



1) What is the current patient matching rate with respect to duplicate records?

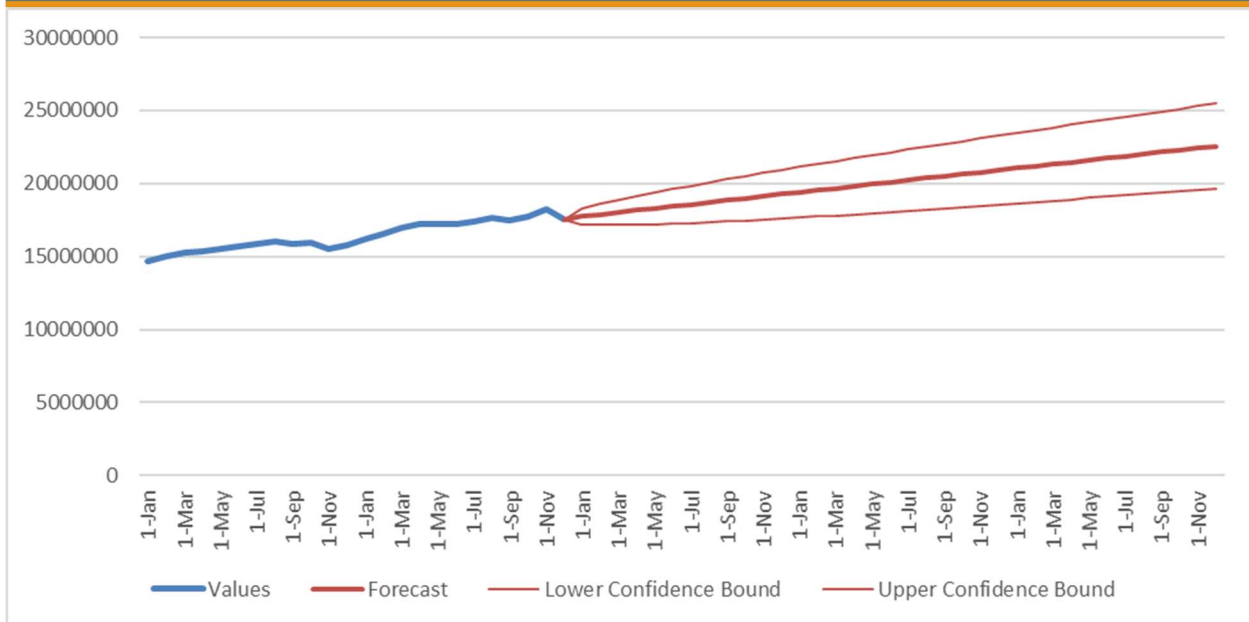
“Duplicate record” is a very specific term that hospitals use. We do talk about close demographic matches, that are patients with sufficient data that they may be the same person but insufficient data that we can't be sure. For e.g. two Ronald Reagans with the same DOB, but with different addresses is what we call person with close demographics and the current rate of that is around 12%.

2) Does CRISP have any expectations on the timeline around the implementation of the EMPI with respect to completion, i.e. December 31, 2018 or some other date?

We want pieces of this implementation going live this year, and the earliest we can be fully live would be May'19 due to some other system dependency.

3) What is your estimated member and entity growth over the next three years?

The number of patients in MPI is 17521506 as of December'17 and is expected to grow to 22571340 in the next three years



4) Have you evaluated the quality of the matches performed by the referential matching solution?

No, we have not.

5) Is the current IBM Initiate solution hosted on-premises by CRISP?

It's on-premise and we have the responsibility for owning and operating the system.

6) The RFP seems to assume that the EMPI vendor will host the solution. Is hosting a hard requirement or can CRISP host the solution on-prem?

It's not a hard requirement as our current solution is on premise as well. If the right solution is on premise we would move forward with that.