STATE OF WASHINGTON
HEALTH CARE AUTHORITY

REQUEST FOR INFORMATION (RFI)

RFI NO. 2021HCA10

NOTE: *If you download this RFI from the Health Care Authority website, you are responsible for sending your name, address, e-mail address, and telephone number to the RFI Coordinator in order for your organization to receive any RFI amendments or vendor questions/agency answers. HCA is not responsible for any failure of your organization to send the information or for any repercussions that may result to your organization because of any such failure.*

SCOPE TITLE: Electronic Consent Management Solution

SUBMISSION DUE DATE: May 14, 2021 by 4:00 p.m. Pacific Daylight Time, Olympia, Washington, USA.

E-mailed submissions will be accepted.

Responses received via fax and via US Postal Service or other package delivery service will not be accepted.

1. RFI GOALS AND OBJECTIVES

This Request for Information (RFI) is seeking information that will assist the Washington State Health Care Authority (HCA) in the prospective procurement and implementation of an Electronic Consent Management Solution. The intent is for this solution to function as a general consent system, addressing many use cases involving exchange of physical health and behavioral health data. The first use case to be considered is the exchange of highly sensitive Substance Use Disorder (SUD) client data.

Barriers exist for sharing health information in a variety of circumstances, especially related to clients who receive substance use disorder treatment or are part of the growing opioid use disorder epidemic. Various privacy regulations and laws, especially 42 CFR Part 2 (Part 2) which governs sharing of SUD data, create challenges to efficient data exchange, in part because of burdensome paper-based processes and inconsistent interpretation.

As part of HCA's commitment to further improve whole person care and the alignment of both physical and behavioral health, HCA convened a workgroup in 2018 to author guidance to the provider community on sharing SUD information. The workgroup included several state agencies and received input from behavioral and physical health providers, the contracted Managed Care Organizations, and Accountable Communities of Health. The final document, *Sharing Substance Use Disorder Information: A Guide for Washington State*, was published in June 2019. The guidance included examples of sharing consent, as well as a standardized 42 CFR Part 2 consent form.

As a next step in this work, HCA received federal funding under the Medicaid *Providers Are Required To Note Experiences in Record Systems to Help In-need Patients Act* (PARTNERSHIP Act) for Phase I of a project to develop requirements and a design for an Electronic Consent Management (ECM) solution that facilitates client authorized exchange of sensitive data. This solution is being developed in collaboration with behavioral health providers, their Electronic Health Record (EHR) vendors, jails, the Department of Corrections, other state agencies and community advocates to ensure safe, secure, and effective management of client consent.

1.1. RFI GOALS AND OBJECTIVES

- Inform – The Health Care Authority is currently gathering information for a possible procurement of an Electronic Consent Management solution. With this RFI, HCA intends to inform the vendor community on this prospective procurement, including:
  - The business context for this procurement
  - The framework HCA will use when making decisions regarding the design and implementation of this Electronic Consent Management solution
  - The major business and technical complexities that HCA anticipates for this solution
- Learn – The Health Care Authority aims to use this RFI as a means to learn from the vendor community:
  - Additional information regarding current capabilities of electronic consent solutions in the marketplace, including those outside of healthcare
  - Innovative approaches, system components and technologies that HCA could consider when planning for this system deployment

    - Overall lessons learned from previous deployments to consider, including provider/end user change management considerations and project dependencies
- Guide – The Health Care Authority plans to use this RFI to promote speed to value in our effort to design, procure, and implement the Electronic Consent Management solution in the following ways:
    - Consider additional system functionality available in the marketplace
    - Gain additional cost information to finalize the project budget
    - Create an RFP distribution list (anticipated in 2021)
      Note: Responding to this RFI will not be a requirement of future solicitations. Responses and information provided in response to this RFI will not be considered when evaluating bidders responding to any future solicitation.

