REQUEST FOR PROPOSALS (RFP)

FOR

ELECTRONIC HEALTH RECORD (EHR) MANAGEMENT SOFTWARE & SUPPORT SERVICES

SNHD-9-RFP-16-010

March 4, 2016

280 S. Decatur Blvd.
Las Vegas, Nevada 89107

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SECTION I – INTRODUCTION

A. Purpose:

The purpose of this RFP is to solicit proposed solutions - for software and services - to meet the Health District's Electronic Health Record (EHR) needs. At a high level, the Health District expects solutions to include functionality addressing unified patient registration, clinical and nursing program management, medical billing, regulatory reporting, appointment management and external data exchange.

Based on the responses to this RFP, the Health District will determine the competitive range, request scripted product demonstrations/presentations from the finalists, determine the need to visit sites where the finalists have installed solutions, and ultimately select a Proposer to implement the winning proposal.

B. Entity Information:

The Southern Nevada Health District, ("Health District") created pursuant to Nevada Revised Statute Chapter 439, is one of the largest local public health organizations in the United States. The Health District serves over 1.7 million residents, which is 70 percent of Nevada's total population. Also, the Health District is responsible for safeguarding the public health of more than 37 million visitors to Las Vegas each year.

The mission of the Health District is, "To protect and promote the health, the environment and the well-being of Clark County residents and visitors."

To this end, the Health District offers services and regulatory supervision that impact the public every day – from the food they eat and the water they drink, to the public establishments they visit, the businesses they operate and the requirements they must meet in order to work in certain industries such as food service and child care.

At the time of its creation, the Health District employed approximately 30 employees. Some 50 years later, the Health District moved to its main office on S. Decatur Blvd in 2016 and now has approximately 500 employees working in four divisions.

Service area:	Predominantly Clark County, NV (~8,000 square miles), though some services are provided to residents outside the county, with a service area population of 1.8 million.
Customers:	Varied by program – please refer to the website.
Employees:	496
Offices:	8
2014/2015 Operating Revenue:	$64.3M

C. Notices and Future Contract. The successful Proposer will be required to entire into a written agreement with the Health District in which the Proposer will undertake certain

obligations. The language (clauses) below is not intended to be contractual in nature. This RFP is not an offer, obligation, or agreement to award work to any individual, organization, or firm. Services may be awarded to multiple Proposers.

D. Response to this RFP: Applicable portions of the Proposer's proposal response to this RFP including any negotiated modifications may be included in the written contract.

E. Pricing:

The proposal shall warrant that the costs quoted for services in response to the RFP are not in excess of those which would be charged any other individual or entity for the same services performed by the prospective contractor.

The pricing and labor rates provided in the Proposer's proposal response to this RFP shall be considered valid, for the purposes of contract negotiation, through November 30, 2016. The Health District understands the total proposed price to change should negotiations result in a change in scope prior to final contract.

F. Independent Price Determination: The prospective contractor guarantees that, in connection with this proposal, the prices and/or cost data have been arrived at independently, without consultation, communication, or agreement for the purpose of restricting competition. This does not preclude or impede the formation of a consortium of companies and/or agencies for purposes of engaging in jointly sponsored proposals, provided that supervision and accountability for discrete tasks are clearly identified.

G. Joint Ventures/Partnerships: When a Proposer is a partnership or joint venture, Proposer shall supply, with proposal submission, the name of the contact person for the partnership or joint venture (single source point of contact). Any consortium of companies or agencies submitting a proposal must certify that each company or agency of the consortium can meet the requirements set forth in the RFP. Prior to award, joint ventures and partnerships submitting proposals must provide a copy of the joint venture agreement or partnership agreement evidencing authority to propose and to enter into the resulting Contract that may be awarded, together with corporate resolutions (if applicable) evidencing corporate authority to participate as a joint venturer or partner. Such proposal must also designate a single source contact person for purposes of receiving all notices and communications under the resulting Contract. All partners and joint venturers will be required to sign the awarded Contract, but only one party, as indicated in their proposal, will be responsible for all the designated partners/joint ventures under the resulting contract.

H. Subcontracting: Intent to subcontract shall be clearly identified in the proposal. It is understood that the contractor is held responsible for the satisfactory accomplishment of the service or activities included in the subcontract. Except as identified in Proposer's proposal, subcontracting shall not be permitted unless approved by the Health District in writing.

I. Authorship:

Applicants must identify any assistance provided by agencies or individuals outside the proposer's own organization in preparing the proposal. No contingent fees for such assistance will be allowed to be paid under any contract resulting from this RFP.

All proposals submitted become the property of the Health District. It is understood and agreed that the prospective contractor claims no proprietary rights to the ideas and written materials contained in or attached to the proposal submitted.

J. Conflict of Interest: All proposals submitted must contain a statement disclosing or denying any interest, financial or otherwise, that any employee or official of the Health District or the appropriate Advisory Board may have in the proposing agency or proposed project.

K. Anticipated Contract Term and Conditions:

a. The duration of the contract awarded from this RFP will be from date of award through December 31, 2016. The Health District reserves the right, prior to contract award, to determine the length of the initial contract term.

b. The resulting agreement(s) will be subject to the availability of funding and shall be terminated immediately if for any reason State and/or Federal funding ability, or private grant funding ability, budgeted to satisfy this RFP and/or Agreement is withdrawn, limited, or impaired.

c. The Health District does not guarantee to award a contract under this RFP.

SECTION II: SCOPE OF SERVICES

A. Background / Objectives:

The Health District is challenged by clinical software applications that do not support all program and business areas, provide insufficient functionality, do not adequately support medical billing for services rendered and fail to promote the extraction of management information. Currently the Health District's clinical systems consist of several unintegrated custom-developed software applications. This environment creates challenges to medical billing, redundant functions and processes and difficulty sharing information across nursing programs.

The Health District needs to replace their legacy clinical functionality, provide a platform for future improvements, and produce process efficiencies leveraging resulting solution. The implementation project will include the activities needed to integrate solutions and create the interfaces with remaining legacy applications.

