



# Cape Girardeau County Public Health Center

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## REQUEST FOR PROPOSALS (RFP) ELECTRONIC HEALTH RECORDS (EHR) SYSTEM



Deadline for Submission of Proposals:  
**February 16, 2018 – 4:30 p.m.**

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## **SECTION ONE: GENERAL RFP INFORMATION**

The Cape Girardeau County Public Health Center is seeking proposals to provide technical and professional services for the implementation and maintenance of a cloud-based Electronic Health Records (EHR) system in seventeen Local Public Health Agencies in Southeast Missouri.

## **SECTION TWO: PROGRAM OVERVIEW**

The Cape Girardeau County Public Health Center (CGCPHC) is a local public health department established in 1986. The mission of CGCPHC is to promote good health and ensures the county's public health through assessment of health and environmental needs, policy development, community education, prevention, and assurance.

Clinical services provided at the seventeen Local Public Health Agencies include but not limited to the following:

- Immunizations for adults and children
- Lead Poisoning Prevention Program; offering education and surveillance
- Women, Infants, and Children (WIC) for supplemental food, nutrition education
- Family Planning Services
- Women's Health Services, Breast and Cervical Cancer Screening
- Prenatal, Healthy Children and Youth
- Blood Lead Case Management which include client home visits to provide health assessments, resources and referrals
- Tobacco Prevention and Education
- Dental Services; oral health screenings, fluoride application and education
- STD / HIV / Hepatitis C screening
- Tuberculosis Screening
- Office Visits for blood pressure checks, B-12 injections
- Patient Home Visits

In addition, Cape Girardeau County Public Health Center has a designated Rural Health Clinic that provides Primary Health Care for pediatric and women's health, as well as HIV/AIDS diagnosis.

Medicaid, Medicare, private insurance and self-pay are accepted at most of the Local Public Health Agencies. Some of the agencies utilize a sliding fee discount based on family size and income.

## **SECTION THREE: SCOPE OF SERVICES**

In 2017, a group of seventeen local public health agency (LPHA) directors joined together to study opportunities to utilize health information technology to strengthen public health infrastructure in Southeast Missouri, making it more sustainable and responsive to the region's needs. The adoption, implementation, and utilization of

electronic health records (EHR) systems will enhance the public health infrastructure capabilities; at the local level, to address the three Core Functions of Public Health, namely assessment, policy development, and assurance. An EHR system will ensure a robust, data rich, information base that will provide critical information from the multi-disciplines of epidemiology, environmental, health care management (primary care providers), policy development, demographics, geographic, socio-cultural, and economic. In addition, implementation of EHR systems will allow the agencies to bill public and private insurance plans for immunizations and other billable services.

The group selected Cape Girardeau County Public Health Center (CGCPHC) to serve as the lead agency for LPHAs in Bollinger, Butler, Cape Girardeau, Dunklin, Iron, Madison, Mississippi, New Madrid, Pemiscot, Perry, Ripley, Ste. Genevieve, St. Francois, Scott, Stoddard, Washington, and Wayne Counties.

CGCPHC is releasing this RFP for the procurement of an EHR system and is seeking responses for a system from which care coordination efforts can be maximized, sustainability efforts can be realized, and quality improvement efforts can be driven.

Phases of the EHR project will include the following at a minimum:

- Project Startup – Initial Assessments and Planning
- Implementation – Pilots and Rollouts
- Ongoing Support and Maintenance - Resolution of software and training related issues; maintenance of current versions of software and training materials.

#### **SECTION FOUR: PROPOSAL PACKAGE REQUIREMENTS**

##### **A. PROPOSAL FORMAT**

Proposals are to be straightforward, clear, concise and responsive to the information requested. Applicants are to provide information as requested within the proposal. Each applicant must submit one original proposal with original signatures on the Cover Letter (**Attachment 1**) and **three (3) additional signed copies of the proposal**. The original must be clearly marked “ORIGINAL.”

#### **SECTION FIVE: RFP PROCESS**

##### **A. SUBMITTAL OF PROPOSALS**

Sealed proposals must be received at the Cape Girardeau County Public Health Center, **NO LATER THAN 4:30 p.m., on February 16, 2018.**

Proposals are to be addressed as follows:

ELECTRONIC HEALTH RECORDS (EHR) SYSTEM RFP  
Cape Girardeau County Public Health Center

P.O. Box 1839  
Cape Girardeau, MO 63702  
Attention: Jane Wernsman, Director

Applicant's name and return address must also appear on the envelope.

Proposals will be received only at the address shown above, and must be received by the time indicated. It is the sole responsibility of the applicant to send or deliver its proposal so that it is received by the time and date required, regardless of postmark. Any proposal received after said time and/or date or at a place other than the stated address, cannot be considered and **will not be accepted**. No e-mailed or facsimile proposals will be considered.

