health Care Finance
Budget Projection [RFA # DHCF-HIE-2016]

GRANT SPENDING PLAN			
GRANT NAME	***Enhanced Health Information Exchange Program***		
RFA INITIATIVE	**DESCRIPTION**	**PLANNED BUDGET**	**BUDGET NARRATIVE / JUSTIFICATION**
Dynamic Patient Care Profile	Design and implement an 'on-demand' web-based document assessable to EPs and EHs (in addition to members of their care team) that would display an aggregation of both clinical and non-clinical data for a selected patient	TOTAL: **0.00**	
	SUB-TASKS		
	# / ***Description***	***Sub-Total***	***Narrative / Justification***
	001	0.00	
	002	0.00	
	Etc.	0.00	
Electronic Clinical Quality Measurement Tool and Dashboard	Design and implement an electronic clinical quality measurement (eCQM) tool that aggregates and analyzes data captured through Continuity of Care Documents (CCDs) submitted by EPs and EHs to calculate their performance against quality measures for their empaneled patient population	TOTAL: **0.00**	
	SUB-TASKS		
	# / ***Description***	***Sub-Total***	***Narrative / Justification***
	001	0.00	
	002	0.00	
	Etc.	0.00	
Obstestrics/Prenatal Specialized Registry	Design and develop an electronic form within a District-specified EHR environment , along with a separate web-based accessible outside of that EHR system, that enables EPs and EHs to directly enter and submit data associated with prenatal screenings and assessments to the District's OB/Prenatal Specialized Registry	TOTAL: **0.00**	
	SUB-TASKS		
	# / ***Description***	***Sub-Total***	***Narrative / Justification***
	001	0.00	
	002	0.00	
	Etc.	0.00	
Analytical Patient Population Dashboard	Design and develop a population-level dashboard accessible by EPs and EHs for patient panel management	TOTAL: **0.00**	
	SUB-TASKS		
	# / ***Description***	***Sub-Total***	***Narrative / Justification***
	001	0.00	
	002	0.00	
	Etc.	0.00	
Ambulatory Connectivity and Support	Engage EPs and support their connection to the DC HIE, including technical assistance aimed at the advanced use of HIE services	TOTAL: **0.00**	
	SUB-TASKS		
	# / ***Description***	***Sub-Total***	***Narrative / Justification***
	001	0.00	
	002	0.00	
	Etc.	0.00	
	GRAND TOTAL: $0.00		
Prepared By:			
Telephone:			

Attachment C – Certifications

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Statement of Certification

A. Applicant/Grantee has provided the individuals, by name, title, address, and phone number who are authorized to negotiate with the Agency on behalf of the organization; (attach)

B. Applicant/Grantee is able to maintain adequate files and records and can and will meet all reporting requirements;

C. That all fiscal records are kept in accordance with Generally Accepted Accounting Principles (GAAP) and account for all funds, tangible assets, revenue, and expenditures whatsoever; that all fiscal records are accurate, complete and current at all times; and that these records will be made available for audit and inspection as required;

D. Applicant/Grantee is current on payment of all federal and District taxes, including Unemployment Insurance taxes and Workers' Compensation premiums. This statement of certification shall be accompanied by a certificate from the District of Columbia OTR stating that the entity has complied with the filing requirements of District of Columbia tax laws and has paid taxes due to the District of Columbia, or is in compliance with any payment agreement with OTR; (attach)

E. Applicant/Grantee has the demonstrated administrative and financial capability to provide and manage the proposed services and ensure an adequate administrative, performance and audit trail;

F. That, if required by the grant making Agency, the Applicant/Grantee is able to secure a bond, in an amount not less than the total amount of the funds awarded, against losses of money and other property caused by fraudulent or dishonest act committed by any employee, board member, officer, partner, shareholder, or trainee;

G. That the Applicant/Grantee is not proposed for debarment or presently debarred, suspended, or declared ineligible, as required by Executive Order 12549, "Debarment and Suspension," and implemented by 2 CFR 180, for prospective participants in primary covered transactions and is not proposed for debarment or presently debarred as a result of any actions by the District of Columbia Contract Appeals Board, the Office of Contracting and Procurement, or any other District contract regulating Agency;

H. That the Applicant/Grantee has the financial resources and technical expertise necessary for the production, construction, equipment and facilities adequate to perform the grant or sub-grant, or the ability to obtain them;

I. That the Applicant/Grantee has the ability to comply with the required or proposed delivery or performance schedule, taking into consideration all existing and reasonably expected commercial and governmental business commitments;

J. That the Applicant/Grantee has a satisfactory record of performing similar activities as detailed in the award or, if the grant award is intended to encourage the development and support of organizations without significant previous experience, that the Applicant/Grantee has otherwise established that it has the skills and resources necessary to perform the grant. In this connection, Agencies may report their experience with an Applicant/Grantee's performance to OPGS which shall collect such reports and make the same available on its intranet website.

