

REQUEST FOR PROPOSAL (RFP) ADDENDUM

Addendum No.: 1

Date of Addendum: December 5, 2011

Due Date, Time: January 5, 2012, 12:00 CST

Revised Date, Time: December 5, 2011, 11:00 a.m.

Agency: Minnesota Department of Health

Title: Minnesota Statewide Shared Health Information Exchange Services, Core Health Information Exchange Services, and Performance-Based Connectivity Incentives for Health Information Exchange

SCOPE OF ADDENDUM

The State has received questions relating to the Minnesota Statewide Health Information Exchange Services, Core Health Information Exchange Services, and Performance-Based Connectivity Incentives for Health Information Exchange RFP. Responses to the questions are as follows, starting on page 2.

This addendum shall become part of the RFP and may be returned with, or acknowledged in, the response to the RFP.

RESPONDER NAME:

SIGNATURE:

TITLE:

DATE:

Minnesota Statewide Shared Health Information Exchange Services, Core Health Information Exchange Services, and Performance-Based Connectivity Incentives for Health Information Exchange RFP Addendum #1

#	RFP Part	Question	Response
1	General	What is the expected duration of the Certificate of Authority approval process once the application is submitted?	The time it takes to complete the application process and receive a certificate of authority may vary. MDH conducts an initial review of an application filing to determine if all required information has been submitted and the application materials are complete. Sometimes an applicant will be asked to submit supplemental application materials. Once all of the required information is submitted, the application is deemed complete and the review process begins. By statute, a final decision regarding issuance of a certificate of authority is required within 90 days after a complete application is filed.
2	General	Who constitutes the review committee for submitted RFPs?	We are still determining the composition of the review committees. The Letter of Intent will help MDH determine who is likely to respond, so we can avoid any potential conflicts of interest. The reviewers may be a combination of state and non-state reviewers.
3	General	What role does the Office of the National Coordinator for Health Information Technology play in the RFP process?	The Office of the National Coordinator for Health Information Technology will approve any final recommendations made on contractors.
4	General	What is the enforcement mechanism for performance? What are transferability/oversight requirements of contractors (renewal/service level compliance)?	Contract performance will be overseen by the State Government Health Information Exchange Steering Committee which is made up of representatives from the Departments of Health, Human Services, Minnesota Management and Budget, Commerce, and Corrections. The day-to-day management of the contract will be handled by the Minnesota Department of Health Office of Health Information Technology through the State of Minnesota contract specified in the RFP.
5	A	Do members have “voting” rights (i.e., who determines the “specs” of services, A or B/C)?	It is up to Responders for Part A to propose the approach they will use for developing governance plans, policies, sustainability plans, and specifications. The Contractor funded by Part A is required to submit a short-term governance plan during the first month, and MDH would expect the Contractor to engage the Shared Services Collaborative membership in the development of all deliverables, including the governance plans. The Contractors funded under Parts B and C are expected to contribute to the deliverables of Part A.
6	General	There appears to be a conflict between Parts A and B. Part A determines specs but Part B has to bid when the specifications	The RFP addresses this by asking for Responders for Part B to describe their existing infrastructure and how it can be scaled, and it further requires the Contractor for Part A to take this existing infrastructure into consideration when