**B. SUBMITTER'S QUESTIONS**

Questions regarding the RFP must be submitted in writing by **4:30 p.m. on February 9, 2018**. Except for questions that might render the award of this contract invalid, CGCPHC will not respond to any questions submitted after this time. If it becomes necessary to revise the RFP, the Health Center will provide an addendum to each Firm the Health Center is aware of receiving the RFP.

Questions should be addressed to:

Cape Girardeau County Public Health Center  
Attention: Jane Wernsman, Director  
P.O. Box 1839  
Cape Girardeau, MO 63702

-OR-

Email: [jane.wernsman@capecountyhealth.com](mailto:jane.wernsman@capecountyhealth.com)

**C. COSTS OF DEVELOPING THE PROPOSAL**

The Cape Girardeau County Public Health Center shall not be obligated or be liable for any cost incurred by Respondents prior to issuance of a Contract. All costs to prepare and submit a response to this solicitation shall be borne by the Respondent.

**D. PROPOSAL TERMS AND CONDITIONS**

It is the responsibility of each applicant to be familiar with all of the specifications, terms and conditions of the RFP. By the submission of a proposal, the applicant certifies that if awarded a contract, applicant will make no claim against Cape Girardeau County Public Health Center based upon unfamiliarity of, or misunderstanding of the specifications.

**E. SUCCESSFUL PROPOSAL AS PART OF CONTRACT SERVICES**

Proposals received in response to this solicitation, at Cape Girardeau County Public Health Centers discretion, may be incorporated into the awarded contract and may serve as basic terms and conditions for the ultimate contract. Therefore, applicants are advised that, if successful, they will be held responsible for levels of services proposed at the funding levels quoted. Cape Girardeau County Public Health Center reserves the right to not execute a contract following this RFP and to negotiate modifications or revisions to any awarded contract.

**1. EVALUATION OF PROPOSALS**

This Request for Proposal (RFP) does not require the Cape Girardeau County Public Health Center to make an award to the company submitting the lowest priced proposal. It is the purpose of this request for proposal to obtain data as complete as possible from each respondent that will enable the Cape Girardeau County Public Health Center to determine which RFP best meets the center's needs.

**2. SELECTION AND AWARD**

The Cape Girardeau County Public Health Center reserves the right to reject any or all proposals, to negotiate with any respondent considered qualified, or to make an award without further discussion.

Failure of the Respondent to provide in his/her proposal any information requested in this RFP may result in disqualification of the proposal and shall be the responsibility of the proposing individual or company.

During the evaluation process, discussions may be conducted with Respondents who submit proposals determined to be reasonably susceptible of being selected for award. It will be the recommendation of the evaluation committee if discussions for clarification are needed.

The objective of the evaluation committee will be to recommend the Respondents whose proposal is most responsive to the Cape Girardeau County Public Health Center's needs while within the available resources. Final approval is required by the CGCPHC Board of Trustees. The specifications within this RFP represent the minimum performance necessary for response.

**F. OTHER REQUIREMENTS**

In order to contract with the Cape Girardeau County Public Health Center, an applicant must meet the following requirements:

- Make available to CGCPHC its federal Tax Identification Number (TIN) or Social Security Number (SSN).
- Maintain statistical and financial records necessary for audit review, which may be requested.
- Be prepared to account for any discrepancy between the contracted level of service and the actual level.
- Comply with all Federal, state and local rules, regulations and policies, including but not limited to:
  - Standard contract language.
- Insurance coverage to include worker's compensation, general liability, auto liability and professional liability, unless waived.
- Meet the requirements for audit of its expenditures as provided in the above documents.
- Identify any and all subcontracted service providers and related services and fees clearly within their response.
- Must obtain prior authorization for services outside the outlined Scope of Services.

**G. NON-DISCRIMINATION AND CONFIDENTIALITY**

It is policy of the Cape Girardeau County Public Health Center to assure that no person will be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination for any services because of their race, color, national origin, sex, religion, age, disability, genetic information or any other characteristic protected by law. No facility operated by the Cape Girardeau County Public Health Center may be used to promote any discriminatory practice nor shall the Cape Girardeau County Public Health Center become a party to any agreement which permits any discriminatory practice.

The Cape Girardeau County Public Health Center 's commitment to Title VI of the Civil Rights Act of amendments, Sections 503 and 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and the Missouri Public Accommodations Act and Executive Order 87-6 is hereby reaffirmed.

This policy shall be adhered to by all staff and contractors of the Cape Girardeau County Public Health Center. Any questions or concerns should be directed to the Director's office, Cape Girardeau County Public Health Center, 1121 Linden, PO Box 1839, Cape Girardeau, MO 63702, (573) 335-7846.

**H. PUBLIC RECORDS ACCESS**

Applicants should be aware that submitted proposals are subject to Missouri Public Record Access laws and may be disclosed to members of the public upon request.