K. That the Applicant/Grantee has a satisfactory record of integrity and business ethics;

L. That the Applicant/Grantee has the necessary organization, experience, accounting and `operational controls, and technical skills to implement the grant, or the ability to obtain them;

M. That the Applicant/Grantee is in compliance with the applicable District licensing and tax laws and regulations;

N. That the Applicant/Grantee complies with provisions of the Drug-Free Workplace Act; and

O. That the Applicant/Grantee meets all other qualifications and eligibility criteria necessary to receive an award under applicable laws and regulations.

P. That the Applicant/Grantee agrees to indemnify, defend and hold harmless the Government of the District of Columbia and its authorized officers, employees, agents and volunteers from any and all claims, actions, losses, damages, and/or liability arising out of this grant or sub-grant from any cause whatsoever, including the acts, errors or omissions of any person and for any costs or expenses incurred by the District on account of any claim therefore, except where such indemnification is prohibited by law.

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above certifications.

_____

Applicant/Grantee Name

_____ **City** _____ **State** _____ **Zip Code** _____

Street Address

_____ _____

RFA Number **Applicant IRS Number**

Signature: _____ **Date:** _____

Name and Title of Authorized Representative

Attachment D – Assurances

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Federal Assurances

Applicant/Grantee hereby assures and certifies compliance with all Federal statutes, regulations, policies, guidelines and requirements, including OMB 2 CFR Part 200; E.O. 12372 and Uniform Administrative Requirements for Grants and Cooperative Agreements -28 CFR, Part 66, Common Rule that govern the application, acceptance and use of Federal funds for this federally-assisted project.

Also, the Applicant/Grantee assures and certifies that:

1. It possesses legal authority to apply for the grant; that a resolution, motion or similar action has been duly adopted or passed as an official act of The Grantee's governing body, authorizing the filing of the application, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of The Grantee to act in connection with the application and to provide such additional information as may be required.
2. It will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 PL 91-646 which provides for fair and equitable treatment of persons displaced as a result of Federal and federally-assisted programs.
3. It will comply with provisions of Federal law which limit certain political activities of employees of a State or local unit of government whose principal employment is in connection with an activity financed in whole or in part by Federal grants. (5 USC 1501, et. seq.).
4. It will comply with the minimum wage and maximum hour's provisions of the Federal Fair Labor Standards Act if applicable.
5. It will establish safeguards to prohibit employees from using their positions for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business, or other ties.
6. It will give the sponsoring agency of the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
7. It will comply with all requirements imposed by the Federal-sponsoring agency concerning special requirements of Law, program requirements, and other administrative requirements.

8. It will insure that the facilities under its ownership, lease or supervision which shall be utilized in the accomplishment of the project are not listed on the Environmental Protection Agency's (EPA) list of Violating Facilities and that it will notify the Federal grantor agency of the receipt of any communication

from the Director of the EPA Office of Federal Activities indicating that a facility to be used in the project is under consideration for listing by the EPA.

9. It will comply with the flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973, Public Law 93-234-, 87 Stat. 975, approved December 31,1976. Section 102(a) requires, on and after March 2, 1975, the purchase of flood insurance in communities where such insurance is available as a condition for the receipt of any Federal financial assistance for construction or acquisition purposes for use in any area that has been identified by the Secretary of the Department of Housing and Urban Development as an area having special flood hazards. The phrase "Federal Financial Assistance" includes any form of loan, grant, guaranty, insurance payment, rebate, subsidy, disaster assistance loan or grant, or any other form of direct or indirect Federal assistance.

10. It will assist the Federal grantor agency in its compliance with Section 106 of the National Historic Preservation Act of 1966 as amended (16 USC 470), Executive Order 11593, and the Archeological and Historical Preservation Act of 1966 (16 USC 569a-1 et. seq.) By (a) consulting with the State Historic Preservation Officer on the conduct of investigations, as necessary, to identify properties listed in or eligible for inclusion in the National Register of Historic Places that are subject to adverse effects (see 36 CFR Part 800.8) by the activity, and notifying the Federal grantor agency of the existence of any such properties, and by (b) complying with all requirements established by the Federal grantor agency to avoid or mitigate adverse effects upon such properties.