#	RFP Part	Question	Response
		aren't complete.	developing the specifications. The Contractor for Part A must also develop specifications that are in alignment with the funds available and must obtain sign-off from the Contractor for Part B to ensure their support for the specifications developed. The Contractor for Part B is responsible for participating in the specifications development process in Part A.
7	B	Regarding page 48 re: funding limit, can outside funds be used in addition to the funding limit described in the RFP?	Yes, outside funds may be used in addition to the state funds provided. To the extent that outside funds are used, they may be applied towards the match requirements.
8	B/C	Applicants must be certified as HIO or HDI. Must HDI and HIO applications be submitted prior to submission of the organizations RFP response or can they submit both documents at the same time?	In order for a Responder to be considered eligible for Parts B or C of the RFP, it must have submitted an application for a certificate of authority to operate in Minnesota as a Health Information Organization (HIO) or a Health Data Intermediary (HDI) using the process identified on the MDH Oversight website: http://www.health.state.mn.us/divs/hpsc/ohit/hie_oversight.html . Note that the Responder does not need to have obtained a certificate of authority to submit a response to the RFP, but it must have submitted a formal application for certificate of authority to MDH using the process specified on the website above.
9	General	<p>Does the Affidavit of Noncollusion prohibit multiple organizations from collaborating on a response to the RFP?</p> <p>Certain organizations have had discussions about the future RFP response during our meetings regarding reciprocal agreements as required by our certification. We had decided that we would respond collaboratively to the RFP to illustrate how our combined services would be offered to providers in the state of MN and could cover gaps in HISP services.</p>	<p>The State does not preclude joint ventures or subcontracting among groups of vendors when responding to the RFP. However, one representative must submit a response on behalf of all the others in the group. Proof of who is legally responsible for the response (and the Contract, if awarded) among the members of the group must accompany the response.</p> <p>After the effective date of the Contract, the Contract Vendor shall not, without prior written approval of the State, subcontract for the performance of any of the Contract Vendor's obligations. The provisions of the Contract shall apply with equal force and effect to all subcontractors engaged by the Contract Vendor and approved by the State. Notwithstanding approval by the State, no subcontract shall serve to terminate or in any way affect the primary legal responsibility of the Contract Vendor for timely and satisfactory performance of the obligations contemplated by the Contract.</p> <p>To the extent that Responders have concerns with the language in the Affidavit of Noncollusion, they may propose alternative language in their signed Affidavit of Noncollusion upon submission of their proposals for consideration by the State.</p>

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10	A	Part A: How will this impact the current governance structure and policies approved by our HIO Certification and the EHNAC Certification requirements – especially in relation to core services?	The governance described in the RFP is for long-term statewide shared services which is separate from the governance of any individual State-Certified Health Information Exchange Service Provider. By the end of the contract, it is expected that the governance structure developed by Part A will become incorporated into the governance structure of Part B. However, this governance will not impact the state Health Information Exchange Oversight activities.
11	General	Transition plans are only required in the event of a transition from contractor, correct?	A contractor transition plan will only be used if a transition in contractors is needed.
12	General	What if skills/abilities do not meet stated requirements? (e.g., How much can applicants use sub-contractors? How much information is needed from or regarding sub-contractors in responding to RFP?)	It is up the Responder to determine the level of sub-contractor involvement. The State would need to approve any sub-contractors carrying out significant portions of the contract.
13	General	Can you confirm that the Letter of Intent is requested but not required?	Responders must submit a non-binding written Intent to Respond via e-mail to MDH by the deadline in order to receive any direct communications regarding the RFP after December 5, 2011. If a written Intent to Respond is not sent, a proposal may still be submitted; however, any further notices issued by MDH will only be sent to Responders that have a Letter of Intent to Respond on file. Updates will also be posted on MDH’s website at: http://www.health.state.mn.us/divs/hpsc/ohit/hiemn.html .
14	General	How much “line of sight” can go back to vendors?	Contractors A and B will be required to develop a long-term sustainability plan for Shared Services which will provide the opportunity and requirement to expand and sustain the Shared Services infrastructure long term. The goal for this procurement is for the Contractors for parts A and B, along with State-Certified Health Information Exchange Service Providers to collaboratively develop a long-term sustainability plan for Shared Services.
15	B	How are vendors that are not deployed in Minnesota expected to obtain Letters of Support from State Providers?	The RFP requires for Part B that Responders have completed or are in the process of completing the State regulatory process to become a State-Certified Health Information Exchange Service Provider. Going through the process to obtain a certificate of authority in Minnesota assumes that the Responder is interested in providing health information exchange services in Minnesota, and that it is likely that the Responder may have support by community stakeholders. Submitting letters of support is only one of