## **SECTION SIX: CONTRACT INFORMATION**

### **1. VALIDITY OF PROPOSALS**

Respondents agree that proposals will remain firm for a period of ninety (90) calendar days after the date specified for the return of proposals.

### **2. REJECTION OF PROPOSALS**

The Cape Girardeau County Public Health Center reserves the right to reject any or all proposals received in response to this RFP, or to cancel the RFP if it is in the best interest of the Cape Girardeau County Public Health Center to do so. Failure to furnish all information requested in this RFP may disqualify the proposal. Any exceptions to the requirements specified must be identified in the proposal.

### **3. ALTERATION OF SOLICITATION**

The wording of the Cape Girardeau County Public Health Center 's solicitation may not be changed or altered in any manner. Respondents taking exception to any clause in whole or in part should do so by listing said exceptions on their letterhead and submitting them with their proposal; such exceptions will be evaluated and accepted or rejected by the Cape Girardeau County Public Health Center, whose decision will be final.

### **4. RESPONSE MATERIAL OWNERSHIP**

All material submitted regarding this RFP becomes the property of Cape Girardeau County Public Health Center and after submissions are opened and may require disclosure upon receipt of proper Sunshine Law request per 610.021(12) RSMo.

### **5. COLLUSION CLAUSE**

Any agreement or collusion among Respondents and prospective Respondents to illegally restrain freedom of competition by agreement to fix prices, or otherwise, will render the proposals of such Respondents void.

### **6. CONTRACT DOCUMENTS**

The final Contract between the Cape Girardeau County Public Health Center and the Respondent will include by reference:

- Respondent's Proposal
- The Specifications contained in this RFP

Any changes, additions or modifications hereto will be in writing and signed by the Director of Public Health with approval of the Board of Health Trustees. No other individual is authorized to modify the Contract in any manner.

### **7. TAX EXEMPTION**

The Cape Girardeau County Public Health Center is funded by public monies and as such has been approved by the State of Missouri for sales/use tax exempt status. The Missouri tax identification number and certificate is available upon request by

the successful Respondent.

8. **APPLICABLE LAW**

The proposal and Contract shall be governed in all respects by the laws of the State of Missouri, and any litigation with respect thereto shall be filed in the courts in Cape Girardeau County, Missouri.

9. **ASSIGNMENT**

The selected company shall not assign the Contract, subcontract it, or sublet it as a whole without the prior written consent of the Cape Girardeau County Public Health Center. Assignment, subcontracting, or subletting without such consent will in no way relieve the company of any of its obligations under this Contract unless specifically stated by the Cape Girardeau County Public Health Center.

10. **COMPLIANCE WITH EMPLOYMENT LAWS**

In connection with the furnishing of supplies or performance of work under this Contract, the company agrees to comply with the Fair Labor Standard Act, Fair Employment Practices, Equal Opportunity Employment Act, and all other applicable Federal and State laws and further agrees to insert the foregoing provisions in all subcontracts awarded hereunder. Respondents are informed pursuant to Section 285.530, RSMo, as a condition of the award of any contract in excess of five thousand dollars (\$5000.00), the successful bidder shall, by sworn affidavit and the provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection to the contracted services. Successful Respondents shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection to the contracted services.

11. **TERMINATION FOR DEFAULT**

If, through any cause, the company shall fail to fulfill, in a timely and proper manner, its obligations under this contract, or if the company shall violate any of the covenants, agreements, or stipulations of this contract, the Cape Girardeau County Public Health Center shall thereupon have the right to terminate this contract for cause by giving written notice to the company of its intent to terminate and at least ten (10) calendar days to cure the default or show cause why termination is otherwise not appropriate. In the event of termination all finished or unfinished documents, data, studies, survey, drawings, maps, models, photographs, and reports or other material prepared by the company under this contract shall, at the option of the Cape Girardeau County Public Health Center, become its property, and the company shall be entitled to receive just and equitable compensation for any services and supplies delivered and accepted. The company shall be obligated to return any payment advanced under the provisions of this contract.

Notwithstanding, the company shall not be relieved of liability to the Cape Girardeau County Public Health Center for any damages sustained by the Cape

Girardeau County Public Health Center by any breach of the contract by the company, and the Cape Girardeau County Public Health Center may withhold any payment to the company for mitigating its damages until such time as the exact amount of damages due the Cape Girardeau County Public Health Center from the company is determined.

If after such termination it is determined, for any reason the company was not in default, or that the company's action/inaction was excusable, such termination shall be treated as a termination for convenience, as described herein.

## 12. **TERMINATION FOR CONVENIENCE**

The performance of work under this Contract may be terminated by the Cape Girardeau County Public Health Center in whole or in part, whenever the Director of Public Health, with approval of the Board of Trustees will determine that such termination is in the best interest of the Cape Girardeau County Public Health Center. Any such termination will be affected by delivery to the Respondent of a letter of termination specifying the extent to which performance of work under the Contract is terminated and the date upon which such termination is effective.