11. It will comply with the provisions of 28 CFR applicable to grants and cooperative agreements including Part 18. Administrative Review Procedure; Part 22, Confidentiality of Identifiable Research and Statistical Information; Part 42, Nondiscrimination/Equal Employment Opportunity Policies and Procedures; Part 61, Procedures for Implementing the National Environmental Policy Act; Part 63, Floodplain Management and Wetland Protection Procedures; and Federal laws or regulations applicable to Federal Assistance Programs.

12. It will comply, and all its contractors will comply with; Title VI of the Civil Rights Act of 1964, as amended; Section 504 of the Rehabilitation Act of 1973, as amended; Subtitle A, Title III of the Americans with Disabilities Act (ADA) (1990); Title IIX of the Education Amendments of 1972 and the Age Discrimination Act of 1975.

13. In the event a Federal or State court or Federal or State administrative agency makes a finding of discrimination after a due process hearing on the grounds of race, color, religion, national origin, sex, or disability against a recipient of funds, the recipient will forward a copy of the finding to the Office for Civil Rights, U.S. Department of Justice.

14. It will provide an Equal Employment Opportunity Program if required to maintain one, where the application is for $500,000 or more.

15. It will comply with the provisions of the Coastal Barrier resources Act (P.L 97-348) dated October 19, 1982, (16 USC 3501 et. seq) which prohibits the expenditure of most new Federal funds within the units of the Coastal Barrier Resources System.

16. In addition to the above, the Grantee shall comply with all the applicable District and Federal statutes and regulations as may be amended from time to time including, but not necessarily limited to:

    a) The Health Insurance Portability and Accountability Act of 1996, Public Law 104-191
    b) The Hatch Act, Chap. 314, 24 Stat. 440 (7 U.S.C. 361a et seq.)
    c) The Fair Labor Standards Act, Chap. 676, 52 Stat. 1060 (29 U.S.C.201 et seq.)

d) The Clean Air Act (Sub-grants over $100,000) Pub. L. 108–201, February 24, 2004, 42 USC cha. 85et.seq.
e) The Occupational Safety and Health Act of 1970, Pub. L. 91-596, Dec. 29, 1970, 84 Stat. 1590 (26 U.S.C. 651 et. seq.)
f) The Hobbs Act (Anti-Corruption), Chap 537, 60 Stat. 420 (see 18 U.S.C. § 1951)
g) Equal Pay Act of 1963, Pub. L. 88-38, June 10, 1963, 77 Stat.56 (29 U.S.C. 201)
h) Age Discrimination in Employment Act, Pub. L. 90-202, Dec. 15, 1967, 81 Stat. 602 (29 U.S.C. 621 et. seq.)
i) Immigration Reform and Control Act of 1986, Pub. L. 99-603, Nov 6, 1986, 100 Stat. 3359, (8 U.S.C. 1101)
j) Executive Order 12459 (Debarment, Suspension and Exclusion)
k) Medical Leave Act of 1993, Pub. L. 103-3, Feb. 5, 1993, 107 Stat. 6 (5 U.S.C. 6381 et seq.)
l) Lobbying Disclosure Act, Pub. L. 104-65, Dec. 19, 1995, 109 Stat. 693 (31 U.S.C. 1352)
m) Drug Free Workplace Act of 1988, Pub. L. 100-690, 102 Stat. 4304 (41 U.S.C. 701 et seq.)
n) Assurance of Nondiscrimination and Equal Opportunity as found in 29 CFR 34.20
o) District of Columbia Human Rights Act of 1977, D.C. Official Code § 2-1401.01
p) District of Columbia Language Access Act of 2004, DC Law 15 – 414, D.C. Official Code § 2-1931 et seq.)

As the duly authorized representative of the Applicant/Grantee, I hereby certify that the Applicant/Grantee will comply with the above Federal statutes, regulations, policies, guidelines and requirements.