#	RFP Part	Question	Response
			many criteria that will be used to evaluate a Responder.
16	B	Is there a subject matter expert we can contact if we have questions regarding Appendix B: MN Information Technology Accessibility Requirements? These are new requirements to us and may need clarification as to the applicability to our products and services.	All inquiries regarding the Minnesota Information Technology Accessibility Requirements should be directed in writing to Jennifer Fritz at: Jennifer.Fritz@state.mn.us .
17	B	In Part B: Proposal Submission Requirements, p. 47, Section J, it asks us to describe Core Health Information Exchange Services as described in Part B, Section V. – I am not finding a description of Core HIE Services there. Please direct us to where we can find that listing and also we would like a definitive listing of Gap services as identified in the diagram on p. 8.	The Core HIE Services are described on pages 38-39 of the RFP. The “Core HIE Services to Address Gaps” refers only to the Core HIE Services described on pages 38-39.
18	B/C	With respect to matching funds, am I correct in assuming that the Direct dollars that we have invested in developing and marketing Direct would count as matching funds?	Matching funds must be connected to the activities of the contract, and the matching funds must be invested after contract execution. Investments made prior to contract execution cannot be applied towards matching funds.
19	A	What happens if no one signs up for Part 1?	We have received Letters of Intent for each of the three parts of the RFP.
20	General	Will a list of responders that submitted a letter of intent be posted on MDH web-site? If so, how soon after 12/5?	The list of Responders who submitted a Letter of Intent cannot be made publicly available. There was an error in the original RFP published on November 21, 2011.
21	General	Are there any restrictions on responders identified on 12/5 from collaborating on a joint proposal, beyond what is defined in RFP? The rules of engagement need a little more clarification.	<p>The State does not preclude joint ventures or subcontracting among groups of vendors when responding to the RFP. However, one representative must submit a response on behalf of all the others in the group. Proof of who is legally responsible for the response (and the Contract, if awarded) among the members of the group must accompany the response.</p> <p>After the effective date of the Contract, the Contract Vendor shall not, without prior written approval of the State, subcontract for the performance of any of the Contract Vendor’s obligations. The provisions of the Contract shall apply with equal force and effect to all subcontractors engaged by the Contract Vendor and approved by the State.</p>

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			Notwithstanding approval by the State, no subcontract shall serve to terminate or in any way affect the primary legal responsibility of the Contract Vendor for timely and satisfactory performance of the obligations contemplated by the Contract.
22	A/B	If entity 1 and entity 2 collaborated on Part B with entity 2 serving as the lead organization, could entity 1 submit an independent proposal for Part A?	Part A requires the organization to be a neutral third party, so the entity submitting a response for Part A should not be involved in carrying out the duties of the Part B contract. The entity submitting the proposal for Part A will need to describe how they will be a neutral third party if selected for carrying out the duties for Part A.
23	General	Would MDH donate in-kind resources to assist Part A organization, in somewhat the same format that MDH support MN e-Health Initiative?	It is expected that the Contractor funded to carry out Part A duties has sufficient resources, knowledge and experience to take a leadership role in providing all services associated with Part A. MDH will provide guidance as needed and will provide contract management responsibilities. MDH staff will be available to attend meetings and connect the Contractor to subject matter experts as needed. MDH will provide meeting space, to the extent that meeting space is available and needed, in order to offer an open and transparent process to the Shared Services Collaborative.
24	General	Is any money available to entities awarded a contract at the point of contract execution?	Advances are not made on state contracts. Funds are made available on a reimbursement basis only.
25	General	Who is responsible for driving provider adoption, which is closely aligned with sustainability? There still needs to build a value proposition beyond meaningful use to drive adoption. Does accountability reside with MDH, Part A, Part B or Part C entities?	It is the responsibility of State-Certified Health Information Exchange Service Providers to sustain their service offerings. For Statewide Shared Services, it is the responsibility of the Contractors from Parts A and B to develop a sustainability model, but ultimately it is the responsibility of the Contractor from Part B to sustain them long-term. Part of the intention of Part C funding is to provide some support to increase provider adoption and use of health information exchange services.
26	General	Please describe the various options available to Part B and Part C entities in meeting the 'matching funds' criteria? Under the scenario of cash, who would be the receiver of the check?	Matching funds are funds made available by the Contractor to contribute to the activities of the contract. They may constitute investments made by the contractor in the form of cash, revenue generated by offering related services in the form of cash, or in-kind funds. Cash match is preferred. Match should be considered a financial investment towards the contract and is held by the Contractor.
27	General	Will MDH be responsible for the successful negotiation of contracts with Part A, B and C entities?	Yes, MDH in collaboration with the Department of Administration will be responsible for successful negotiation of contracts for Parts A, B, and C.
28	A	What is the reporting relationship of the Part A entity to MDH?	The Part A Contractor will report to MDH regarding the duties of the contract.
29	A	What role will MDH play with	It is expected that the Contractor funded to carry out Part A