1.2. FACTS AND ASSUMPTIONS

This initiative is overseen by the State of Washington Health and Human Services Enterprise Coalition (HHS Coalition). This is a collaborative that provides strategic direction, cross-organizational information technology (IT) project support and federal funding guidance across Washington's HHS organizations. IT project collaboration results in better service coordination and public stewardship that improves the health and well-being of the people, families, and communities of Washington. The HHS Coalition has established three governance committees that ensure strategic, operational, and tactical focus on HHS Coalition IT investments and their associated investment of public funds to meet HHS Coalition business needs.

In collaboration with OneHealthPort, Inc., the state Lead Organization for Health Information Exchange (HIE), and leveraging the state-wide Clinical Data Repository (CDR), HCA seeks to deploy an electronic consent management solution to ensure safe, secure, and effective management of client consent. Due to the pressing need to manage the opioid epidemic and the challenges involved in sensitive data exchange, the SUD use case is the first one to be addressed.

Prior to COVID-19, the *Substance Abuse and Mental Health Services Administration* (SAMHSA) and the Centers for Medicare & Medicaid Services (CMS) had begun the work to better align 42 CFR Part 2 data privacy requirements with those in HIPAA. Changes to some portions of 42 CFR Part 2 were introduced by SAMHSA and CMS due to the pandemic (per the March 27, 2020 Coronavirus Aid, Relief, and Economic Security [CARES] Act and the July 15, 2020 CMS Revised Rule). These changes involve important sections such as the level of detail needed to designate data recipients (at the organization versus the person level), redisclosure and other key areas. This has impacted the prioritization and initial deployment strategy of the electronic consent management tool. The intent is to not overdesign for 42 CFR Part 2 as it currently exists, but to design a flexible and scalable system for many use cases.

Consideration was given to the following: (1) the tools currently available in the marketplace that could be utilized, (2) change management considerations as providers move to an electronic process, (3) the concurrent evolving changes in the 42 CFR Part 2 law, (4) the wide range of provider technical capability (especially smaller and SUD only locations), and (5) how this could be incorporated into other consumer-facing applications that OneHealthPort is planning with HCA. The agency also consulted with various subject matter experts across the state and those with electronic consent deployments in other locations. That guidance, as well as the evolving 42 CFR Part 2 regulatory requirements, underscored the need to first establish the foundational components and then to scale the system up once the final Rule is more clear.

Various options were discussed related to an electronic consent management system. Essentially, it centered on two main approaches:

- **Baseline Solution:** Deploy a baseline system establishing the minimum viable solution that delivers value to the providers. This partial solution would be followed by a full solution delivered incrementally, adding modules and functionality to address specific needs such as 42 CFR Part 2. The solution would be integrated with the existing State Health Information Exchange (HIE) Clinical Data Repository infrastructure. This would involve less risk, provide valuable learning along the way and allow course corrections to be made more easily.
- **Expanded Solution:** Deploy a more complete solution from the outset that accounts for additional use cases and "nice to have" functionality. This would be more complex and likely take more time to deploy.

Several key aspects of such a solution came up often in the SUD provider discussions. These centered on the level of data granularity and selection options available to the users, whether policy enforcement/actual data exchange would still be handled by provider staff or attempt to be automated and the level of customization allowed.

The project team recommended a Baseline Solution, establishing the minimal viable solution that delivers value to end users and be flexible enough to address future consent use cases. It would also encourage providers to consider and adopt recent changes to the law. These changes allow for further harmonization with HIPAA so providers could move away from their previous highly customized releases of information and very stringent interpretation of the 42 CFR Part 2 law.

Overall, this approach is intended to ensure compliance with applicable law, while starting as broadly as legally allowed, by incorporating the following into the system design:

- The Baseline Solution would capture the client's approval for overall physical and behavioral health data sharing through the designated Health Information Exchange (HIE) to establish that foundational component in the system. The actual data release will be human directed vs system driven, with data exchanged via fax, e-mail, US mail or electronically. System enforcement of the consent on designated data stores will occur in later phases of the project.
- The system would then be built out in a modular fashion, adding targeted point to point release of information elements. Each new increment addresses the need related to specific use cases (e.g., HIPAA authorization for psych notes, other releases of information needed to comply with state law, data sharing with community-based organizations to assist with social determinant of health services, corrections, Child Protective Services (CPS), courts or other scenarios).
- The overall goal is to maintain one master consent per person, with additional pieces to address targeted release of information elements added incrementally to maintain one source of truth.