_____
Applicant/Grantee Name

_____ **City** _____ **State** _____ **Zip Code** _____
Street Address

_____ _____
RFA Number **Applicant IRS Number**

Signature: _____ **Date:** _____
Name and Title of Authorized Representative

Attachment E - DHCF RFA Receipt

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH CARE FINANCE (DHCF)

Application Receipt

RFA TITLE: Enhanced Health Information Exchange Program
(RFA # DHCF-HIE-2016)

ATTACH TWO (2) COPIES OF THIS RECEIPT TO THE OUTSIDE OF THE ENVELOPE*

The DC Department of Health Care Finance is in receipt of:

(Contact Name)

(Organization Name)

(Address, City, State, Zip Code)

(Telephone/Email)

[DHCF USE ONLY]

Date Received: _____/_____/_____ Time Received: _____

# of Copies Received: _____

Received by: _____

Attachment F – HIPAA Security Checklist

HIPAA Security Checklist

HIPAA SECURITY RULE REFERENCE	SAFEGUARD *(R) = Required; (A) = Addressable*	STATUS *(Complete, N/A, etc.)*
	Administrative Safeguards	
164.308(a)(1)(i)	Security Management Process: Implement policies and procedures to prevent, detect, contain, and correct security violations.	
164.308(a)(1)(ii)(A)	Has a Risk Analysis been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(B)	Has the Risk Management process been completed IAW NIST Guidelines? (R)	
164.308(a)(1)(ii)(C)	Do you have formal sanctions against employees who fail to comply with security policies and procedures? (R)	
164.308(a)(1)(ii)(D)	Have you implemented procedures to regularly review records of IS activity such as audit logs, access reports, and security incident tracking? (R)	
164.308(a)(2)	Assigned Security Responsibility: Identify the security official who is responsible for the development and implementation of the policies and procedures required by this subpart for the entity.	
164.308(a)(3)(i)	Workforce Security: Implement policies and procedures to ensure that all members of its workforce have appropriate access to EPHI, as provided under paragraph (a)(4) of this section, and to prevent those workforce members who do not have access under paragraph (a)(4) of this section from obtaining access to electronic protected health information (EPHI).	
164.308(a)(3)(ii)(A)	Have you implemented procedures for the authorization and/or supervision of employees who work with EPHI or in locations where it might be accessed? (A)	
164.308(a)(3)(ii)(B)	Have you implemented procedures to determine that the Access of an employee to EPHI is appropriate? (A)	

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164.308(a)(3)(ii)(C)	Have you implemented procedures for terminating access to EPHI when an employee leaves you organization or as required by paragraph (a)(3)(ii)(B) of this section? (A)	
164.308(a)(4)(i)	Information Access Management: Implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of subpart E of this part.	
164.308(a)(4)(ii)(A)	If you are a clearinghouse that is part of a larger organization, have you implemented policies and procedures to protect EPHI from the larger organization? (A)	
164.308(a)(4)(ii)(B)	Have you implemented policies and procedures for granting access to EPHI, for example, through access to a workstation, transaction, program, or process? (A)	
164.308(a)(4)(ii)(C)	Have you implemented policies and procedures that are based upon your access authorization policies, established, document, review, and modify a user's right of access to a workstation, transaction, program, or process? (A)	
164.308(a)(5)(i)	Security Awareness and Training: Implement a security awareness and training program for all members of its workforce (including management).	
164.308(a)(5)(ii)(A)	Do you provide periodic information security reminders? (A)	
164.308(a)(5)(ii)(B)	Do you have policies and procedures for guarding against, detecting, and reporting malicious software? (A)	
164.308(a)(5)(ii)(C)	Do you have procedures for monitoring login attempts and reporting discrepancies? (A)	
164.308(a)(5)(ii)(D)	Do you have procedures for creating, changing, and safeguarding passwords? (A)	
164.308(a)(6)(i)	Security Incident Procedures: Implement policies and procedures to address security incidents.	
164.308(a)(6)(ii)	Do you have procedures to identify and respond to suspected or know security incidents; mitigate to the extent practicable, harmful effects of known security incidents; and document incidents and their outcomes? (R)	
164.308(a)(7)(i)	Contingency Plan: Establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.	
164.308(a)(7)(ii)(A)	Have you established and implemented procedures to create and maintain retrievable exact copies of	

