

Vendor Selection Script:

Interview with Vendor #1: Foundation Health

Interim VP: Hello there, I am the Interim VP of Population Health Management here at Slopkins Health System. Thank you again for taking the time to walk through your application with me. As you know, we at Slopkins are evaluating a few different tools for our new Population Health Management initiatives. We know that we're a bit behind the curve in terms of our Population Health Management Strategy so we're looking for an application that will allow us to hit the ground running. Can you start by telling me a bit about your offering?

Vendor Rep #1: Sure thing! Thanks for allowing me to explain our application and I'm happy to answer any questions that you may have. We at Foundation Health strive to provide customers with the insights they need to begin to move the dial and become successful under Value Based Care. Our Population Health platform is based on our best-practice research that we have gathered over the years to ensure customers like you are equipped with the right information at the right time to make the best decisions for your health system.

Interim VP: Wow, that sounds great! Fortunately, I was able to see a demo a few weeks back on a call so I have a rough idea what your application provides as a whole but before we move further I have a few more specific questions. In terms of your integration, does your system integrate with Enterprise Data Warehouses, Electronic Health Records and various Business Intelligence tools? I realize that was three questions all at once so I'm happy to break those down if you need me to.

Vendor Rep #1: In short, it's yes to all three but let me get more specific. In terms of EDWs, we have integrated directly to provide our data to 50 customers thus far, ranging from a variety of home-grown EDWs to more off-the-shelf versions. In terms of EHRs, we provide a feedback loop into both Epic and Cerner and are working a few other integrations today into Meditech. Finally, in terms of BI tools, we actually have best-practice dashboards built out in Tableau but we also support direct connections into MicroStrategy and QlikView.

Interim VP: Fantastic. In terms of Analytics, I have several questions. You mention that you have best-practice dashboards. I'm assuming those are off-the-shelf? Do they allow for any sort of customization? Do they provide clear direction on what I should do with my system? Are there any sort of benchmarks? Can it show trending over time?

Vendor Rep #1: All great questions! Yes those reports are off-the-shelf. Unfortunately they do not allow for any sort of customization at this time but we have a service model that will allow our internal team to make those changes for you and your team. Since the reports are best practice, they do help guide you with your decision making at your health system. We have benchmarks that we partner with an actuarial firm to leverage,

Milliman – who happens to be the largest healthcare actuarial firm and provides benchmarks for many systems nationwide.

Interim VP: Do you have any sort of risk scores on opioids?

Vendor Rep #1: Unfortunately, we do not but we are happy to work with Milliman and your system to be able to develop something that will work with you. This is a hot topic of late.

Interim VP: In terms of the financials, roughly how much would this cost my ACO including on-going maintenance and upgrades? If there are new features, do I get them or do I need to buy them separately?

Vendor Rep #1: We have a standard implementation fee of \$20,000 plus a per member per month fee of \$0.10 so it's all dependent on the number of lives. If you'd like to bring in additional data sources, it's still \$0.10 per life per month and the standard implementation fee. If you bring in the data sources all at the beginning of the contract, the \$20,000 fee covers all implementations. If, however, you decide to bring in another one later, it's an additional \$20,000. There is a \$10,000 additional cost for your membership which includes access to our support team for any maintenance and report building. That cost goes up 5% annually. If a new feature comes out that is part of your existing product offering, you get it for free.

Interim VP: That about seems on par with other vendors I've talked to. Is there a set number of licenses available? What if I needed more – is that an added cost? In terms of training, is that part of the fees listed above?

Vendor Rep #1: We have an unlimited number of users so there is no added cost to additional users. Just submit a support ticket and we can add them. Same thing with training – your maintenance cost covers that so just go ahead and submit a ticket and we'll get a session scheduled for you.

Interim VP: What does your typical implementation timeline look like? Is there an abbreviated cycle if I forego integration into the EHR?

Vendor Rep #1: Our timeline will depend on the EHR you decide to implement with or the payer who's claims you are working with. Typically, the average timeline for claims is 8 weeks and EHR is 12 weeks but they can move together in parallel.

Interim VP: What is the minimum number of data sources required to use the solution?

Vendor Rep #1: We can move forward with claims only if you choose but you won't get the full benefit of the platform.

Interim VP: Does the system provide performance improvement suggestions based on data?

Vendor Rep #1: Not specifically but it does provide directional data based on trending over time and comparison to benchmarks.

Interim VP: Does the system integrate with my state's disease registry?

Vendor Rep #1: At this time, we do not but there is ongoing effort to be able to do this type of thing. Happy to investigate this with you in the future if you so desire.

Interim VP: Thank you so much! We will be in touch in the next few weeks.

Vendor Rep #1: Fantastic! Should you have any additional questions, please do not hesitate to reach out.