#	RFP Part	Question	Response
		respect to the Part A entity? Will MDH provide detailed direction / guidance to the Part A entity regarding start-up activities and ongoing operations or will its influence be more 'policy' oriented?	duties has sufficient resources, knowledge and experience to take a leadership role in providing all services associated with Part A. MDH will provide guidance as needed and will provide contract management responsibilities. MDH staff will be available to attend meetings and connect the Contractor to subject matter experts as needed. MDH will provide meeting space, to the extent that meeting space is available and needed in order to offer an open and transparent process to the Shared Services Collaborative.
30	A	What role does MDH play in Board structure and overall governance?	MDH should be a participant in the Shares Services Collaborative as a necessary data source for meaningful use.
31	A	Who will need to approve sustainability recommendations? What is the role of ONC on this topic?	MDH will approve all required deliverables on the contract, including sustainability plans. MDH anticipates additional guidance to be forthcoming from ONC regarding their expectations for a sustainability plan.
32	A	With regard to Consumer preferences, RLS and directories, what is the role of MDH vs Part A entity in defining technical strategy and requirements?	It is the role of the Contractor funded by Part A to facilitate discussions with necessary stakeholders in defining the technical strategy and requirements. MDH should be a participant in that discussion.
33	A	Why does governance strategy require sign-off from Part B entity?	It is essential that the Part B contractor is supportive of the governance strategy since they need to sustain it long term.
34	A	Why does governance strategy not require sign-off by Part C entity?	The Part C entities will not need to sustain the governance strategy long-term; however, the Contractor funded for Part A may choose to obtain sign-off by all the members of the Shared Services Collaborative as a way to ensure broad support.
35	A	Will Part A entity have any responsibility for Part B and Part C contracting?	No, the Part A entity will not be involved in the contracting for Parts B or C.
36	A	After the next two years, who is responsible for overall HIE budget? (Part A entity or MDH)?	The funding for this contract ends in February, 2014 which is why one of the major deliverables is a long-term sustainability plan for the continuation of statewide shared services after the contract expires. The long-term sustainability plan for Shared Services will be carried out by the Part B Contractor.
37	A	Will MDH have final approval on the sustainability model, or will this be left to Part A governance committee?	MDH will have final approval of the sustainability model in MDH's role as contract manager. MDH will take very seriously the recommendations resulting from of a fully open, transparent, and collaborative process.
38	B	What is the reporting relationship of the Part B entity to MDH?	The Part B entity will report to MDH as it relates to the deliverables of the contract.
39	B	What is the reporting	The Part A entity and Part B entity will need to work