The Health District's current solutions do not support the entire nursing program and business areas needed and do not promote the extraction of management information. We are interested in modern, open systems that promote the exchange and extraction of information.

B. Scope of RFP:

a. **Overview**

The Health District requires an Electronic Health Record (EHR) comprehensive software solution that will replace existing nursing program management systems and which provides functionality to integrate medical billing functions with the Health District's Financial Management System. The Health District seeks proposals from qualified firms to provide, install, and support a fully integrated software solution encompassing the business areas listed on the following pages. The software shall provide all of the functions necessary to improve the effectiveness of legacy systems.

The Health District assumes the services provided by the successful Proposer will include the following:

- System installation/integration
- Services to interface solution with remaining legacy systems
- Services to migrate data from legacy systems
- Project management
- Organizational change management services (e.g., transitioning, relationship management, communications, training, documentation, etc.)
- Ongoing maintenance and support

The services noted are general in nature and not intended to prescribe the implementation approach. We expect to work collaboratively with the select Proposer to develop a detailed, specific statement of work for the project.

The Health District is receptive to "partnering" by Proposers. Responses may be a package solution comprised of applications from a single Proposer OR multiple Proposers. In the event of a cooperative bid, the prime and sub-contractors must be appropriately identified and qualified as described in Section 2.4 ("Joint Ventures / Partnerships"). Whichever form the partnership may take, please consider that Health District's primary objective is to have an integrated, centralized solution.

The Health District reserves the right to choose a solution that is: a) from a single Proposer, b) a "best of breed" solution, OR c) to "pick-and-choose" across all Proposers and applications. While we do not discourage partial bids (proposing individual "pieces"), the Health District places value on the comprehensiveness of the solution bid. In addition to scores resulting from Proposer responses, proposals will also receive a score based on the completeness of the bid solution.

We expect the associated implementation project to be challenging, time-consuming, and change-oriented. It is our desire to select and move forward with a solution that will position us for the future. We expect to adapt - to the maximum extent practical -our business processes to the chosen solution.

We will collaborate with the selected Proposer(s) to identify the appropriate timeframe in which to complete the implementation. While the selected solution may not necessarily originate from a single software Proposer, it must be able to integrate well and be effectively managed by core Health District employees.

b. **Solution Categories**

1) **Patient Registration:** The Health District seeks to replace its existing patient registration functionality, duplicated across several legacy clinical systems, with a single patient registration module that is capable of functioning as a Master Patient Index (MPI).

2) **Clinical and nursing program management:** The Health District seeks to replace several legacy clinical systems with functionality that supports various nursing programs, operating at multiple physical locations. Future expansion must be fully supported, whether by inception of additional nursing programs, transition to provision of Primary Care services, or both. Current nursing programs include:

- Sexual Health Clinic (STD and HIV)
- Family Planning
- Maternal and Child Health
- Immunizations
- Tuberculosis Clinic

3) **Medical Billing:** The Health District seeks to maximize revenue by billing for clinical services wherever possible. Billing recipients include:

- Medical insurance
- Other third-party, such as union-provided, insurance
- Medicare / Medicaid
- Patient self-pay
- Grant programs

4) **Regulatory reporting:** The Health District is required to report clinical data, for example FPAR reporting for Family Planning.

5) **Appointments Management:** The Health District seeks to implement appointment management functionality, at program, clinic and provider level.

6) **External data exchange:** The Health District seeks the ability to exchange data with partner organizations, including:

- Primary Care / Specialist Care providers for patient referrals
- State immunizations registry
- External laboratories for lab orders and results
- Health Information Exchange
- Public Health disease surveillance databases

c. **Application Integration Expectation:** The Health District expects that proposer's bid will include services that ensure that the applications are directly interfaced to each other in an automated fashion. The Health District is open to middleware as a means of communication; however, manual processes to move information between proposed applications are not acceptable.

d. **Interfaces:**

The patient registration, clinical and nursing program management, and medical billing applications are an essential part of the information and data interchange required at Health District. The limitations of current software make it difficult to achieve the level of integration required. The selected Proposer will be expected to work with our Information Technology (IT) department employees to integrate the selected software with our core applications.

The primary interfaces that we expect will be required are summarized in Appendix E ("Interfaces and Data Migration Sources").

e. **Data Migration**

The Health District intends to convert up to three years of historical data. At a minimum, the Health District must have current balances and sufficient historical data to allow full

utilization of the new solution (e.g., if a level payroll plan requires 12 months of historical data, we anticipate conversion of the requisite range of data.). The Health District will collaborate with the Proposer to determine the appropriate scope for data conversion needs and alternatives. Anticipated data sources and associated information are provided in Appendix E ("Interfaces and Data Migration Sources").

Health District will be responsible for providing reasonably clean source data to the Proposer for conversion and for being knowledgeable regarding the legacy system. We do not require the selected Proposer to become an expert in the legacy data structures. The Health District will provide knowledgeable resources to support the Proposer's staff as necessary to convert data from the legacy system to the target solution. In addition, Health District will have an active role in the conversion in order to further facilitate the knowledge transfer process to the new application.

As with virtually all software implementation projects, data migration represents a significant effort and risk. With this is mind, Health District encourages potential respondents to review Appendix D ("Data Migration Assumption") for an overview of the Health District expectations for the data migration approach. While not intended to dictate a specific method, this represents the level of collaboration, accountability, and rigor that should be demonstrated.

f. **Training:** End-user, system administration, and report writing training, along with a thorough transfer of knowledge of system configuration and set-up, is desired and should be included in the response to this RFP. We prefer that the training be conducted at our facilities, but will entertain travel to another class-convening location if needed/recommended.

g. **Implementation/Configuration/Consultation:** The Health District is requesting full support in its implementation of the chosen solution. The following activities, as applicable to your proposed solution, should be included.

- Table and system set-up and configuration options.
- Fit-gap and best practices use of your solution.
- Security design and set-up.
- Configuration of interfaces with other applications.

h. **Project Management and Support**

The Health District expects the selected Proposer to name an overall project manager for the project, provide onsite project management when needed, and produce and maintain the overall project implementation plan and schedule. The Health District will also provide a project management team to coordinate internal resources, facilitate communication at all levels, facilitate decision-making, and provide oversight and auditing.