After receipt of a termination letter the Respondent will:

- Stop work on the Contract on the date and to the extent specified in the letter.
- Place no further orders for materials, services or facilities except as may be necessary to complete any portions of the work under Contract not terminated.
- Complete on schedule such part of the work as will not be terminated by termination letter.

## 13. **INSURANCE REQUIREMENTS**

### 13.1 **CONTRACTORS INSURANCE**

The selected company shall not commence work under this Contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the Cape Girardeau County Public Health Center, nor shall the company allow any subcontractor to commence work on their contract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form, and with companies satisfactory to the Cape Girardeau County Public Health Center.

### 13.2 **COMPENSATION INSURANCE**

The selected company shall take out and maintain during the life of this Contract **Workers Compensation Insurance** for all of their employees employed at the site of the work, and in case any work is sublet, the company shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the company. Workers Compensation coverage shall meet Missouri statutory limits.

### **13.3 COMPREHENSIVE GENERAL LIABILITY INSURANCE**

The selected company shall take out and maintain during the life of this Contract such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this Contract, from claims for damages for personal injury including accidental death as well as from claims for property damages which may arise from operations under this Contract, whether such operations be by themselves or by any subcontractor or by anyone directly or indirectly employed by either of them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death.

### **13.3 PROOF OF CARRIAGE OF INSURANCE**

The selected company shall furnish the Cape Girardeau County Public Health Center with Certificate(s) of Insurance which **names the Cape Girardeau County Public Health Center as additional insured** in an amount as required in this Contract, **contains a description of the project or work to be performed**, and requires a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the Cape Girardeau County Public Health Center has made final acceptance of the services contracted.

### **14. HOLD HARMLESS AGREEMENT**

To the fullest extent not prohibited by law, the selected company shall indemnify and hold harmless the Cape Girardeau County Public Health Center, its directors, officers, agents, and employees from and against all claims, damages, losses, and expenses (including but not limited to attorney fees) arising by reason of any act or failure to act, negligent or otherwise, of the company, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with the company or a subcontractor for part of the services), of anyone directly or indirectly employed by the company or by any subcontractor, or of anyone for whose acts the company or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require the company to indemnify, hold harmless, or defend the Cape Girardeau County Public Health Center from its own gross negligence.

**ATTACHMENT 1**

**PROPOSAL FOR ELECTRONIC HEALTH RECORDS (EHR) SYSTEM**

- Proposals are to be kept within 70 pages with a minimum font size of 11.
- To assist the Cape Girardeau County Public Health Center in the evaluation, Respondents shall submit their proposals in the format provided below:

**A. Proposal Format:**

Item		INCLUDED?	
		YES	NO
1.	Cover Letter – Introduce the company and include the name, address and telephone number of corporate headquarters and the local office. The name of the individual who will be the primary contact with the Cape Girardeau County Public Health Center must be set forth.		
2.	Table of Contents – List proposal sections with page references		
3.	Summary – <ul style="list-style-type: none"> <li>a. Functional Requirements Form</li> <li>b. Technical Questions Form</li> <li>c. Technical Requirements Form</li> <li>d. Service Delivery and Methodology Form</li> <li>e. Cost Quotation and Pricing               <ul style="list-style-type: none"> <li>• Describe your software licensing process and license options.</li> <li>• Include a copy of your typical license agreement.</li> <li>• <b>Provide pricing for your proposed solution in the format shown below</b></li> </ul> </li> <li>f. Vendor Qualification Form</li> <li>g. Timeframe for Implementation (vendor provided form)</li> </ul>		

Initial license/software costs	
Estimated system integration cost	
Training	
Project management	
Other (explain, attach additional sheets if necessary)	
Estimated expenses to include travel, materials, etc.	
Annual license renewal fee	
Annual maintenance fee	
Annual hosting fee	

**FUNCTIONAL REQUIREMENTS**

In the section below, provide concise yet complete answers to each of the following questions. If you choose not to respond to a question, type “Not Applicable”. You may include diagrams, screen prints, charts, etc, as needed, to address the question.

1. Describe how navigation from screen to screen in your solution maintains “context.” By context, we mean the primary focus or subject of the task as it is performed, e.g., customer, site, etc.
2. Describe the architecture of your solution., software as a service, web based, server based, or server co-location. Address the benefits and cost comparisons between these options.
3. Describe how your solution facilitates data searching. Include use of wildcards, partial searches, “like” searching, case sensitivity, amount of data returned, messaging, etc. Address this topic for each of your primary summary (or “entry-point”) screens.
4. Describe how your solution facilitates expected Internet connection, bandwidth, and speed needed.
5. Provide a copy of the primary user interfaces (screens, panels, etc). Include other functional information that you believe pertinent.
6. Describe how your solution handles payment posting and adjustments.
7. Does your solution display core demographic information, including payer eligibility on all screens? example: name, DOB, insured/uninsured, carrier
8. Can users navigate among modules with one click?
9. Can a user view the history of any field within the application?
10. Explain how your solution handles user defined fields.
11. Explain how your solution handles user defined forms.
12. Can the user create view(s) of these forms for ad hoc reporting?
13. Explain how your solution handles user created forms without scoring.
14. Is there a centralized user defined dashboard that displays any field of the medical record?
15. Explain how your solution handles the need to be mobile.
16. Include other functional information that you believe pertinent to this RFP.