	EPHI? (R)	
164.308(a)(7)(ii)(B)	Have you established (and implemented as needed) procedures to restore any loss of EPHI data that is stored electronically? (R)	
164.308(a)(7)(ii)(C)	Have you established (and implemented as needed) procedures to enable continuation of critical business processes and for protection of EPHI while operating in the emergency mode? (R)	
164.308(a)(7)(ii)(D)	Have you implemented procedures for periodic testing and revision of contingency plans? (A)	
164.308(a)(7)(ii)(E)	Have you assessed the relative criticality of specific applications and data in support of other contingency plan components? (A)	
164.308(a)(8)	Have you established a plan for periodic technical and non-technical evaluation, based initially upon the standards implemented under this rule and subsequently, in response to environmental or operational changes affecting the security of EPHI that establishes the extent to which an entity's security policies and procedures meet the requirements of this subpart? (R)	
164.308(b)(1)	Business Associate Contracts and Other Arrangements: A covered entity, in accordance with Sec. 164.306, may permit a business associate to create, receive, maintain, or transmit EPHI on the covered entity's behalf only of the covered entity obtains satisfactory assurances, in accordance with Sec. 164.314(a) that the business associate appropriately safeguard the information.	
164.308(b)(4)	Have you established written contracts or other arrangements with your trading partners that documents satisfactory assurances required by paragraph (b)(1) of this section that meets the applicable requirements of Sec. 164.314(a)? (R)	
	Physical Safeguards	
164.310(a)(1)	Facility Access Controls: Implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.	
164.310(a)(2)(i)	Have you established (and implemented as needed) procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations plan in the event of an emergency? (A)	
164.310(a)(2)(ii)	Have you implemented policies and procedures to safeguard the facility and the equipment therein	

	from unauthorized physical access, tampering, and theft? (A)	
164.310(a)(2)(iii)	Have you implemented procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision? (A)	
164.310(a)(2)(iv)	Have you implemented policies and procedures to document repairs and modifications to the physical components of a facility, which are related to security (for example, hardware, walls, doors, and locks)? (A)	
164.310(b)	Have you implemented policies and procedures that specify the proper functions to be performed, the manner in which those functions are to be performed, and the physical attributes of the surroundings of a specific workstation or class of workstation that can access EPHI? (R)	
164.310(c)	Have you implemented physical safeguards for all workstations that access EPHI to restrict access to authorized users? (R)	
164.310(d)(1)	Device and Media Controls: Implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain EPHI into and out of a facility, and the movement of these items within the facility.	
164.310(d)(2)(i)	Have you implemented policies and procedures to address final disposition of EPHI, and/or hardware or electronic media on which it is stored? (R)	
164.310(d)(2)(ii)	Have you implemented procedures for removal of EPHI from electronic media before the media are available for reuse? (R)	
164.310(d)(2)(iii)	Do you maintain a record of the movements of hardware and electronic media and the person responsible for its movement? (A)	
164.310(d)(2)(iv)	Do you create a retrievable, exact copy of EPHI, when needed, before movement of equipment? (A)	
	Technical Safeguards	
164.312(a)(1)	Access Controls: Implement technical policies and procedures for electronic information systems that maintain EPHI to allow access only to those persons or software programs that have been granted access rights as specified in Sec. 164.308(a)(4).	
164.312(a)(2)(i)	Have you assigned a unique name and/or number for identifying and tracking user identity? (R)	
164.312(a)(2)(ii)	Have you established (and implemented as needed) procedures for obtaining for obtaining necessary EPHI during and emergency? (R)	

164.312(a)(2)(iii)	Have you implemented procedures that terminate an electronic session after a predetermined time of inactivity? (A)	
164.312(a)(2)(iv)	Have you implemented a mechanism to encrypt and decrypt EPHI? (A)	
164.312(b)	Have you implemented Audit Controls, hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use EPHI? (R)	
164.312(c)(1)	Integrity: Implement policies and procedures to protect EPHI from improper alteration or destruction.	
164.312(c)(2)	Have you implemented electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner? (A)	
164.312(d)	Have you implemented Person or Entity Authentication procedures to verify that a person or entity seeking access EPHI is the one claimed? (R)	
164.312(e)(1)	Transmission Security: Implement technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network.	
164.312(e)(2)(i)	Have you implemented security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of? (A)	
164.312(e)(2)(ii)	Have you implemented a mechanism to encrypt EPHI whenever deemed appropriate? (A)	

Attachment G – W-9 Form

Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

Exemptions (see instructions):
Exempt payee code (if any)
Exemption from FATCA reporting code (if any)

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
___ – ___ – ____

Employer identification number
__ – _____

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

Cat. No. 10231X Form **W-9** (Rev. 8-2013)

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity,
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust, and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.

2. The treaty article addressing the income.

3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

4. The type and amount of income that qualifies for the exemption from tax.

5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,

2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* on page 1.