Other elements related to project support include:

- Status reports
- Meeting facilitation, issue resolution, etc.
- Documentation of changes, required actions, decisions, etc.
- Management briefings
- Identification, mitigation planning, and research for any identified risks
- Support and participation in project communication activities
- Deployment and post go-live, on-site support

i. **User Counts:** While some Proposers no longer license their products using a count of "seats," the following information is provided as needed for license cost estimation, and to illustrate our work groups and organizational structure. Assume there to be ZERO overlap in the count of personnel from one role to the *other*.

Count	Type	Description
2	Accounting	Individuals providing support for Health District medical billing functions.
5	Nursing Management	Responsible for clinical and nursing program management
6	Community Health Management	Responsible for external data exchange
150	Nursing clinical and support staff	Individuals providing patient registration, appointments management and clinical services to patients
8	Disease Investigation	Individuals providing counseling and education services to patients
8	Chronic Disease Prevention	Individuals reporting on population-based data
3	Informatics	Individuals providing external data exchange and data query / data mining support for the Health District.
3	Information Technology	Individuals providing technical and reporting support for the Health District.

j. **Hardware & Operating Systems:** Other than hardware associated with a proposed POS solution, Health District requests no hardware under this RFP; any server upgrades or purchases (including operating systems) will be performed under an additional procurement. However, the Health District requests that proposing Proposers specify recommended hardware requirements in a later section of this RFP.

k. **Documentation:** Representative samples of technical and end-user documentation must be included in the proposals. See the "Technical Requirements" section of this RFP for further details.

l. **Timeline:** The Health District plans to start implementation as soon as contract negotiations are completed.

SECTION III – TIMETABLE

A. Release Date of the Request for Proposals: March 4, 2016

B. Designated Contacts/Questions:

Questions about this RFP may be e-mailed to the Health District's authorized agency contact persons' e-mail addresses as listed below:

Health District Contact Persons: Loni Benard and Gabi Montaldo
Question/Clarification Deadline:
Date: March 28, 2016
Time: 4:00 pm
E-Mail Addresses: benard@snhdmail.org and montaldo@snhdmail.org

Answers to all questions asked will be available as an Addendum to the RFP on the Health District's website at http://www.southernnevadahealthdistrict.org/public-notices.php.

CONTACT WITH HEALTH DISTRICT DURING THE RFP PROCESS: Communication with any other persons other than the designated contacts concerning the selection or award of this contract is prohibited from the time the RFP is advertised to the time of the award. Questions concerning the RFD shall be directed **only** to the designated contacts. **Failure of a PROPOSER, or any of its representatives, to comply with this paragraph will result in their proposal being rejected.**

C. Proposal Due Date, Time and Location:

Date: April 4, 2016
Time: 4:00 pm
Submittal: Submit your proposal in a sealed envelope clearly marked: "SNHD-9-RFP-16-010, ERP" and mail to:

Southern Nevada Health District
Finance Services Department
Material Management Supervisor
P.O. Box 3902
Las Vegas, NV 89127

If Hand-Carried, (Monday through Friday, 8:00 AM to 4:00 PM) 280 S. Decatur Blvd, Las Vegas, NV 89107. Please call 702.759.1244 or 702.759.1215 from the lobby.

If E-Mailed. You may e-mail your proposal in Adobe by the due date to benard@snhdmail.org and Montaldo@snhdmail.org. Faxed proposals will not be accepted

D. Late Proposals: Proposals received and/or date stamped after the Proposal Due Date and Time are late and will not be considered by the Health District. Proposals must be received

at the Health District by the Due Date and Time stated above. Proposals received after that date and time will be rejected and will not be considered. Upon request the Health District will return unopened, late-received Proposals at the requester's expense. Proposer is responsible for ensuring third party deliveries conform to the delivery requirements set forth in this RFP.

E. Receipt and Opening of Proposals:

1. Proposals received prior to the advertised hour of opening will be time stamped and kept securely sealed. Time of receipt will be determined by the procurement office time stamp. Proposals received after the specified date and time of proposal opening are late. Late hand-carried proposals shall not be accepted. Proposals received by other methods shall remain unopened.

2. No responsibility will attach to the Health District or its representatives for the premature opening of, or the failure to open, a proposal not properly addressed and identified.

3. The proposal acceptance period shall extend for a period of ninety (90) calendar days from the date of proposal opening for the purpose of proposal evaluation and award unless otherwise stated elsewhere in this solicitation.

F. Anticipated Contract Start Date: March 1, 2016

G. Procurement Schedule:

- Request for proposals posted 03/04/2016
- Pre-Proposal Teleconference .....03/10/16, 1:00PM PT
- Final questions due .....03/28/16, 4:00PM PT
- Question responses complete and distributed 03/31/16
- Proposals due .....04/04/16, 4:00PM PT
- Evaluations completed/finalists notified..... 04/27/16
- Finalist oral presentations 05/20/16
- Health District selection(s) made..... 05/31/16
- Contract finalization..... 11/30/2016
- Project start .....1st Quarter 2017

SECTION IV. INSTRUCTIONS TO PROPOSERS

Proposals entitled for consideration must be made to the Health District in accordance with the following instructions:

In order to maintain the fairness and integrity of the selection process, it is essential that the proposal conform to the requirements of this section. Do not include any material that is not specifically requested. Elaborate art work, expensive paper or bindings, and expensive visual or other presentations are neither necessary nor desired. Failure to follow the instructions in this section may result in disqualification. The Health District desires a concise, direct, and easily interpreted response.

A. Cover Letter: The proposal shall consist of a letter identifying the subject of the request for proposal, the RFP Number (SNHD-9-RFP-16-010) the date of the proposal, the proposer's name, address, telephone number, e-mail address, and website, if available. The cover letter will consist of a concise, yet sufficiently detailed statement of interest and that the undersigned agrees to furnish the services, materials (except those stated in this RFP to be furnished by Southern Nevada Health District), software and licenses in accordance with this proposal. The undersigned understands that, if chosen as a final Proposer, additional good-faith contract negotiations will occur, and that the attached proposal shall serve as a basis for that negotiation. An authorized representative of each party to our proposed solution has signed below. In addition, complete and return the attached Form A Title Page.