**TECHNICAL QUESTIONS**

For the sections below, provide concise yet complete answers to each of the following questions. If you choose not to respond to a question, type “Not Applicable.”

**Technical Requirements**

1. Minimum workstation configuration – Complete the following table to specify the minimum workstation configuration required to run the proposed solution.

Operating system(s) with version number	
Minimum hard drive free space	
Minimum RAM	
Minimum processor and speed	
Web browser requirement-Internet Explorer and or Chrome	

2. Minimum network configuration – Complete the following table to specify the minimum network configuration required to run the proposed solution.

Network protocol	
Minimum bandwidth requirement	
Minimum speed	

3. Recommended relational database – Complete the following table to specify your recommended relational database product.

Database:	
Version number:	

4. Third party software – Complete the following table to specify any third party software products that are required, other than database management software and operating systems (add lines, as necessary).

Software product:	
Version number:	

**TECHNICAL REQUIREMENTS**

**Maintenance and Support**

1. Describe all of the (technical and end user/business) user groups, conferences and other support mechanisms that exist for your solution.
2. What terms are offered for the escrow of the source code?
3. Explain how your solution facilitates future changes, management of the software patches” and version control. How does your solution support the distribution of patches and fixes?
4. What type of support services does your company offer?
5. What type of in-services (training) does the company offer to new Clients?
6. What are the operational hours of your phone support?
7. What is the annual maintenance cost and when does it begin for the following?
  - a. Software upgrades
  - b. Technical support costs
8. Describe how services are available, i.e., annually, monthly, or per episode purchase plan. Include the cost for each.

**SERVICE DELIVERY & METHODOLOGY QUESTIONNAIRE**

**PROPOSER NAME:** \_\_\_\_\_

This questionnaire must be completed in full in order for your proposal to be considered in response to the Electronic Health Records (EHR) System Request for Proposals (RFP). For each item, please choose one of the following four possible answers (Y/N/F/C) by placing an X in only one of the appropriate columns. Provide a brief narrative of the chosen answer in the “DESCRIPTION” column, or type N/A if no narrative is necessary to further describe the answer to the question.

<b>Response</b>	<b>Explanation</b>
Y = YES	This feature is included in the proposed solution.
N = NO	This feature is not included in the proposed solution. Note: you will NOT be disqualified if your answer is “NO” for any of the features.
F = FUTURE	This feature is planned for a future release. Include the release date in the description section.
C = CUSTOM	Your company will develop this specific feature. Include the proposed cost of development of this feature, identified as “Custom Development”.

**1. –Functionality**

Note: Any functionality that requires a special package or service should be identified by respondent. The information provided in response to the below questions will be incorporated into the contract.

<b>Item #</b>		<b>Y</b>	<b>N</b>	<b>F</b>	<b>C</b>	<b>DESCRIPTION</b>
1.1	Use the Omaha System or a comparable behavior tracking system as a basis for documentation including: <ul style="list-style-type: none"> <li>• Ability to extract data for evaluation of outcome data.</li> <li>• Customizable plans for care that uses Omaha or behavior tracking as the basis for documentation.</li> <li>• System interface terminology standard documentation is Omaha or similar type behavioral tracking.</li> </ul>					

1.2	Fully compliant with Health Insurance Portability & Accountability Act (HIPAA) regulations and 5010 requirements.					
1.3	Ability to see in patient's record if a signed HIPAA consent/release form is on file.					
1.4	Compliant with International Statistical Classification of Diseases and Related Health Problems (ICD)-9 and (ICD)-10.					
1.5	Host software datacenter that meets high availability standards. Please explain your datacenter environment, including annual and most recent monthly performance.					
1.6	The system must have a Health Level-7 (HL7) interface. Provide at least two examples and identify any related costs.					
1.7	Will interface with the Missouri ShowMeVax Immunizations Registry System.					
1.8	Capability to automatically update Vaccine Information Statements (VIS) in the background for each vaccine. Who performs the update?					
1.9	Preloaded vaccine names with descriptors and manufacturer. Ability to modify names and descriptors to differentiate Vaccine for Children's (VFC) vaccine. Please explain any potential impact to name modification.					
1.10	Integrated vaccine schedule that allows user to determine what vaccines are recommended based on patient history.					
1.11	System generated recall/reminder for patients to come back for next vaccine series based on immunization history of last vaccine given.					
1.12	Vaccine inventory management system; briefly describe the user roles and ease of use.					
1.13	Ability to use scanning and/or other technologies (e.g., RFID) for inventory tracking. Please summarize available technologies.					
1.14	Cloud based system that works with current version of IE or Chrome browsers.					
1.15	Immunization codes built in to system that is based on CDC and the Advisory Committee on Immunizations Practices (ACIP) guidelines.					

