

# IHDE Quote Worksheet

<b>Organization Name:</b>	<b>Date:</b>
---------------------------	--------------

## **IHDE Access License Fee – Annual Fee**

The Idaho Health Data Exchange (IHDE) annual Access License Fee provides a license for access to the IHDE Clinical Portal. Each license must be connected to a Provider in the clinic.

- Providers within a clinic must have a license – this includes a “User Name” and log-in.  
*Note: For each provider license, IHDE grants four (4) additional user log-ins for medical staff (MA/RN/Case Managers/etc.).*
- Providers employed by a hospital have a single license that covers all the providers employed by that hospital. *Note: A provider MUST have an IHDE user license (User Name/Log-In) in order to receive secure notifications and messages in the IHDE system, if a connection is available.*

IHDE Annual Access License Fees for <b>Clinics</b> :		#	Cost <small>(Per License/Per Year)</small>	License Cost
A.	Number of MD’s & DO’s:		\$475	
B.	Number of PA’s & NP’s:		\$475	
<b>Total # Licenses:</b>			<b>Total Cost:</b>	

IHDE Annual Access License Fee - <b>Hospitals</b> :		#	Cost <small>(Per Bed / Per Year)</small>	License Cost
A.	Number of Licensed Beds:		\$430	
<b>Total # Licenses:</b>			<b>Total Cost:</b>	

\*Prices are subject to change annually - This quote is valid for 30 days from date listed on the Quote

## **Interface Connection Fee – to connect your EMR and become **Bi-directional** with IHDE**

As you consider a bi-directional connection with IHDE please complete the following steps:

- a. Contact your Electronic Medical Records (EMR) provider and confirm that they are capable of building interface(s) to a Health Information Exchange (HIE). *(Note: There are some EMR’s that are unable/cannot build interfaces to HIE’s.)*
- b. Request a quote from your EMR for the cost, if any, to build the interface connections.
- c. Request a quote from your EMR for the cost, if any, for ongoing maintenance fees for the interface connections.
- d. Use the table below to select the interface connections you want to have built with IHDE and find the IHDE price for those specific connection builds.
- e. Once you determine which connections you desire to have built, include the price in the quote.

Interface	IHDE Participant Price	Included in Quote <small>(Yes / No)</small>
Inbound to IHDE - ADT (Admit, Discharge, Transfer)	\$ 9,800.00	
Inbound to IHDE - CCD <sup>A</sup> **	\$ 14,700.00	
Inbound to IHDE - LAB (Laboratory)	\$ 9,800.00	
Inbound to IHDE - RAD (Radiology)	\$ 9,800.00	
Inbound to IHDE - TRN** (Transcription)	\$ 9,800.00	
Outbound to Participant - CCD <sup>A</sup> (Query/Retrieve)	\$ 11,200.00	
Outbound to Participant - LAB/RAD/TRN** (Laboratory, Radiology, Transcription)	\$ 9,800.00	

\*\*Most common interfaces built.

Total (Gross) of ONE-TIME IHDE Cost of Interfaces Selected:	\$
(LESS) Possible Medicaid Contribution (Only Offsets IHDE Costs):	\$
<b>Total (NET) IHDE Interface Build Costs (A):</b>	<b>\$</b>
Total Cost from your EMR to build interface connections (B):	\$
<b>Grand Total: On Time EMR and IHDE Interface Build Costs Total (A + B):</b>	<b>\$</b>

# Data Sharing Agreement (DSA) Quote

Those entities entering into the IHDE Data Sharing Agreement (DSA) will be charged by the number of members in the Payer cohort(s) via a Per Member Per Month (PMPM). The PMPM may vary given the scope of data sharing outlined below.

Data Sharing Agreement (DSA) Scope:

1. IHDE will provide (Client Name) with the following data:

- a. \_\_\_\_\_ Admit, Discharge, Transfer (ADT)
- b. \_\_\_\_\_ Consolidated Clinical Data (CCD)
- c. \_\_\_\_\_
- d. \_\_\_\_\_

on a monthly basis via a \_\_\_\_\_ feed or exchange or connection.

- 2. (Client Name) will provide IHDE with a specific list of members or subscribers, specifically enrolled with the client. The number of members or subscribers is estimated to be \_\_\_\_\_.
- 3. (Client Name) will provide updates to the member / subscriber list every month, no later than the \_\_\_\_th day.
- 4. Updated member lists will be transmitted to IHDE via \_\_\_\_\_ in \_\_\_\_\_ format.
- 5. The IHDE Data Sharing Agreement (DSA) was signed on \_\_\_\_\_ and will be in effect for a period of \_\_\_\_\_ months beginning on \_\_\_\_\_ (day / month/ year) and ending on \_\_\_\_\_ (day / moth / year).
- 6. IHDE will invoice (Client Name) quarterly based on the average of the previous three months membership count.
- 7. All other Terms and Conditions outlined in the DSA will be in effect for the period of the Agreement.

## Per Member Per Month Fee

The Per Patient Per Month (PMPM) amount PMPM for the Data Sharing Agreement (DSA) for (client name) will be \$\_\_\_\_\_ for items \_\_\_ listed in item 1 unless otherwise specified in an attached Statement of Work for (Client Name).

# Payment Terms

**Payment Terms Payment Calculation** – Annual Access License Fees will be calculated using Total Annual per Participant Cost (for the chosen product option as selected above).

**Payment** - The initial payment is due in full within thirty (30) business days following the date IHDE mails invoice.

Subsequent annual fees / payments are due in full annually on the anniversary date from the effective date of the contract. All payments are to be made payable to: Idaho Health Data Exchange, Inc., P.O. Box 6978 Boise, Idaho 83707 Attn: Billing

**Late Fees** - Payments not received within thirty (30) business days following the due date therefore are subject to a late charge of five percent (5%) of the amount owing and interest thereafter at the rate of one and one-half percent (1½ %) per month on the outstanding balance, or the highest amount permitted by law, whichever is lower.

**Suspension of Services** - Failure to pay the payments provided for herein within sixty (60) days following the due date therefore may result in termination of the Participant’s access to the IHDE Clinical Portal and/or use of the Services on ten (10) days prior notice. A reconnection fee may be assessed to reestablish connection after termination due to non-payment. Other terms applicable to suspensions and reestablishments of service shall be set forth in the Program Manual. \*

Clinical Portal annual access license fee billing will be based on the number of licenses issued respective of a 5:1 ratio (logins/passwords per license) at the time of billing anniversary.

Fees are subject to change based on actual IHDE program performance. Any change in fee schedule requires approval by the IHDE Board of Directors. IHDE shall provide written notice of the change as required by Section 4.6 of the IHDE Terms and Conditions.

**Participant Signature**

\_\_\_\_\_

**Participant Name and Title (please print)**

\_\_\_\_\_

**Name of Organization (please print)**

\_\_\_\_\_

**Billing Contact & Address**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Billing Email (If preferred)**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**For the Idaho Health Data Exchange - IHDE**

**Signed for IHDE – Signature**

\_\_\_\_\_

**Signed for IHDE – Print Name**

\_\_\_\_\_

**Title**

\_\_\_\_\_

**Date**

\_\_\_\_\_

*\* One-time EMR-IHDE connection fees are not included in the Clinical Portal annual access license fees. Note: You may incur EMR one-time or annual vendor fees related to this connection. Please check with your EMR vendor to confirm.*