- When 42 CFR Part 2 consent is addressed, the data elements and structured statements required by the law will be utilized.
- No uploading of either existing or future paper consents will be allowed. This is to encourage use of the system and to decrease the number of non-compliant, incomplete and redundant consents.
- This is intended to be a provider driven process, meaning the patient is in the provider's office creating, modifying or revoking a consent. A patient portal will be added in a later phase of the project.
- HCA assumes that the consent management vendor will provide implementation services for its product.
- HCA assumes that the consent management solution vendor is providing implementation services to configure the solution and to integrate it with OneHealthPort's Master Person Index and Single-Sign-On (SSO).
- HCA assumes that the release of information/granular consent capability and rules/policy engine will be provided by the consent management vendor.
- HCA assumes that the vendor's solution will have capability to resolve conflicts in consent when multiple consents exist for a client. HCA will provide rules/guidance on when data can/cannot be shared in case of conflicts.
- HCA assumes that user education and support will be provided by OneHealthPort and/or the solution vendor. HCA may assist with provider support, but that involvement is still TBD.

This approach greatly enhances the ability to automate the process while fostering care coordination. Based on conversations with others who have implemented electronic consent management, consent granularity is one of the single largest factors affecting the feasible implementation of electronic enforcement. The purpose of starting broad is to build a system that is scalable and not overly burdensome to maintain, while delivering incremental value.

2. BACKGROUND

During Phase I of the Electronic Consent Management Project, system requirements were gathered from engaging Substance Use Disorder (SUD) providers and their trading partners, as well as other state and community stakeholders, associations and influencers. Business, technical and functional requirements for this technology solution were defined. The working sessions also covered anticipated policy and workflow changes, barriers to data sharing overall, change management considerations and their current use and comfort level with technology.

In this current Phase II, this Request For Information (RFI) will gather additional vendor marketplace information.

Phase III, the system procurement, is targeted to begin later in 2021.

The intent of this RFI is to better understand the vendor marketplace and refine project planning. The initial deployment will be focused in scope, but able to scale to serve as a statewide, multi-use case, more generic electronic consent management solution for all of Washington.

Beyond SUD data exchange, there are several other possible use cases for an electronic consent management system that can be explored in later project phases:

- COVID-19 contact tracing/social service support and related telehealth services
- Tribal data
- Public Employee Benefit (PEB)/School Employee Benefit (SEB) Data
- Mental Health (MH) data
- STI and HIV data
- Genetic Testing
- Research data
- Various data exchanges related to minors
- Correctional data (Washington State Department of Corrections and city/county/regional jails) and Court related data
- Consumer facing applications (on the state HIE platform) such as Advance Directives

3. CONTENT OF RESPONSES

This section outlines the elements requested in the response for this RFI. Subsequent sections provide additional background and detail on these requested response elements. The timeline in Section 4.2 includes time for additional questions to address any information not covered in the subsequent sections.

3.1. RFI RESPONSES

HCA is seeking information on potential solutions that would provide an electronic consent solution to achieve the goals listed above.

Exhibit A, attached, contains questions and desired capabilities that are to be used as prompts for the information being sought under this RFI.

Please use the above Background, Assumptions and other information as a framework in your responses to the requirements. This common framework will greatly facilitate interpretation of the RFI results.

3.2. RFI RESPONSE REQUIREMENTS

Please respond to the items in Exhibit A in your response. Clearly reference where each item is addressed. Please use the information provided in previous sections as a framework for bundling your goods and services in your responses. For each item/group of items listed in Exhibit A, HCA has provided a suggested page limit. While HCA is interested in learning as much as possible, it values your time and does not want you spending a lot of it preparing a large response. Therefore, these numbers are provided as a **guideline only**, and you are free to exceed these suggested limits.