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		relationship of the Part B entity to Part A entity?	collaboratively, but both entities will report to MDH as required by the contract.
40	B	What role, if any does MDH play in Board structure and overall governance?	MDH should be a participant in the Shares Services Collaborative as a necessary data source for meaningful use. MDH, however, does not intend to be a member of an individual Health Information Organization or Health Data Intermediary governance structure.
41	B	Will the Part B entity have responsibility for the development / deployment of all services required for meaningful use? This would come under the umbrella of statewide services and core services?	No, the Part B entity is responsible for developing and deploying the services outlined in the RFP which includes the identified Statewide Shared Services and Core HIE Services.
42	B	Will providers be able to access Statewide and / or HIE core services directly from Part B entity, or will they gain access only through Part C entities?	Providers should be able to access Statewide and/or Core HIE Services directly from the Part B entity; however, part of the role of the Shared Services Collaborative is to define the roles and responsibilities as it relates to access to the Shared Services.
43	B	Will patients have direct access to any Statewide and / or HIE core services directly from Part B entity, or will this be left to discretion of Part C entities?	Patient access as a functional requirement or specification will be determined by the Part A contractor for the Statewide Shared Services and the Part B contractor for the Core HIE Services.
44	C	Are there performance based incentives for 3 rd party data sources (other than provider organizations)? Some examples might be payers, commercial labs / radiology, etc.	Performance-based incentives are for connectivity to health care providers and hospitals necessary for meaningful use. For example, one may be able to make a case for laboratories to be necessary for meaningful use, but they may not be able to make the case for payers to be necessary for meaningful use at this time.
45	C	What is the reporting relationship of the Part C entity to MDH?	Part C entities will report to MDH related to the deliverables of their contract with MDH.
46	C	What is the reporting relationship of the Part B entity to the Part A entity?	The Part B entity will be a participant in the Shared Services Collaborative which the Part A entity will convene. It is expected that the entities for Parts A and B will work closely together as joint sign-off on many of the deliverables will be required.
47	C	Beyond connectivity / integrations services to Part B services, is there a minimum set of requirements in terms of specific business functions / capabilities that Part C entities must provide its customer base?	No, the purpose for Part C is to develop and implement targeted connectivity programs and to connect providers to their existing State-Certified HIE service offerings. For specific details of requirements to become a State-Certified Health Information Exchange Service Provider, see: http://www.health.state.mn.us/divs/hpsc/ohit/hieoversight.html .
48	C	What types of providers meet	Performance-based incentives are for connectivity to health

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		the qualifications for 'Targeted Connectivity' programs? What is the difference between 'Targeted Connectivity' entities and 'Basic HIE Connectivity - Incentives'?	care providers and hospitals necessary for meaningful use. "Targeted connectivity" refers to the groups targeted for connectivity to HIE Services. "Basic HIE Connectivity" refers to the type of HIE connectivity offered – which in this case is the ability to send/receive push messages, versus "Robust HIE Connectivity" which also requires the ability to run a query.
49	C	How many 'Targeted Connectivity' organizations must a Part C entity enlist to qualify for the \$100,000 incentive?	All responders to Part C must target connectivity to at least 50 entities. Up to \$100,000 may be requested to develop and implement the outreach programs to support the connectivity to their services.
50	General	How does the RFP intersect with the state's responsibility for determining financial sustainability for HIE under the State HIE Cooperative Agreement?	The state is responsible for developing "a sustainability plan capable of supporting HIE governance and operations beyond the ARRA funding". The Contractor funded under Part A will develop a component of this sustainability plan specific to Statewide Shared Services, but the state will also need to address other activities such as sustainability of HIE Oversight and ongoing policy assessment, development and implementation. Sustainability as part of the State Health Information Exchange Cooperative Agreement should be viewed broader than just financial sustainability of HIE services.
51	C	Is funding match required for both the "Connectivity Programs for Health Information Exchange" (page 54 of the RFP) as well as "Performance-based Connectivity Incentives" (page 55 of the RFP)?	Yes, funding match will be required for both components to Part C. The total estimated performance-based connectivity incentive cannot be calculated until after the proposals have been awarded, so Responders for Part C will need to plan for this in their match contribution. Revenue generated from offering HIE services must be contributed towards the match requirement.
52	A/B	Is Part A accountable for signoff of Part B work?	Part A is not accountable for sign-off of Part B for the deliverables of the contract; however, it is of the best interest of the Contractor funded under Part B to include the Shared Services Collaborative in any sign-off of their work related to Statewide Shared Services.
53	A/B	Is Part A accountable for testing Part B for User Acceptance? Or does part B test their own work?	Part A is not accountable for testing User Acceptance of the deliverables for the Statewide Shared Services; however, it is of the best interest of the Contractor funded under Part B to include the Shared Services Collaborative in any sign-off of their work, including User Acceptance of the Statewide Shared Services. In addition, contractors funded under Part C are required to participate in any pilots or testing of the Statewide Shared Services-related deliverables for Part B.
54	A	Are there any state resources to be part of Part A team?	It is expected that the Contractor funded to carry out Part A duties has sufficient resources, knowledge and experience to take a leadership role in providing all services associated with Part A. MDH will provide guidance as needed and will provide contract management responsibilities. MDH staff will be available to attend meetings and connect the