Interview with Vendor #2: Health4You

Interim VP: Hi there. I'm the Interim VP of Population Health here at Slopkins Health System. Thank you again for taking the time to walk through your application. As you know, we at Slopkins are evaluating a few different tools for our new Population Health initiatives. We know that we're a bit behind the curve in terms of our Population Health Strategy so we're looking for an application that will allow us to hit the ground running. Can you start by telling me a bit about your firm?

Vendor Rep #2: Hello! We at Health4You are a Software Analytics firm focusing on preventing Health4You of our clients.

Interim VP: Thank you.. As you know, we are evaluating a few other vendors so I would love to be able to see a demo of your product.

Vendor Rep #2: Ummmm– we don't usually give demos until after the contract is signed.

Interim VP: Okay – thank you. I have a few questions for you on your solution. In terms of your integration, does your system integrate with Enterprise Data Warehouses, Electronic Health Records and various Business Intelligence tools? I realize that was three questions all at once so I'm happy to break those down if you need me to.

Vendor Rep #2: terms of EDWs, we have integrated directly to provide our data to 25 customers thus far. In terms of EHRs, we have relationships with both Epic and Cerner and are working a few other integrations today into Meditech. Regarding BI tools, we actually have some dashboards built in not just Tableau but MicroStrategy and QlikView as well.

Interim VP: Okay... In terms of Analytics, do you have off-the-shelf reports? Do you allow any customization for those?

Vendor Rep #2: Yeah we have some OTS reports. If you want customizations made, it will require a per report fee after the first 1.

Interim VP: Can you tell me a bit about that fee?

Vendor Rep #2: Depending on the amount of effort, it could be \$250 per report at a minimum.

Interim VP: Do the reports provide clear direction on what I should do with my system? Are there any sort of benchmarks? Can it show trending over time?

Vendor Rep #2: We aren't the Healthcare experts so we can't tell you what to do but I can promise you our reports are run by certified Data Actuaries so they're accurate. We

don't provide benchmarks but will incorporate them for an additional cost if you have them.

Interim VP: Do you have any sort of risk scores on opioids?

Vendor Rep #2: Yes we do! This is one of the features our customers are most interested in.

Interim VP: In terms of the financials, roughly how much would this cost my ACO including on-going maintenance and upgrades? If there are new features, do I get them or do I need to buy them separately?

Vendor Rep #2: We have a standard implementation fee of \$25,000 plus a per member per month fee of \$0.15 so it's all dependent on the number of lives. If you'd like to bring in additional data sources, it's a \$0.20 per life per month and the standard implementation fee. If you bring in the data sources all at the beginning of the contract, the \$25,000 fee covers all implementations. If, however, you decide to bring in another one later, it's an additional \$22,000. There is a \$12,000 additional cost for your membership which includes access to our support team for any maintenance and report building. That cost goes up 7% annually. If a new feature comes out that is part of your existing product offering, you get it for free.

Interim VP: Is there a set number of licenses available? What if I needed more – is that an added cost? In terms of training, is that part of the fees I pay?

Vendor Rep #2: We allow for an unlimited number of users and do provide training via pre-recorded modules that can be accessed online.

Interim VP: What does your typical implementation timeline look like?

Vendor Rep #2: Our timeline will depend on the EHR you decide to implement with or the payer who's claims you are working with. Typically, the average timeline for claims is 6 weeks and EHR is 9 weeks but they can move together in parallel.

Interim VP: What is the minimum number of data sources required to use the solution?

Vendor Rep #2: We recommend using more than 1 data source of course, but can move forward with just 1 as well.

Interim VP: Does the system provide performance improvement suggestions based on data?

Vendor Rep #2: The data is the data. What you do with it is under your purview.

Interim VP: Does the system integrate with my state's disease registry?

Vendor Rep #2: No.

Interim VP: Thank you for your time! We will be in touch in the next few weeks if we decide to move forward.

Vendor Rep #2: You're welcome. Look forward to getting your business!

Population Health Analytics Tool:

Integration:

- Does this system integrate into EDWs?
- Does this system integrate into EHRs?
- Does this system integrate into my BI tool?

Analytics:

- Does the system have off-the-shelf reports?
- Does the system give direction on what I should do with my data?
- Does the system allow for customization of reports?
- Does the system have benchmarks to allow me to compare my system to others?
- Does the system have risk scores around opioid use?
- Can the system show me trending over time?

Financial Considerations:

- Roughly how much would this system cost my ACO?
- About how much will on-going maintenance and upgrades cost?
- When a new feature comes out, do we get it for free?
- Is there a limit to the number of users? If so, how much would it cost for additional users?
- Is training an added cost?
- Are additional data sets an added cost?
- If I bring on additional populations, does that increase my cost? If so, by how much?

Implementation:

- How long is your typical implementation cycle?
- What data sets are required to set up an instance of your tool?
- Is there an abbreviated implementation cycle if I fore-go integration with my EHR? What if I only provide claims?

Care Management:

- Does the system alleviate the pain of having a separate care management system from my EMR?
- Does the system provide performance improvement suggestions based on data?
- Does the system integrate with my state's disease registry?