B. Response to questions

Appendix B ("Question Response Template") provides questions addressing a number of areas under evaluation. Please adhere to the following guidelines when responding to these questions. These guidelines are provided to help the Health District evaluation team more accurately obtain the information needed for their assessment.

- When answering a specific question, DO NOT refer the reviewer to an enclosed brochure, report, or other document. Please respond by providing a concise, simple and clear answer to the question.

- If you feel a reference must be made to another document or paragraph in the proposal, INCLUDE A PAGE NUMBER AND PARAGRAPH REFERENCE, and any other reference indicator that you feel will enable the reviewer to access the information.

- If you choose NOT to answer a question, so indicate by writing "Not Applicable," or otherwise indicating the reason for non-response.

- You must include the RFP questions with your response to aid in our review.

C. Format Instructions

a. Style

- All proposals should use common, easily readable and available fonts such as Times New Roman in 12 point or larger type-size.

- Each page shall contain at least a one-inch margin on all sides.

b. Organization

- All pages shall be numbered.

- Major sections shall have a page break between them and the subsequent section.

- The following sections shall be included:

    1) Cover Letter, Introduction (Limit to 2 pages)
    2) Company Background and Overview (Limit to 5 pages)
    3) Technical Approach (Limit to 15 pages)
    4) Functional Requirements, Questions (Limit to 30 pages)
    5) Functional Requirements, Statements (No limit, deliver in Excel)
    6) Future Support (Limit to 5 pages)
    7) Implementation/Management Approach (Limit to 15 pages)
    8) References (Limit to 5 pages)
    9) Cost Proposal (No limit, deliver in Excel) NOTE: This must be separated from the technical proposal and delivered in its own sealed envelope.

- The total page-count of 77 pages DOES NOT INCLUDE cover pages, table-of-contents, etc., or license agreements and other similar requested samples. An Executive Summary, or similar, IS NOT DESIRED—the cover letter may be used for summary purposes.

- If you do not need all of the pages in a given section (e.g., only need 3 of a 5 page limit), you MAY NOT use the remaining page-count in another section.

D. Copies and Submission

- Paper - one (1) unbound, signed original, and 14 copies are required (15 total)

- Copies should use both sides of the paper (duplexed).

- Use no special binders, bindings, or covers. PLEASE SUBMIT THE ORIGINAL AND ALL COPIES BOUND ONLY BY A METAL CLIP, RUBBER BAND, OR SIMILAR.

- An electronic copy of your response is required and shall be delivered via portable data storage medium (CD-ROM, DVD-ROM, flash drive, etc.). Files MUST be provided in the native format (i.e. Word, Excel, PowerPoint, etc.) or the response will be considered non-responsive. It acceptable to include a copy in PDF format so long as the native files are also available. Unless requested, it is not necessary to deliver demonstrations/samples using such media—only the proposal. Confirmation of electronic media receipt prior to the deadline is the responsibility of the Proposer.

- Demonstrations/samples—at least 14 copies of any demonstration media, documentation samples, or other enclosures shall be included if requested. Unless requested in other parts of this RFP, additional materials are neither required, nor desired.

- At least one (1) signed original of the proposal response form, found in the next Section, shall be included in the unbound original submission. Please include the signed form immediately after the cover letter. An authorized representative, from each and every company that may become part of the proposed solution, shall sign the form.

E. Proposer Inquiries, Exception Requests and Communications:

All inquiries shall be directed to the point of contact identified in Section I, paragraph B. Answers to Proposer questions will be compiled in a single document and periodically distributed as an addendum to the RFP to all Proposers who have received a copy of the RFP.

Proposer questions will not be answered after the date identified in Section IV above.

The Health District will hold a pre-proposal teleconference call as stated in Section IV above. Proposers will be given adequate advance notice of logistics.

F. RFP Not a Basis for Obligations: This request for proposals does not constitute an offer to contract and does not commit the Health District to the award of a contract to anyone or to pay any costs incurred in the preparation and submission of proposals. The Health District reserves the right to reject any or all proposals that do not conform to the requirements stated in this document. The Health District also reserves the right to cancel all or part of this request for proposals for any reason determined by the Health District to be in the public interest.

G. Rights to Submitted Materials: All proposals and material submitted to the Health District by a Proposer, in response to this RFP, shall become the property of the Health District after the proposal submission deadline. The Health District's return of the proposals/material will be subject to the requirements of the laws of the State of Nevada.

H. Responsive Proposal: A responsive proposal is one which conforms in all material respects to the solicitation. The Health District reserves the right to waive technicalities or minor informalities in determining a proposer's responsiveness.

I. Responsible Proposer: A responsible proposer means a proposer who has the capability in all respects to perform fully the contract requirements, and the integrity and reliability which will assure good faith performance.

SECTION V. PROPOSAL EVALUATION

All proposals accepted by the Health District will be reviewed to determine whether they are responsive or nonresponsive to the requisites of this RFP. Proposals that are determined by Health District to be nonresponsive will be rejected. The Health District's Evaluation Committee will evaluate and rate all remaining proposals based on the Evaluation Criteria prescribed below. The Health District reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Health District deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, the Health District reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic, technical and price terms.

Criteria

The first tier of evaluations of all written proposals will be done using the following criteria to score the proposals—listed in order of priority:

- Ability to meet RFP functional and technical requirements.
- Installed and on-going cost.
- Completeness of the solution or your proposed part of the overall solution.
- Post installation support and service.
- Proposer experience related to scope of this RFP and in the provision of products and services to other health departments of regulatory agencies similar to the Health District.
- Responses from Proposer references.

The highest scoring proposals, subject to the approval of the Health District executive committee, will be eligible for a second tier of evaluations. As well, proposals will be evaluated on how well they promote the public interest of the Health District in procuring the best and most appropriate solution for the Health District's future needs.