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			Contractor to subject matter experts as needed. MDH will provide meeting space, to the extent that meeting space is available and needed in order to offer an open and transparent process to the Shared Services Collaborative.
55	B	Are there any state resources to be part of Part B team?	It is expected that the Contractor funded to carry out Part B duties has sufficient resources, knowledge and experience to take a leadership role in providing all services associated with Part B. MDH will provide guidance as needed and will provide contract management responsibilities. MDH staff will be available to attend meetings and connect the Contractor to subject matter experts as needed. MDH will provide meeting space, to the extent that meeting space is available and needed in order to offer an open and transparent process to the Shared Services Collaborative.
56	B	Confirm that Part B work is owned by state and should be transferrable to another vendor in case contractor cannot satisfy ongoing requirements	See the contract language for Part B in the RFP, paying particular attention to the sections on Intellectual Property Rights (12) and Escrow (13). These are modifications from the standard State Contract.
57	General	Are responses held confidential or can they be used as reference after award is granted?	Responses are held confidential until full contract execution when Responses are made available upon request.
58	A/B	Is part A accountable for crafting the Service Level Agreement for Part B? Who will enforce it if there is non-compliance?	Part A is accountable for crafting the Service Level Agreement for Part B. Enforcement mechanisms should be developed as part of the long-term governance plan.
59	A/B	Hosting facilities requirements will likely be included in Part B. Confirm Part A will write specifications for hosting solutions including credentialing.	Part A should include specifications development for hosting solutions, including credentialing.
60	General	Regarding proposal submission, do you want all ten copies in a 3-ring binder or only one copy in a 3-ring binder?	All ten copies should be in a 3-ring binder.
61	C	Please provide numerical examples of the incentive payment program structure found on page 56 of the RFP.	Please see the example below on page 11.

Example: Calculating Performance-Based Incentives

Contractor Connectivity Projections

The tables below represent projected connectivity by 3 different Part C contractors, each with different proposed projections for Basic and Robust HIE Connectivity

Contractor 1 Projections in Proposal

Type of Entity	# Connected for Basic HIE	# Connected for Robust HIE	Comments / Details on Target Group
Hospitals	75	25	
Clinics	125	200	
Other - Necessary for Meaningful Use (Specify in Comments Column)			
TOTAL	200	225	

Contractor 2 Projections in Proposal

Type of Entity	# Connected for Basic HIE	# Connected for Robust HIE	Comments / Details on Target Group
Hospitals	50		
Clinics	80		
Other - Necessary for Meaningful Use (Specify in Comments Column)	40		Labs, LTC facilities
TOTAL	170	0	

Contractor 3 Projections in Proposal

Type of Entity	# Connected for Basic HIE	# Connected for Robust HIE	Comments / Details on Target Group
Hospitals		20	
Clinics		100	
Other - Necessary for Meaningful Use (Specify in Comments Column)			
TOTAL	0	120	

Calculation of Incentive per Connectivity Agreement

Incentive per Connectivity Agreement = Total Funds available by HIE Incentive Type / Total Estimated Connections by all funded contractor for HIE Incentive Type (based on proposals)

TOTAL ESTIMATED CONNECTIONS: (All Contractors)	<u>Basic</u> 370	<u>Robust</u> 345	<u>TOTAL</u> 715
TOTAL FUNDS AVAILABLE (By Incentive Type)	\$300,000	\$400,000	\$700,000
INCENTIVE PER AGREEMENT [Total funds available / total estimated across all contractors]	\$300,000/370 = \$811	\$400,000/345 = \$1159	