What is FATCA reporting? The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulation section 301.7701-2(c)(2)(iii). Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Note. Check the appropriate box for the U.S. federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the U.S. federal tax classification in the space provided. If you are an LLC that is treated as a partnership for U.S. federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation, as appropriate. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for U.S. federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required U.S. federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the *Exemptions* box, any code(s) that may apply to you. See *Exempt payee code* and *Exemption from FATCA reporting code* on page 3.

Exempt payee code. Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following codes identify payees that are exempt from backup withholding:

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Reg. section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Reg. section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account [1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor [2]
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee [1] The actual owner [1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner [3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity [4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Attachment H – District's Obstetrical Authorization and Initial Assessment Form

Obstetrical Authorization & Initial Assessment

Amerihealth	Fax: 888-603-5526	Phone: 877-759-6883		MedStar	Fax: 202-243-5496	Phone: 855-210-6203
HSCSN	Fax: 202-721-7193	Phone: 866-937-4549		Trusted	Fax: 202-821-1098	Phone: 202-821-1096

Submission Date:

Health Plan:

Provider Name:

NPI or Provider Number:

Phone Number: Fax Number:

Member Information

First Name MI Last Name

Member ID or MA Recipient No. Date of Birth (MM/DD/YYYY) Age Home Phone Alternate Phone 1st Prenatal Visit (MM/DD/YYYY)

Primary Language NOT English Language Spoken (if not English) EDC (MM/DD/YYYY) BMI Gestational Age (weeks) Gravida Para TAB Live Births

Hospital/Birthing Center for Delivery

HUH Providence UMC WHC GWUH Other: Specify:

Past OB Complications/Current Risk Factors *Check all that apply (P=Past Pregnancy C=Current Pregnancy)*

P	C	
☐	☐	17 - P Administration
	☐	Abnormal Placenta
	☐	Anemia Hb <10
	☐	Asthma
	☐	Autoimmune Disease
	☐	Bleeding: 1st ☐ 2nd ☐ 3rd ☐
	☐	Cardiac:
☐	☐	Cervical cerclage
	☐	Chronic hypertension, pregestational
☐	☐	Clotting disorder:
	☐	Dental visit >6 mos? Oral problems:
☐	☐	Depression/Mental Health
☐	☐	Diabetes, pregestational
	☐	Disability:
	☐	Eating disorder
☐	☐	Ectopic pregnancy
☐		Fetal loss: 1st ☐ 2nd ☐ 3rd ☐
☐	☐	Gestational diabetes
	☐	Hepatitis:

P	C	
	☐	HIV+
☐	☐	Incompetent cervix
☐		Infant death
☐		IUGR
	☐	Late/missed prenatal care
	☐	Multiple gestation
☐	☐	Preeclampsia/Eclampsia
☐	☐	Pregnancy induced hypertension
☐		Premature ROM
☐		Preterm delivery
☐		Preterm labor: <32W ☐ 32-36W ☐
☐		Previous C-Section
☐		Previous delivery within1 year
☐		Previous LBW (<2,500 gms)
	☐	Renal disease
	☐	Seizure disorder
	☐	Sickle cell: Trait ☐ Disease ☐
	☐	STI:
	☐	Thyroid disease
☐	☐	Weight gain or loss challenges

Medications:

Late Entry Into Prenatal Care

(First prenatal visit after 1st trimester) Check all that apply:

- ☐ Lack of health insurance
- ☐ Unaware of the importance of prenatal care?
- ☐ Childcare issues
- ☐ Unable to find a health provider
- ☐ Unsure of keeping pregnancy to term
- ☐ Financial problems
- ☐ Unable to find an appointment in the first trimester
- ☐ Other (*specify*):

Reset Form

OTHER HEALTH AND SOCIAL NEEDS ***(please answer all questions below)***

You, Your Family and Partner

- ☐ Do you have children in your home or under your care? How many? ☐
- ☐ Is your partner involved with your pregnancy?
- ☐ Is your husband or partner employed?
- ☐ Are you employed?
- ☐ Do you feel that you have enough help from your family or friends to care for your new baby?
- ☐ If you could change the timing of this baby would you want to?
- ☐ Did you consider adoption or abortion at any point during this pregnancy?
- ☐ Are you currently in foster care?
- ☐ Has CFSA been involved with any of your children?
- ☐ Are you currently working with a case manager, therapist, or counselor?
- ☐ Have you seen a probation officer in the last 12 months?
- ☐ Do you worry about getting food when you need it or getting good quality food?
- ☐ Do you currently receive WIC benefits?
- ☐ Do you currently receive food stamps/EBT?