Responses may include any preprinted materials that would provide the information HCA requests.

Respondents do not need to answer every question in order to submit a response; Respondents should feel free to only answer those questions that are applicable to their organization.

3.3. RANGE OF POTENTIAL SOLUTIONS (OPTIONAL)

The breadth of products and services covered in this RFI will likely require goods and services from multiple vendors. Please feel free to coordinate with other vendors on a single response. Alternatively, please feel free to respond with a limited scope based on the nature of your goods and services and document the scope of your solution within the introduction of your response.

4. ADMINISTRATIVE TERMS AND CONDITIONS

4.1. RFI COORDINATOR

Please submit responses to the RFI Coordinator at the following address and/or email:

Name	Earl Payne
E-Mail Address	HCAProcurements@hca.wa.gov
Phone Number	All communications shall be via the email address above

Please be sure to include the RFI Number 2021HCA10 in the subject line of any emails.

Responses received via fax and via US Postal Service or other package delivery service will not be accepted.

4.2. RFI SCHEDULE

Release Request For Information (RFI)	4/14/2021
Vendor Questions due by 4:00 p.m.	4/21/2021
Answers to Vendor Questions Published	4/28/2021
Vendor Submissions due by 4:00 p.m.	5/14/2021

HCA reserves the right to change the RFI Schedule at any time.

4.3. RESPONSE FORMAT

Please do not cut and paste responses into this RFI. Instead, provide a response as a separate document using the corresponding item number listed in **Exhibit A.**

Provide responses in the same order as the numbered items in Exhibit A and repeat the requirement text before your response to each numbered/lettered item.

Responses should be provided in an electronic format, such as Adobe Acrobat or Microsoft Word. This will assist in HCA's review process. You only need to provide a single copy of your response. Responses may be provided in more than one file and submitted in more than one email. All responses must be submitted via email to the RFI Coordinator. Physical delivery or faxed copies of responses and materials will not be accepted.

Please note that HCA will not accept zipped or compressed files in connection with this RFI. HCA will not open any such file. If individual files to a response are too large, please send multiple emails instead of compressing files.

A. Cost of Response

You will not be reimbursed for any costs associated with preparing or presenting any response to this RFI.

B. Response Property of HCA

All materials submitted in response to this RFI become the property of HCA. HCA has the right to use any of the ideas presented in any response to the RFI.

C. Public Records and Proprietary Information

Any information contained in the response that is proprietary or confidential must be clearly designated as such. The page and the particular exception(s) from disclosure must be identified. Each page claimed to be exempt from disclosure must be clearly identified by the word "confidential" printed on the **lower right hand corner** of the page. Marking the entire response as confidential will be neither accepted nor honored and may result in disclosure of the entire response.

To the extent consistent with chapter 42.56 RCW, the Public Records Act, HCA will maintain confidentiality of your information marked confidential or proprietary. If a request is made to view your proprietary information, HCA will notify you of the request and of the date that the records will be released to the requester unless you obtain a court order enjoining that disclosure. If you fail to obtain the court order enjoining disclosure, HCA will release the requested information on the date specified in its notice to you.

HCA's sole responsibility will be limited to maintaining the above data in a secure area and to notify you of any request(s) for disclosure for so long as HCA retains your information in HCA records. Failure to so label such materials, or failure to timely respond after notice of request for public records has been given, will be deemed a waiver by you of any claim that such materials are exempt from disclosure.

4.4. REVISIONS TO THE RFI

HCA reserves the right to amend this RFI at any time. In the event it becomes necessary to revise any part of this RFI, addenda will be provided via e-mail to all individuals who have made the RFI Coordinator aware of their interest. Addenda will also be published on Washington's Electronic Bid System (WEBS). The website can be located at https://fortress.wa.gov/ga/webs/. For this purpose, the published questions and answers and any other pertinent information will be provided as an addendum to the RFI and will be placed on the website.