1.16	Integrated ICD-10 Modifiers and NDC Codes. “Smart” searching functions that allow the user to search codes with multiple phrases/words.					
1.17	Integrated CVX/CPT codes that are routinely updated.					
1.18	Electronic fax capability.					
1.19	Built in system tutorials or a help function.					
1.20	Built in functionality for a Sliding Scale, Co-Pays/Prepays and Payment Plans, and the ability to generate statements and receipts					
1.21	Appointment scheduling capability integrated for multiple clinical sections.					
1.22	E-Prescribing and Electronic Lab Results native to system.					
1.23	Ability to print medication and health education information for patient education. Describe information source and update process.					
1.24	Auto Posting 835 Remittances.					
1.25	A 24-hour secure access Patient Portal system that allows patients to view available appointments and to schedule themselves for a timeslot. Additional functions of the portal include the ability for the patient to retrieve lab results, view immunization and medication history and update contact information. Please explain access modality, PC, mobile device, etc.					
1.26	Integrated secure user messaging system that would allow interoffice communication as well as communication with patients, with capability for clients to respond to customer surveys.					
1.27	Capability to integrate with a kiosk style patient check in system.					
1.28	An appointment reminder system for all clinic department appointments.					
1.29	Meet National Institute of Standards and Technology (NIST) security and encryption standards.					
1.30	Services through open and accessible application programming interfaces (APIs).					
1.31	Provide Certificate of Interoperability.					
1.32	The ability for patients to electronically modify and confirm appointments. Please					

	explain the process.					
1.33	Integrated telephone appointment reminder system.					
1.34	Interactive texting functionality for appointment reminder and confirmation.					
1.35	Will interface with Missouri Family Health Council Title X CVR database					

*(This Attachment continues on the following page.)*

## 2. – Data Capture

Item #		Y	N	F	C	DESCRIPTION
2.1	Ability to utilize existing client data in the system to auto-fill (prepopulate)/complete assigned fields within electronic forms, templates, and letters.					
2.2	Provide a visual warning method to highlight selected data/information pertaining to client (such as safety concerns, language needs, billing, and financial alerts, etc.) when a client record is opened.					
2.3	Ability to accept data from multiple input methods such as paper scanning, online, web forms, bar codes, etc.					
2.4	Ability to create and save electronic forms, templates, and letters that can be customized by users.					
2.5	Allow multiple fields for contact information and/or demographics for each client such as multiple phone number fields, multiple address fields, emergency contacts, and e-mail addresses. Potential for retrieval of old information at a later date.					
2.6	Ability to save and print electronic forms once they have been auto-filled.					
2.7	Provide or ability to create drop-down field menus to ensure correct or consistent completion of data.					
2.8	Automatically assign and track client ID numbers.					
2.9	Ability to incorporate electronic signatures on to electronic forms, templates and letters for authorizing and approving an action without needing to print the document (i.e. using a signature pad, other capture device or method).					

*(This Attachment continues on the following page.)*

### 3. – Electronic Document Management/Imaging

Item #		Y	N	F	C	DESCRIPTION
3.1	Ability to receive and store images of client documents directly into a client's record and store by predefined categories.					
3.2	Describe if and how document imaging integrates with your system.					
3.3	Vendor will coordinate transfer of data from current system to new system and provide warehousing capability/options (data backup).					

*(This Attachment continues on the following page.)*

#### 4. – Workflow

Item #		Y	N	F	C	DESCRIPTION
4.1	Able to track client referrals made to other community resources.					
4.2	Ability to interface with a kiosk type check in, or has built in capabilities.					

*(This Attachment continues on the following page.)*

## 5. – Reporting

Item #		Y	N	F	C	DESCRIPTION
5.1	Ability to design and generate ad hoc reports utilizing all data elements and save report format for future use. Identify if reports user-specific or organization specific.					
5.2	Ability to export data to Excel and/or other systems Specify process and requirement for additional software or services not included.					
5.3	Ability to generate a report on client goals and to track progress toward meeting those goals.					
5.4	Ability to query different types of information in the system that may be program specific or staff specific for reporting required by various state agencies and programs to include: Title X, Title IV, Maternal Child Health (MCH), Show Me Healthy Women (SMHW), Wise Woman (WW) Explain how new mandated reports are added and by whom.					
5.5	Ability to queue reports and/or run reports in the background.					
5.6	Ability to track and report activity by client or program.					
5.7	Ability to generate customizable Billing Accounts Receivable report.					
5.8	Capability to generate reports for total vaccine given, Women’s Health (WH), Family Planning (FP), STD and or missed appointments within a specified timeframe.					
5.9	Reporting for Omaha System or equivalent behavior change tracking within Case Management.					
5.10	Please explain at what level the end-user has capability for reporting. For example can complex reports be generated by the end user?					
5.11	What third party business intelligence tools have been used with your system?					
5.12	Is there any impact to system performance degradation from complex reporting? If so, please list any safeguards that are in place to help prevent this.					