The Health District shall send notice of the Proposers selected for the second tier to each Proposer who has submitted a written proposal, by mail or email, to the address provided by the Proposer.

Additional Evaluation Steps – Second Tier

a. Onsite Product Presentation/Demonstrations

At the completion of tier one evaluations of the written proposals, the highest scoring Proposers may be offered an opportunity to make a presentation in the second tier of evaluations, and as applicable, demonstrate any software/hardware associated with their solution.

The presentation will take the form of "day-in-the-life" scenarios of the Health District processes. Proposers will be asked to demonstrate how their solution can be leveraged to

support a Health District process with an un-customized product. *The solution demonstrated shall be the same as the one proposed in response to this RFP*.

During the second tier of evaluations, the Health District may issue or electronically post an addendum to the request for proposals that modifies the criteria, rating process or procedure for the second tier of competition. The Health District shall send an addendum that is issued electronically to all proposers who are eligible to compete under the addendum. Additional delivery of the addendum will be made available via US Mail when specifically requested. The Health District shall issue or post the addendum with adequate time to allow eligible proposers to prepare for the competition.

The Health District will base the Proposer's allotted presentation time upon the scope of each respective Proposer's proposal.

b. Health District Site Visits: Arrangements may also be made during the second tier of evaluations for a Health District team to visit locations where each Proposer has provided a solution similar to the one proposed.

ATTACHMENT A
PROPOSAL FORM

The undersigned, as an authorized representative of the company named below, acknowledges that he/she has examined this Request for Proposal including any related documents, and hereby offers to furnish all labor, materials, tools, supplies, equipment and services necessary to comply with the specifications, terms and conditions set forth herein at the prices stated.

Company Name: _____

Signature: _____ Date: _____

Printed Name and Title: _____

Address: _____

City/State/ZIP: _____

Phone No.: _____ E-Mail Address: _____

Federal Tax ID Number*: _____

Business License Number (if applicable): _____

EXCEPTIONS: Any exceptions to any of the specifications or requirements of this RFP shall be noted in writing, and attached to the Proposal when submitted. By taking exceptions and clearly stating them in writing on a separate sheet of paper headed "EXCEPTIONS", and by offering alternates to replace the stated requirements, the proposer may still compete in the solicitation. However, the Health District has the right to accept or reject any proposed exception.

Are there exceptions to this Proposal? Yes ____ No ____

ACKNOWLEDGMENT OF ADDENDA:

The signer of this form acknowledges receipt of the following addenda:

Addendum No. _____ Dated _____
Addendum No. _____ Dated _____
Addendum No. _____ Dated _____

Or

No Addenda were received in connection with this RFP. Date: _____

ATTACHMENT B
SAMPLE CONTRACT

THIS CONSULTANT SERVICES AGREEMENT is by and between the Southern Nevada Health District ("Health District") and XX ("Contractor") (may be individually referred to as "Party" and collectively, referred to as "Parties").

WHEREAS, pursuant to Nevada Revised Statutes (NRS) Chapter 439, Health District is the public health authority for Clark County, Nevada and has jurisdiction over all public health matters therein; and

WHEREAS, Contractor is an XX and has agreed to provide the services listed in Attachment A, Scope of Work; and

WHEREAS, Health District and Contractor desire to provide in writing a full statement of their respective rights and obligations in connection with their mutual agreement in furtherance of the above described purposes; and

NOW, THEREFORE in consideration of the mutual promises and undertakings herein specified, the Parties agree as follows:

1. TERM AND CONDITIONS. This Agreement shall be effective from XX to XX unless sooner terminated by either Party as permitted in this Agreement. At the option of Health District, this Agreement may be extended for three (3) additional one-year periods upon issuance of an amendment signed by both Parties.

    1.01 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause.

    1.02 This Agreement may be terminated by either Party prior to the date set forth in paragraph 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.

    1.03 This Agreement is subject to the availability of funding and shall be terminated immediately if for any reason State and/or Federal funding ability, or private grant funding ability, budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

    1.04 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice but has not been paid.

    1.05 Health District reserves the right to immediately cancel an award if the contractual agreement has not been entered into by both parties or if new state regulations or policy make it necessary to change the program purpose or content, discontinue such programs, or impose funding reductions. In those cases where negotiation of contract activities are necessary, the Health District reserves the right to limit the period of negotiation to sixty (60) days after which time funds may be unencumbered.

2. INCORPORATED DOCUMENTS. The services to be performed and/or the goods to be provided and the consideration therefore shall be specifically described in the attachments to this Agreement, which are incorporated into and are specifically a part of this Agreement, as follows:
ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: BUDGET
ATTACHMENT C: BUSINESS ASSOCIATE AGREEMENT

3. COMPENSATION. Contractor shall complete the services in a timely manner and consistent with the Scope of Work outlined in Attachment A, attached hereto. Contractor will be reimbursed for expenses incurred as provided in Attachment B: Budget. The total not-to-exceed amount of this Agreement is $.

4. STATUS OF PARTIES; INDEPENDENT CONTRACTOR. The Parties are associated with each other only for the purposes and to the extent set forth in this Agreement and in respect to performance of Services pursuant to this Agreement. In the performance of such Services, Contractor shall at all times be an independent Contractor with respect to Health District. Contractor is not an employee or agent of Health District. Further, it is expressly understood and agreed by the Parties that nothing contained in this Agreement will be construed to create a joint venture, partnership, association, or other affiliation or like relationship between the Parties.

5. FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of Contractor at any time during the term of the Agreement. Contractor will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify Contractor in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. Contractor will have the opportunity to address adverse findings in writing responding to any disagreement of adverse findings. Health District shall review disagreement issues, supporting documentation and files and forward a decision to the Contractor in writing.

6. BOOKS AND RECORDS.

6.01 Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party for a minimum of three (3) years, and for five (5) years if any federal funds are used pursuant to this Agreement, from the date of termination of this Agreement. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and judicial litigation which may ensue.

6.02 Health District shall, at all reasonable times, have access to Contractor's records, calculations, presentations and reports for inspection and reproduction.