Total Estimated Contractor Incentive = Incentive per Connectivity Agreement X Number of connections estimated by individual contractor for HIE Incentive Type (The amount that would be written into contract as the potential/maximum incentive)

Total Actual Incentive Payment = Actual # Agreements Signed X Incentive per Connectivity Agreement

Projected Individual Contractor Connectivity Calculations

Contractor 1 Example

Contractor 1 projected 200 Basic HIE Connectivity Agreements and 225 new Robust HIE Connectivity Agreements during the duration of the 15 month contract.

Potential/Maximum Incentive Written into Contract:

Total Estimated Individual Contractor Incentive for Basic HIE= $\$811 \times 200 = \$162,200$

Total Estimated Individual Contractor Incentive for Robust HIE = $\$1159 \times 225 = \$260,775$

Total Incentive Available for Contractor 1 = $\$162,200 + \$260,775 = \mathbf{\$422,975}$ (This is how much would be written into contract as the potential/maximum incentive)

Performance & Actual Payment to Contractor:

*** Assumption: Contractor 1 signs 180 new Basic HIE Connectivity Agreements and signs 190 new Robust HIE Connectivity Agreements during the duration of the 15 month contract.*

TOTAL ACTUAL BASIC HIE CONNECTIVITY INCENTIVE PAYMENT = $180 \times \$811 = \$145,980$ (the actual payment)

TOTAL ACTUAL ROBUST HIE CONNECTIVITY INCENTIVE PAYMENT = $190 \times \$1159 = \$220,210$ (the actual payment)

CONTRACTOR 1 TOTAL INCENTIVE PAYMENT = $\$145,980 + \$220,210 = \mathbf{\$366,190}$ (This is how much the contractor would actually be paid based on actual signed new agreements.)

Contractor 2 Example

Contractor 2 projected 170 Basic HIE Connectivity Agreements during the 15 month contract.

Total Estimated Individual Contractor Incentive for Basic HIE= $\$811 \times 170 = \$137,870$

Total Incentive Available for Contractor 1 = $\$811 \times 170 = \mathbf{\$137,870}$ (This is how much would be written into contract as the potential/maximum incentive)

Performance & Actual Payment to Contractor:

*** Assumption: Contractor 2 signs 200 new Basic HIE Connectivity Agreements during the duration of the 15 month contract.*

TOTAL ACTUAL BASIC HIE CONNECTIVITY INCENTIVE PAYMENT = $170 \times \$811 = \$137,870$ (the actual payment)

CONTRACTOR 2 TOTAL INCENTIVE PAYMENT = $170 \times \$811 = \mathbf{\$137,870}$ (This is how much the contractor would actually be paid based on actual signed new agreements.)

Contractor 3 Example

Contractor 3 projected 120 new Robust HIE Connectivity Agreements during the 15 month contract.

Total Estimated Individual Contractor Incentive for Robust HIE = $\$1159 \times 120 = \$139,080$

Total Incentive Available for Contractor 1 = $\$1159 \times 120 = \mathbf{\$139,080}$ (This is how much would be written into contract as the potential/maximum incentive)

Performance & Actual Payment to Contractor:

*** Assumption: Contractor 3 signs 70 new Robust HIE Connectivity Agreements during the 15 month contract.*

TOTAL ACTUAL ROBUST HIE CONNECTIVITY INCENTIVE PAYMENT = $70 \times \$1159 = \$81,130$ (the actual payment)

CONTRACTOR 3 TOTAL INCENTIVE PAYMENT = $70 \times \$1160 = \mathbf{\$81,130}$ (This is how much the contractor would actually be paid based on actual signed new agreements.)

Summary of Total Incentives for All Contracts

	Total Incentives Available	Total Incentive Payments Made
Contract 1	\$422,975	\$366,190
Contract 2	\$137,870	\$137,870
Contract 3	\$139,080	\$81,130
Total (Basic and Robust)	\$699,925	\$584,190