## 6. – Accounts Receivable - Claims

Item #		Y	N	F	C	DESCRIPTION
6.1	Ability to interface with various medical claims clearinghouses. Give examples of at least two. Please explain if there will be an added cost and provide information if applicable.					
6.2	Ability to maintain multiple payers for eligibility date spans and bill using the correct date.					
6.3	Ability to create electronic claims to multiple payers.					
6.4	Ability to produce and edit reports prior to submitting claims.					
6.5	Ability to mark claims that have been submitted for payment.					
6.6	Ability to utilize multiple claiming rates maintained by date range and bill using the correct date.					
6.7	Ability to set up multiple billing/pay sources per client, with timeframes that can be adjusted for each source, and to prioritize primary/secondary/tertiary sources.					
6.8	Ability for more than one user to create a batch or multiple batch claims.					
6.9	Ability to resubmit claims.					
6.10	Ability to print statements and invoice.					
6.11	Integrated insurance eligibility checking.					

*(This Attachment continues on the following page.)*

## 7. – Accounts Receivable – Reimbursements

Item #		Y	N	F	C	DESCRIPTION
7.1	Ability to view/ report claim payment files prior to posting.					
7.2	Ability to upload claim payment files and automatically update the Accounts Receivable ledger.					
7.3	Online payment capability for patients.					

*(This Attachment continues on the following page.)*

## 8. – Security/Administration

Item #		Y	N	F	C	DESCRIPTION
8.1	Allow for definition of roles and assigned levels of view, update, delete and auditing; administered by onsite system admin at CGCPHC.					
8.2	Audit Log-ability to track system and client record changes and identify the user who made the change and what was modified.					
8.3	View all users logged-on to the system at any given time.					
8.4	Require user authentication. Describe process and available options.					
8.5	Create and maintain a registry of all personnel authorized to access the system that is accessible only by a system administrator.					
8.6	Restrict user passwords to compliant combinations of characters of a standard minimum length. Please provide system password guidelines.					
8.7	Track user password revisions and force users to change their passwords at determined intervals.					
8.8	Terminate log-on screen after determined number of unsuccessful attempts by a user to login. Additionally, user session will time-out after a predefined inactivity period.					
8.9	Vendor will store data in a physically secure location.					
8.10	Supports secure data encryption and exchange.					
8.11	Describe process of how system will be maintained after the “go-live” date. Specifically who will maintain what; i.e. our personnel or yours?					
8.12	Describe how the system is maintained for back end configuration of the system and table maintenance. Please describe distinction between system admin, DBA admin and user administrator functions.					
8.13	Describe the process for executing a HIPAA Business Associate Agreement					

*(This Attachment continues on the following page.)*

## 9. – Implementation

Item #		Y	N	F	C	DESCRIPTION
9.1	Provide a proposed implementation plan.					
9.2	Provide an explanation of project management support (such as role identification, coordination of tasks/events, and a work breakdown structure) for the implementation process, including: <ol style="list-style-type: none"> <li>1. System installation and setup</li> <li>2. System configuration and customization</li> <li>3. End-user training</li> <li>4. User acceptance testing</li> <li>5. Retraining within 6 months of implementation.</li> </ol>					
9.3	Ability to implement the project within six months of the start date.					
9.4	Capability to maintain adequate back office support for system.					

*(This Attachment continues on the following page.)*

## 10. – Training and Support

Item #		Y	N	F	C	DESCRIPTION
10.1	Describe how you receive and respond to requests for assistance, including: <ul style="list-style-type: none"> <li>• Who you will accept the request from</li> <li>• Initial response time</li> <li>• Follow up process</li> <li>• Call tracking</li> </ul>					
10.2	Provide an example of your written materials/manuals on general use of system and system upgrades.					
10.3	Describe how training will be provided (in-person, webinar, etc.)					
10.4	Provide detail on how ongoing training is handled for system new releases/upgrades. Do you provide a test/training database with 24 hr. access?					
10.5	Do you facilitate any user groups or meetings related to your system?					
10.6	Provide three references from previous clients for the system proposed.					
10.7	CGCPHC operates five days a week from 8:30AM up to 4:30PM, 7:30AM to 4:30PM every Monday, and 8:30AM-6:00PM the second Monday of each month. There is one satellite locations one day per month. Our facility could remain open during increased utilization, such as the back to school timeframe, flu immunization timeframe or in the event of a Public Health Emergency. We could require up to 24 hour technical support. Do you provide different package levels for support? If so, please explain.					