Transportation, Housing and Environmental Exposures

- ☐ Have you moved in the last 3 months? How often? ☐
- ☐ Are you homeless or worry that you could become homeless soon?
- ☐ Have any of your children had a positive blood test for lead?
- ☐ Do you have pets? What Kind? Cat ☐ Bird ☐ Other: _____
- ☐ Do you have cockroaches and rodents in your home?
- ☐ Does anyone in your household smoke?
- ☐ Are there any leaks or mold in your home?
- ☐ Do you have any problems getting to doctor visits or appointments?

Domestic Violence (ACOG 3-Question Screen)

- ☐ Within the past year, or since you have been pregnant, have you be hit, slapped, kicked, or otherwise physically hurt by someone?
- ☐ Are you in a relationship with someone who threatens or physically hurts you?
- ☐ Has anyone forced you to have sexual activities that made you feel uncomfortable?

4 Ps Plus©

- ☐ Did either of your parents have a problem with drugs or alcohol?
- ☐ Does your partner have any problem with drugs or alcohol?
- ☐ Have you ever felt manipulated by your partner?
- ☐ Have you ever felt out of control or helpless?

Over the past 2 weeks:

- ☐ Have you felt down, depressed, or hopeless?
- ☐ Have you felt little interest or pleasure in doing things?

In the ***month before*** you knew you were pregnant:

About how many cigarettes did you smoke per week?
☐ None ☐ Less than ½ pack ☐ About 1 pack ☐ More than 1 pack

How many days per week did you drink beer/wine/liquor?
☐ None ☐ Less than 1 ☐ 1-2 ☐ 3-6 ☐ Everyday

How many days per week did you use marijuana, cocaine or heroin?
☐ None ☐ Less than 1 ☐ 1-2 ☐ 3-6 ☐ Everyday

And ***now***:

About how many cigarettes do you smoke per week?
☐ None ☐ Less than ½ pack ☐ About 1 pack ☐ More than 1 pack

How many days per week do you drink beer/wine/liquor?
☐ None ☐ Less than 1 ☐ 1-2 ☐ 3-6 ☐ Everyday

How many days per week do you use marijuana, cocaine or heroin?
☐ None ☐ Less than 1 ☐ 1-2 ☐ 3-6 ☐ Everyday