7. CONFIDENTIALITY. To comply with the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act, to protect the security, confidentiality, and integrity of protected health information, the Parties will execute a Business Associate Agreement, attached hereto and incorporated by reference herein.

8. BREACH; REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the right to seek reasonable attorneys' fees and costs.

9. WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

10. LIMITED LIABILITY. The Health District will not waive and intends to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of both Parties shall not be subject to punitive damages.

11. FORCE MAJEURE. Neither Party shall be deemed to be in violation of this Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event, the intervening cause must not be through the fault of the Party asserting such an excuse, and, the excused Party is obligated to promptly perform in accordance with the terms of the Agreement after the intervening cause ceases.

12. INDEMNIFICATION. Neither Party waives any right or defense to indemnification that may exist in law or equity.

13. NON-DISCRIMINATION. As an Equal Opportunity Employer, the Health District has an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. Health District employs employees without regard to race, sex, color, religion, age, gender identity or expression, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation or gender expression. Contractor likewise agrees that it will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act, in connection with this Agreement.

14. SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not

exist and the nonenforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

15. ASSIGNMENT. Neither Party shall assign, transfer or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.

16. PUBLIC RECORDS. Pursuant to NRS 239.010, information or documents, including this Agreement, and any other documents generated incidental thereto may be opened by Health District to public inspection and copying. Health District will have a duty to disclose unless a particular record is made confidential by law or a common law balancing of interests.

17. OWNERSHIP OF PROPRIETARY INFORMATION. Unless otherwise provided by law or this Agreement, any reports, histories, studies, tests, manuals, instructions, photographs, negatives, blue prints, plans, maps, data, system designs, computer code, or any other documents or drawings, prepared or in the course of preparation by either Party in performance of its obligations under this Agreement shall be the joint property of both Parties.

18. PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

19. ENTIRE AGREEMENT. This Agreement constitutes the entire Agreement between the Parties and supersedes any prior contracts or agreement between the Parties regarding the subject matter hereof.

20. AMENDMENTS. This Agreement may be amended only by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

21. GOVERNING LAW. This Contract and the rights and obligations of the Parties hereto shall be governed by, and construed according to the laws of the State of Nevada, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this contract.

22. NOTICES. All notices permitted or required under this Agreement shall be made by personal delivery, overnight delivery, or via U.S. certified mail, postage prepaid to the other Party at their address set out below:

Southern Nevada Health District
Financial Services Department
Materials Management Supervisor
P.O. Box 3902
Las Vegas, NV 89127

23. AWARD OF CONTRACT. The contract award will not b final until the Health District and the prospective contractor(s) have executed a contractual agreement. The contractual

agreement consists of the following parts: (a) the basic provisions and general terms and conditions including terms required under the public contracting laws of the State of Nevada, (b) any special terms and conditions, (c) the project description and goals (State of Work and Schedule of Deliverables), (d) the payment and delivery terms, and (3) specific project deliverables. The Health District is not responsible for any costs incurred prior to the effective date of the contract.

24. LIMITATION. This RFP does not commit the District to award a contract, to pay any costs incurred in the preparation of a response to this RFP, or to procure or contract for services or suppliers. The Health District reserves the right to accept or reject any and all proposals received a s a result of this RFP, to negotiate with all qualified sources, to waive formalities, to postpone award, or to cancel in part or in its entirety this RFP if it is in the best interest of the Health District to do so.

25. LIABILITY INSURANCE REQUIREMENTS. Proposer shall maintain throughout the term of the contract, at its own expense, and shall require any and all of its subcontractors to maintain throughout the term of the contract at their own expense, commercial general liability insurance covering property and bodily injury, with aggregate limits of not less than $1,000,000 combined single limit. Proposer shall provide evidence of such insurance by submitting an insurance certificate provided on a standard "ACORD" or comparable form. Copies of all such policies shall be furnished to the Health District upon request.

26. WORKER'S COMPENSATION. Proposer, and all of its subcontractors, shall at their own expense, also provide Worker's Compensation insurance in the amounts required by Nevada state law, and employer's liability insurance in an amount not less than $500,000.

27. PROFESSIONAL LIABILITY (ERRORS AND OMISSIONS) INSURANCE. Proposer shall maintain throughout the term of the contract, at its own expense, and shall require any and all of its subcontractors to maintain throughout the term of the contract at their own expense, professional liability (errors and omissions) insurance in an amount of not less than $1,000,000. Proposer shall provide evidence of such insurance by submitting an insurance certificate provided on a standard "ACORD" or comparable form. Copies of all such policies shall be furnished to the Health District upon request.

28. PATENT INFRINGEMENT WARRANTY. Proposer warrants that none of the goods, the use thereof, or any of the applications, processes or designs employed in the manufacture thereof infringes the valid claims of any letter patent, patent application, copyright, trade secret or any other property right of any third party. If as a result of any suit or proceeding alleging an infringement of any of the foregoing property rights the Health District's use of the goods is enjoined, Proposer shall at no cost to the Health District either obtain for the Health District a license to use the goods or modify the goods so as to avoid the infringement without any degradation in performance. If Proposer cannot obtain such a license and cannot so modify the equipment, Proposer shall promptly refund to the Health District the full purchase price.

29. PATENT INDEMNITY. Proposer shall defend, indemnify and hold harmless the Health District, members of its governing body, officers, employees, and agents, from and against

all expenses including attorney's fees which may be incurred as well as any and all damages, losses and costs which may be assessed against or borne by the Health District, by reason of any action or proceeding charging infringement of the property rights of others, including patent, trade secret or trademark rights or copyright, as a result of the Health District's use of the goods or services provided by Proposer.

30. GENERAL INDEMNIFICATION AND HOLD HARMLESS. Proposer shall defend, indemnify and hold harmless the Health District, members of its governing body, officers, employees, and agents, from and against all expenses including attorney's fees which may be incurred as well as any and all damages, losses and costs which may be assessed against or borne by the Health District, whether arising before or after completion of work, as a result of Proposer's, or its subcontractor's, performance of any Contract between Proposer and the Health District.