HCA reserves the right to cancel or reissue this RFI at any time, without obligation or liability.

4.5. NO OBLIGATION TO BUY OR ISSUE SOLICITATION

HCA will not contract with any vendor as a result of this RFI. While HCA may use responses to this RFI to draft a competitive solicitation for the subject of these services, issuing this RFI does not compel HCA to do so.

Responding to this RFI will not be a requirement of future solicitations. Responses and information provided in response to this RFI will not be considered when evaluating bidders responding to any future solicitation. If HCA releases a solicitation, HCA will post it on WEBS.

4.6. SECURITY AND PRIVACY REQUIREMENTS

Any solution HCA procures and implements in a future competitive solicitation will need to demonstrate compliance with applicable state, federal, and industry regulations, such as the following:

- HIPAA Privacy, Security and Breach Notifications
- Washington State Office of the Chief Information Officer (OCIO) Security Standard, 141.10
- Office of Cyber Security (OCS) Security Design Review
- 42 CFR Part 2
- RCW 70.02
- HCA Privacy and Security Policies, such as HCA 1-02 and HCA 6-16
- NIST 800-53 Rev 4

In addition, candidate solutions must demonstrate an appropriate level of System Lifecycle Development Security practices and any applicable industry security audits and certifications that the vendor has conducted.

Further information about any of the above can be provided at vendor request.

Exhibit A – Solution Requirements

A. System Requirements (suggested maximum page length is 10 pages)

Below is a summary of the main system requirements identified to date. Please describe how your system addresses each requirement/set of requirements.

Baseline Solution and beyond

1. Technical

   The solution is expected to operate as a component of a larger healthcare information ecosystem that already exists.

   a) How the product would be capable of interacting with an existing healthcare information ecosystem.
   b) The interoperability of the solutions components and any standards upon which they are based (PIX/PDQ, REST/JSON, JWT, etc.)
   c) The system utilizes technical standards such as CCD, FHIR query based protocols, HL7/XDS.b,/XDA and others.
   d) The system utilizes flexible APIs to exchange data between consent management solution and provider EHRs/Systems, other systems
   e) How the system would address these security requirements:
      - Meet all Washington State security requirements (such as WA state OCIO 141.10).
      - Capability to integrate with standards-based single sign-on solutions.
      - Enforce multi-factor authentication.
      - Utilize role-based access to provision specific roles to users that limit their access to the consent or other data about the patient based on their job duties and legal authority to do so.
      - Allow provider systems as part of their existing workflows to resolve patient identify for authentication into the Consent Management system.
      - Provide audit trails of all logins and access to the data.
   f) The technology upon which the product is built (.NET Core, Java [specify which runtime is required], Python) Additionally, describe any frameworks that are used with the technology (MVC, Django, Spring, etc.)
   g) The various components/services of the product and whether they can be used independently of one another.
   h) The different hosting options for the product (SaaS, on-prem, etc.)
   i) If the product has a self-hosted option, describe the product's ability to take advantage of cloud services and which environments it can leverage those services (Azure, AWS, GCP, etc.), or if hosting of any components on virtual machines is required.
   j) Detailed explanation about the product's policy evaluation and enforcement capabilities. For the Baseline Solution deployment HCA envisions human enforcement of actual data exchange. For incremental build-out beyond that, HCA envisions system enforcement.

k) The portability of the products data and any technology or standards upon which it is based.

l) Options and best practices for reporting on the data managed by the product.

m) For non-SaaS solutions, describe the maintenance and release cycle for the product, and how much on average customers should expect to spend on deploying upgrades.

n) How security vulnerabilities are identified and mitigated in the product, both during development and post-release.

o) Any extensibility the product might support. Can customers be easily educated and enabled to do this or is it something that requires professional services?

p) How the system shall capture the electronic signature of the patient when the consent is created, modified, or revoked (along with reasons for the change).

q) How the system shall capture electronic signature of a witness/secondary party (i.e. agency staff) when patient consent is created, modified, or revoked.

r) The ways that end users can access the consent management solution (e.g. freestanding portal, invoking from within their native EHR system, etc.)

s) How the system will achieve 99.9% uptime during the hours of 6am - 6pm Pacific Time.

t) The flexibility of system schemas to accommodate required 42 CFR Part 2 data elements in addition to some user defined elements for future use cases)

u) The system's comprehensive backup process to ensure no loss of data in the event of a disaster recovery situation.