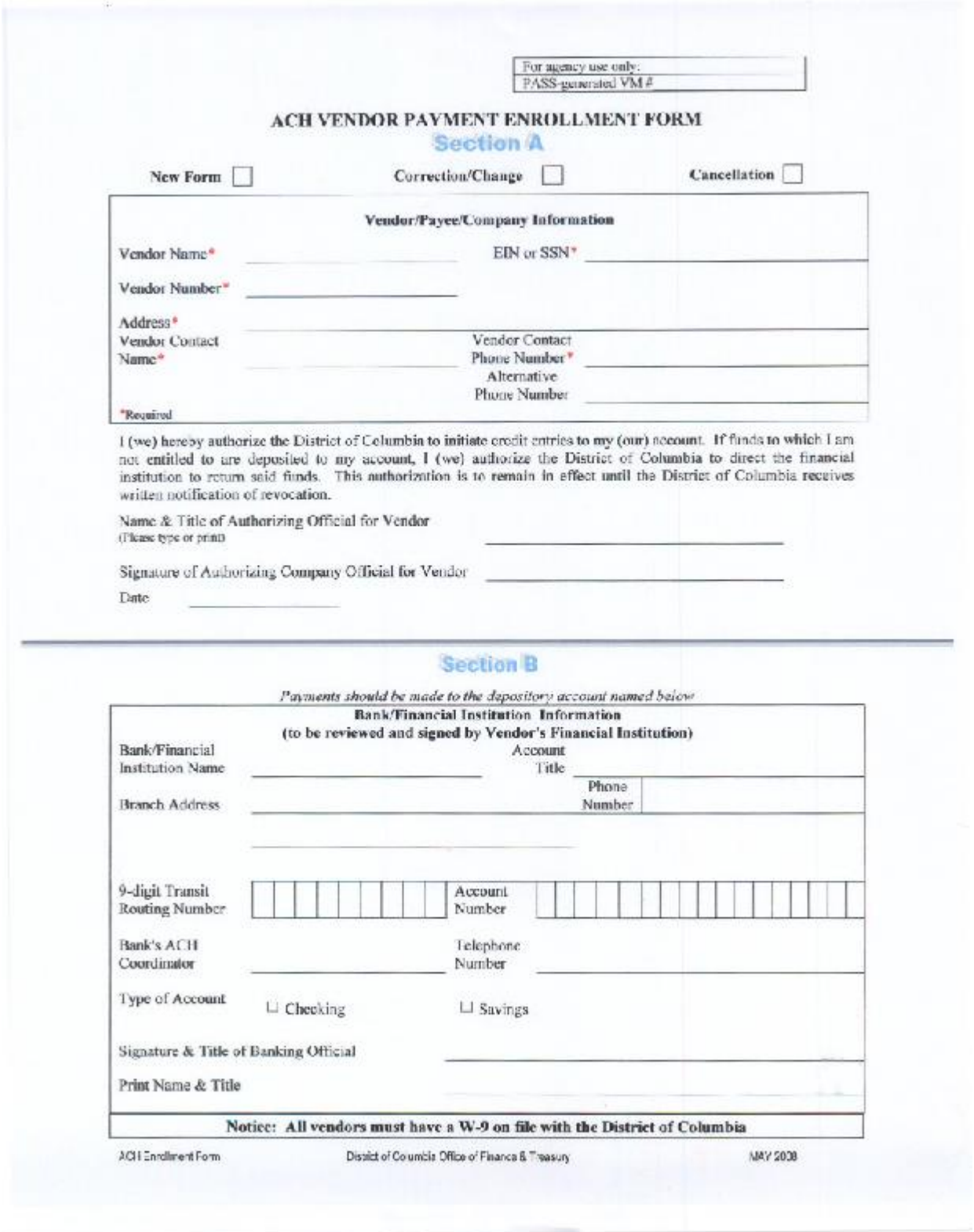
Referrals: *Referral completed (C) - check left box; Referral Needed (N) - check right box)*

C	N		C	N	
☐	☐	APRA/Substance Abuse Program	☐	☐	Non-Obstetric Specialty Medical Care
☐	☐	Domestic Violence Services	☐	☐	Nutritional Counseling/Nutritionist
☐	☐	High Risk OB/Maternal Fetal Medicine	☐	☐	Oral Health/Dental Services
☐	☐	Home Environment Assessment	☐	☐	Out of Plan Services Provider: _____
☐	☐	Home Visiting Agency	☐	☐	Smoking Cessation Hotline/Services
☐	☐	Genetics	☐	☐	Social Work
☐	☐	MCO Care Coordination/Case Management: Reason: _____	☐	☐	Support and Education Group: _____
☐	☐	Mental Health: Reason: _____	☐	☐	Teen Pregnancy Services
			☐	☐	WIC
			☐	☐	Other (specify): _____

Thank you for improving OB care and coordination of services!

01/2017

Attachment I – Automated Clearing House Form



For agency use only:
PASS-generated VM #

ACH VENDOR PAYMENT ENROLLMENT FORM

Section A

New Form ☐ Correction/Change ☐ Cancellation ☐

Vendor/Payee/Company Information

Vendor Name* _____ EIN or SSN* _____

Vendor Number* _____

Address* _____

Vendor Contact Name* _____ Vendor Contact Phone Number* _____

Alternative Phone Number _____

*Required

I (we) hereby authorize the District of Columbia to initiate credit entries to my (our) account. If funds to which I am not entitled to are deposited to my account, I (we) authorize the District of Columbia to direct the financial institution to return said funds. This authorization is to remain in effect until the District of Columbia receives written notification of revocation.

Name & Title of Authorizing Official for Vendor (Please type or print) _____

Signature of Authorizing Company Official for Vendor _____

Date _____

Section B

Payments should be made to the depository account named below

Bank/Financial Institution Information
(to be reviewed and signed by Vendor's Financial Institution)

Bank/Financial Institution Name _____ Account Title _____

Branch Address _____ Phone Number _____

9-digit Transit Routing Number _____ Account Number _____

Bank's ACH Coordinator _____ Telephone Number _____

Type of Account ☐ Checking ☐ Savings

Signature & Title of Banking Official _____

Print Name & Title _____

Notice: All vendors must have a W-9 on file with the District of Columbia

ACH Enrollment Form District of Columbia Office of Finance & Treasury MAY 2008