31. PAYMENT, SCHEDULE OF PAYMENTS, ACCEPTANCE. Payment of the Proposer's contractually specified charges for proper contract performance—to include any software licensing charges—will be made within 30 days of receipt of Proposer's invoice and in accordance with the Schedule of Payments. Receipts for all reasonable travel and other expenditures shall be required. Reasonable rates will be set during contract negotiations. Mobile-phone charges will not normally be considered for reimbursement. See below for a description of material supply responsibilities.

    The Health District may withhold partial payment, not to exceed 30% of the total project cost, to secure successful performance of all requirements of the Proposer's contract. The withheld amount will be paid within 60 days after the Proposer makes final delivery and the Health District accepts delivery, as described in the contract.

    A Schedule of Payments will be set forth in the contract for all of the work to be performed. The Schedule will identify quantity and quality and set the price for each work item or deliverable, and further define each deliverable as needed. The Schedule of Payments, when added together, will equal the contract price less any withheld payment (see paragraph above) and will subdivide the work into component parts in sufficient detail to serve as the basis for progress payments.

    A process will be defined that allows the Health District to communicate acceptance, exceptions, and errors to Proposer. Written acceptance by the Health District will be mandatory prior to authorization of any payment listed in the Schedule of Payments.

32. EQUIPMENT AND MATERIAL. The contract will require the Proposer to supply for its employees and subcontractors all computers, software and other non-office supply material required to complete the work on time.

    The Health District will supply workspace, reasonable local and long-distance telephone services, copy and fax machines/services, and miscellaneous office supplies for Proposer's employees only when said employees are working at the Health District's locations.

The Health District will furnish any and all computer hardware, networking, and operating system upgrades that may be needed to support the selected solution. An outline of the Health District's current hardware and software infrastructure is provided in this RFP.

33. RIGHT OF THE HEALTH DISTRICT TO REJECT PROPOSER EMPLOYEES. The Health District shall have the right to reject any of the Proposer's employees whose function requires them to interface with the Health District's personnel and whose qualifications or performance is unsatisfactory in the Health District's good faith and reasonable judgment. The Proposer shall replace rejected employees with qualified employees promptly so as not to cause unreasonable delays in the project schedule.

34. SOURCE CODE. The contract will contain language reflecting the agreement of Proposer to place the Health District's version of the licensed software into escrow, or to provide a copy of the Health District's source code to the Health District for retention. Escrow or retention of the licensed software will be maintained current to that installed at the Health District.

35. CONFIDENTIALITY. Proposer agrees that only documents or products physically identified by Proposer as "Confidential" shall constitute confidential or proprietary work product. Proposer acknowledges that the Health District is a public agency bound by the public disclosure laws of the State of Nevada and that under Nevada Law the Health District is required to make available all non-exempt public records for inspection and copying.

Proposer agrees that in the event the Health District receives a disclosure request for any document identified by Proposer as Confidential, the Health District's sole obligation is to provide Proposer ten (10) day notice prior to disclosing the document. If the Proposer desires to block the disclosure of said document, it shall seek injunctive relief in the Eighth Judicial Court, Clark County, Nevada, within the ten (10) day notice period. In the event that Proposer fails to seek, or is unable to obtain injunctive relief, Proposer understands that the Health District will disclose the requested document.

36. OTHER PROVISIONS. All other terms & conditions will be the subject of negotiation. Proposer should identify which terms and conditions they wish to be part of the negotiations.

ATTACHMENT C
BUSINESS ASSOCIATE AGREEMENT

This Business Associate Agreement ("Agreement") is made and entered into this X day of X, 2016 between the Southern Nevada Health District ("Covered Entity"), and X("Business Associate"), (individually referred to as "Party" or collectively as "Parties").

WITNESSETH:

WHEREAS, the Department of Health and Human Services ("HHS") has promulgated regulations at 45 CFR Part 160 and 164, implementing the privacy and electronic security requirements set forth in the Administrative Simplification provision of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"); and

WHEREAS, Business Associate provides services to Covered Entity pursuant to one or more contractual relationships, said Agreements are detailed below and are hereinafter referred to as "Service Agreements," and

WHEREAS, in the course of fulfilling its responsibilities under such Service Agreements, Business Associate may have access to, use, and/or disclose Protected Health Information (as defined below); and

WHEREAS, Service Agreements are hereby incorporated by reference and shall be taken and considered as a part of this document as if fully set out herein; and

WHEREAS, the enactment of the American Recovery and Reinvestment Act of 2009, Public Law 111-5 establishes certain requirements relating to the use, disclosure, and safeguarding of protected health information by persons providing services to Covered Entities, and both Parties have mutually agreed to satisfy such requirements through this Agreement; and

NOW THEREFORE, in consideration of the Parties continuing obligations under the Service Agreement(s) and other good and valuable consideration, the Parties mutually agree to the provisions of this Agreement to address the requirements of the HIPAA Rules, establish satisfactory assurances Business Associate will appropriately safeguard any Protected Health Information received from or on behalf of Covered Entity, and, therefore, execute this Agreement.

AGREEMENTS AFFECTED BY THIS BUSINESS ASSOCIATE AGREEMENT

Business Associate will provide services to Covered Entity pursuant to the following Service Agreements:

DEFINITIONS

Any terms used, but not otherwise defined in this Agreement shall have the same meaning as those terms in 45 CFR Parts 160 and 164.

a) "Breach" means the acquisition, access, use, or disclosure of PHI a manner that is not permitted under the privacy regulations which compromises the security or privacy of the PHI. Any unpermitted access, use, or disclosure is presumed a breach absent a demonstration of a low probability that the PHI has been compromised.

b) "Protected Health Information" (PHI) means individually identifiable health information including, without limitation, all data, documentation, demographic, medical, and financial information collected from an individual which relates to the

past, present, or future physical or mental health, condition, provision of health care, or payment for the provision of health care to an individual. PHI includes without limitation "Electronic Protected Health Information" as defined below.

c) "Electronic Protected Health Information" (ePHI) means PHI which is transmitted by Electronic Media (as defined in the HIPAA Security and Privacy Rule) or maintained in Electronic Media.