*(End of Attachment 2)*

**COST & PRICING QUESTIONNAIRE**

**PROPOSER NAME:** \_\_\_\_\_

This Cost and Pricing questionnaire must be completed in full for your proposal to be considered in response to the Electronic Health Records (EHR) System Request for Proposals (RFP). Please state your total cost for all products and services included in the implementation of the EHR system on line 1, below. Also, please provide a dollar cost and brief description for each item in the following sections. The total cost should equal the sum of all the costs listed in these sections.

**1. Total Cost:** \_\_\_\_\_

**2. Total Ongoing Annual Cost:** \_\_\_\_\_

**1. – Software and Hardware Cost Summary**

<b>Item #</b>		<b>\$ COST &amp; DESCRIPTION</b>
1.1	Identify costs for software modules included in the system, not including any licensing costs.	
1.2	Identify costs for all “future modules”, (must correspond to items where your response was “F” in Attachment 2 to this RFP).	
1.3	Identify costs for “custom development”. (must correspond to items where your response was “C” in Attachment 2 to this RFP).	
1.4	Hardware costs (if applicable)	
1.5	Other related costs (please specify)	

## 2. – Training and Support Services Cost Summary

Item #		\$ COST & DESCRIPTION
2.1	Identify costs related to implementation of the system.	
2.2	Identify costs related to providing comprehensive training services for the system.	
2.3	Identify any system support/maintenance costs not including licensing/subscription costs.	
2.4	Other related costs (please specify)	
2.5	Identify if licensing is by individual user or by concurrent user seat. If by user seat, identify how the system handles user terminations and additions.	

*(This Attachment continues on the following page.)*

### 3. – Licensing and other Ongoing Costs

Item #		\$ COST & DESCRIPTION
3.1	Identify all licensing and/or subscription costs associated with the system.	
3.2	Other ongoing costs (please specify)	

*(End of Attachment 3)*

**VENDOR QUALIFICATION FORM**

**VENDOR QUALIFICATION FORM – PAGE 1 OF 2**

*Please attach additional page(s) if necessary.*

Full Legal Business Name:

Address:

Contact Name & Title:

Contact Phone & Email:

Type of Business:

Corporation                       Individual

Partnership                       Other, Explain:

How many years has your business operated without interruption?

How many years has your business offered software hosting services?

Is your business full-time or part-time?

Do you maintain an office staffed during regular business hours?

Has your business been in bankruptcy, reorganization or receivership in the last five (5) years?

Yes

No

If yes, explain:

Describe the services offered by your business.

List or detail all pertinent information that would indicate the ability of your business to satisfactorily fulfill the scope of work outlined in this RFP.

**THIS FORM MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**

**VENDOR QUALIFICATION FORM – PAGE 2 OF 2**

*Please attach additional page(s) if necessary.*

List any of the requirements in the Scope of Work you are not able to accommodate. Discuss any exceptions, special conditions, other fees, other services or deviations from the requested scope or other information defined in this Proposal.

How will your business provide customer service and quality control during the delivery of software hosting services?

**THIS FORM MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL**

**CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER  
STATEMENT OF "NO PROPOSAL"**

**RETURN THIS PAGE ONLY IF YOUR COMPANY PROVIDES THE PRODUCTS/SERVICES REQUESTED AND DECLINES TO DO SO.**

WE, THE UNDERSIGNED, HAVE DECLINED TO SUBMIT A PROPOSAL FOR **ELECTRONIC HEALTH RECORD (EHR) SOFTWARE** FOR THE FOLLOWING REASON(S):

- \_\_\_\_\_ SPECIFICATIONS ARE TOO "TIGHT", I.E. GEARED TOWARD ONE BRAND OR MANUFACTURER ONLY. (PLEASE EXPLAIN REASON BELOW.)
- \_\_\_\_\_ INSUFFICIENT TIME TO RESPOND TO REQUEST FOR PROPOSAL.
- \_\_\_\_\_ WE DO NOT OFFER THIS PRODUCT/S OR EQUIVALENT.
- \_\_\_\_\_ REMOVE US FROM YOUR BIDDERS' LIST FOR THIS COMMODITY OR SERVICE
- \_\_\_\_\_ OUR PRODUCT SCHEDULE WOULD NOT PERMIT US TO PERFORM.
- \_\_\_\_\_ UNABLE TO MEET SPECIFICATIONS.
- \_\_\_\_\_ UNABLE TO MEET INSURANCE REQUIREMENTS.
- \_\_\_\_\_ SPECIFICATIONS ARE UNCLEAR (PLEASE EXPLAIN BELOW).
- \_\_\_\_\_ OTHER (PLEASE SPECIFY BELOW).

REMARKS:

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COMPANY NAME:

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ADDRESS:

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SIGNATURE AND TITLE:

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TELEPHONE NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_