2. Compliance

   a) Solution is compliant with the latest 42 CFR Part 2 Final Rule published in the Federal Register.

   b) Solution supports compliance with all HIPAA privacy and security stipulations.

   c) Solution is compliant with all stipulations of the Washington State Uniform Health Care Information Act (70.02 RCW) and other applicable State and Federal Law.

   d) Solution supports inclusion of standardized consent data elements, such as those in the SUD data exchange Guidance document published by HCA.

3. Navigation/Usability

   a) The system enables search for a patient by various criteria to review consent information in the system or perform certain functions.

   b) The system shall be simple and easy to use to clearly describe and intuitively walk the user through every step of the process.

   c) Screens come up in sequence with simple checkboxes/response options.

   d) Patient screens are kept to a 4th grade reading level.

   e) The user has some way for users to have key terms defined (e.g. mouseover text).

   f) While no uploading of paper consents into the system will be allowed, the system should support initial offline workflows (e.g. provider staff can transcribe the minimal necessary information into the application and that now becomes the valid consent/source of truth).

   g) The system shall account for workflow modifications that may be required for minors/ incapacitated patients and associated witnesses/co-signatures.

h) The system has the ability to support different types of programs (inpatient, residential, intensive outpatient, detox centers, methadone clinics, etc.).

4. Consent Creation/Modification/Revocation
    a) The system shall manage only one (1) active master consent per client (modifications and revocations allowed).
    b) Creation: The solution shall gather broad consent for 42 CFR part 2 data exchange with an expiration date.
    c) Creation: The solution has the ability to choose from a variety of options as to the expiration date of the consent (e.g. dates other than the last day of service or an event such as "until death").
    d) Creation: The consent can allow sharing with "all past, present and future treating providers" through an intermediary, such as an HIE.
    e) Creation: The consent contains required consent elements and privacy statement
    f) Creation: The consent includes a statement to the recipient that the disclosed information remains subject to the restrictions in 42 CFR Part 2 (consistent with what the Final Rule stipulates).
    g) Creation: All components/fields are presented for the patient to review and confirm prior to signing the consent.
    h) Modification: Required consent fields appear in sequence and changes to the consent form are tracked in an obvious manner, while archiving the previous version.
    i) Modification: The reason for modification is required prior to patient signature.
    j) Revocation: The system requires a confirmation step to capture that a patient is wanting to revoke the consent.
    k) Revocation: The reason for revocation is required prior to patient signature.
    l) The system shall provide version control with clear indication of date and time stamps of the consent record.

5. Reports/Other
    a) The system shall provide basic reporting on the number of consents created, modified, revoked and expired per organization for specified time frames.
    b) The system shall provide a consent history per patient including all versions and applicable time/date stamps.
    c) The system shall produce system usage statistics by organization and user
    d) The system shall provide the necessary reports and/or alerts for each workflow/use case addressed as the system is built out
    e) The system has the ability to print a hard copy of a completed consent.

Baseline Solution

(solution manages only general non-granular consent to share data, with human enforcement of the actual data exchange)

6. Technical
   a) The system shall leverage OneHealthPort's Master Person Index (MPI).
   b) The system shall leverage OneHealthPort's Single Sign-On (SSO) for Provider Authentication https://www.onehealthport.com/sso-overview
   c) Only users from organizations that are HIPAA Covered Entities (CE) will be allowed to use the system.
   d) The system shall use provider attestation to identify clients and manage consents.
   e) The solution shall provide for data exchange between organizations via existing channels. The electronic consent system will not enforce any consent on the statewide Clinical Data Repository (also hosted by OneHealthPort) or any other data store. The fulfillment of the data exchange pursuant to the consent will be by provider staff (via, fax, e-mail, US postal mail or electronically via their existing mechanisms).

Beyond the Baseline Solution

(solution manages more granular consent with Release of Information components & system enforcement of the actual data exchange)

7. Technical
   a) The system shall leverage the relevant MPI for specific populations to be incorporated into consent management. This could include others currently in use in the state.
   b) The solution shall leverage commonly held sources of established consumer identities as a registration authority for clients/consumers (e.g. Health Plan Finder system at the WA State Health Benefit Exchange)
   c) The system shall leverage OneHealthPort's Single Sign-On (SSO) for Provider Authentication or federation with other trusted identity providers.
   d) The system shall provide a "break the glass" option for providers to access patient data via attestation without consent in case of an emergency situation. Providers whose data was viewed during the emergency will be notified.
   e) The system can manage one (1) or more granular release of information components associated with the one (1) active master consent per person.
   f) Creation: For consents with a targeted release of Information component, the ability to specify multiple recipients and multiple types of recipients (provider entities, other entities and persons).
   g) Revocation: The system is able to prevent revocation of consent if the provider setting/client legal situation does not allow it (e.g. client is in custody with the WA State Department of Corrections).
   h) Contains a rules engine that arbitrates conflicts with multiple release of Information components should they be created in the system.
   i) Consumers shall have access to their consent to manage consent (patient portal).

j) Data will be sent to a data repository that will Integrate with the external consent management solution to enforce consent (e.g. the statewide Clinical Data Repository), where individuals/organizations will be able to view the data via a Clinical Portal or query to view data in their native EHR or other system.

k) The system should have integration into electronic health record (EHR) workflow for consent management workflows.

l) Ability to integrate with a future state sponsored statewide Provider Directory or other systems, as needed.

m) The system should support multiple languages beyond English (most likely Spanish, Russian, Ukrainian, Korean, Vietnamese).

n) The system should have the ability to support tagging or other data segmentation efforts to allow granular control of data and other use cases that might require such segmentation to exist.

8. Tracking Workflows/Other

a) All providers named on the consent (both generating and receiving) can efficiently track when that document is created, modified, revoked or has expired.

b) All providers named on the consent (both generating and receiving) can efficiently track when that document will be expiring soon (with lead time configurable by the organization).

c) The entity that generated the consent can efficiently track that it is due for review at time specified in their policy (with lead time configurable by the organization).

d) The consent generating and receiving organizations can customize time frame and manner in which they are informed of the above events (real time, batch daily, batch weekly, etc.) or turn them off completely.

e) The system provides the ability to view information on the above events in the consent portal

f) The system can indicate that consent related education was provided to the patient or certain materials were given to them.

9. Reports

a) The system will produce reports on how many consents were never accessed after they were created

b) The system will produce reports on how many consents are still open after the client is discharged from services, with time frames configurable by provider organization

c) The system can produce interactive dashboards

B. Implementation and Support (suggested page length is 3 pages)

1. What is the typical deployment timeframe for your solution?
2. What is the cost for professional services from your organization after implementation?
3. What is your overall pricing approach/structure for licensing and other costs?
4. Describe the scope of technical and implementation professional services available from your company, especially as they relate to:
   - o Solution configuration

- Integration with SSO and MPI solutions
- End user education and support
- Post-deployment technical support

C. Innovation (suggested page length is 2 pages)

Describe any particularly innovative value add components or approach that your solution provides that HCA should consider as it plans for an electronic consent solution to meet stakeholder needs and to address the range of use cases under consideration.

D. Supplemental Company and Product Information (suggested maximum page length is 5 pages)

If desired, please provide any other company and/or product information that has not already been covered in the above sections.