d) "HIPAA Rules" means the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Parts 160 and 164.

e) "Required by Law" has the same meaning as the term "required by law" in 45 CFR § 164.103.

f) "Security Incident" means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

BUSINESS ASSOCIATE CONFIDENTIALITY REQUIREMENTS (Privacy Rule)

Business Associate acknowledges and agrees:

i) To not use or disclose PHI other than as permitted or required by this Agreement, the Service Agreements, or as Required by Law.

ii) To use appropriate safeguards to prevent the use or disclosure of the PHI other than as provided for by this Agreement.

iii) In case of any conflict between this Agreement and the Service Agreements, this Agreement shall govern.

iv) All PHI created, received, maintained, or transmitted by Covered Entity and disclosed or made available in any form or format by Covered Entity or its operating units to Business Associate or is created, received maintained or transmitted by Business Associate on Covered Entity's behalf shall be subject to this Agreement.

v) To use or disclose any PHI solely for meeting its obligations as set forth in the Service Agreement(s) and as would be permitted by the HIPAA Security and Privacy Rule if such use or disclosure were made by Covered Entity.

vi) Ensure all such uses and disclosures of PHI are subject to the limits set forth in 45 CFR § 164.514 regarding limited data sets and minimum necessary requirements.

vii) Ensure any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity agrees to the same restriction and conditions that apply through this Agreement to Business Associate with respect to such information (45 CFR § 164.314).

viii) To fully cooperate in good faith and to assist Covered Entity in complying with the requirements of the HIPAA Rules.

ix) Subject to the exceptions contained in the HITECH Act, Business Associate will not directly or indirectly receive remuneration for the sale or exchange of any PHI without a valid authorization from the applicable individual. Business Associate will not engage in any communication which might be deemed "marketing" under the HIPAA Rules.

BUSINESS ASSOCIATE SECURITY REQUIREMENTS (Security Rule)

Business Associate acknowledges and agrees:

i) To implement appropriate safeguards and internal controls to prevent the use or disclosure of PHI other than as permitted in this Agreement or by the HIPAA Rules.

ii) To use appropriate safeguards to prevent the use or disclosure of PHI other than as provided for by the Service Agreement(s), this Agreement, or as Required by Law. This includes the implementation of administrative, physical, and technical safeguards to reasonably and appropriately protect and secure the Covered Entity's ePHI against any reasonably anticipated threats or hazards, utilizing technology commercially available to the Business Associate. (45 CFR §§ 164.308, 164.310, 164.312). Business Associate shall maintain appropriate documentation of its compliance with the Privacy Rule, including, but not limited to, its policies, procedures, records of training, and sanctions of its workforce member. (45 CFR §164.316).

iii) To notify Covered Entity immediately of any attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

In the case of an unsuccessful attempt to gain unauthorized access, Business Associate need only notify Covered Entity of an attempt that had a reasonable probability of success.

iv) To notify Covered Entity immediately upon discovery of a breach pursuant to the terms of 45 CFR § 164.410 and cooperate in Covered Entity's breach analysis procedures, including risk assessment and final determination on whether to notify affected individuals, media, or HHS.

a. A breach shall be treated as discovered by Business Associate as of the first day on which such breach is known to Business Associate or, by exercising reasonable diligence, would have been known to Business Associate.

b. Business Associate shall provide Covered Entity with all required content of notification pursuant to 45 CFR § 164.410 and 45 CFR 404 within 15 business days of discovery of the Breach.

v) For breaches determined to have resulted from the Business Associate actions and/or its subcontractors, Business Associate will handle and pay all costs for any breach notifications and/or mitigation to affected individuals and notifications to HHS and the media, on behalf of the Covered Entity.

BUSINESS ASSOCIATE PERMITTED USES AND DISCLOSURES

Notwithstanding the prohibitions otherwise set forth in this Agreement, Business Associate may use and disclose PHI as follows:

i) Subject to the limitations of this Agreement, Business Associate may use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate.

ii) Except as otherwise limited in this Agreement, Business Associate may use PHI to provide Data Aggregation Services to Covered Entity as permitted by 45 CFR § 164.504(e)(2)(i)(b).

iii) Business Associate shall report to Covered Entity any use or disclosure of PHI which is not in compliance with the terms of this Agreement of which it becomes aware. Business Associate shall report to Covered Entity any Security Incident it becomes aware, including breaches of unsecured PHI.

iv) Business Associate may use PHI to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1).

SPECIFIC USE AND DISCLOSURES

i) HHS has the right to review, audit, or investigate Business Associate's records and practices related to the use and disclosure of PHI to ensure Covered Entity's compliance with the terms of the HIPAA Rules.

ii) Upon request, provide Covered Entity with timely and appropriate access to records, electronic records, personnel, or facilities sufficient for Covered Entity to gain reasonable assurance that Business Associate is in compliance with the HIPAA Rules and the provisions of this Agreement.

iii) At Covered Entity's Request, Business Associate agrees:

a. To comply with any requests for restrictions on certain disclosures of PHI to which Covered Entity has agreed and of which Business Associate has been notified.

b. Within 15 days of a request by Covered Entity, account for disclosures of PHI and make an account of such disclosure available to Covered Entity as required by 45 CFR § 164.528.

TERMINATION

i) Covered Entity shall have the right to terminate this Agreement and the Service Agreement(s) immediately if Covered Entity determines that Business Associate has violated any material term of this Agreement.

ii) If Covered Entity reasonably believes that Business Associate has violated a material term of this Agreement, where practicable, Covered Entity shall either:

a. give written notice to Business Associate with an opportunity to reasonably and promptly cure or end the violation and terminate the Agreement if the Business Associates does not cure the breach or end the violation within the reasonable time specified; or

b. terminate this Agreement and the Service Agreement(s) immediately.

iii) Upon termination of the Service Agreement(s), this Agreement, or at the request of Covered Entity, Business Associate will return or destroy all PHI received from or created or received by Business Associate on behalf of Covered Entity that Business Associate still maintains in any form and retain no copies of such information.

a. If such return or destruction is not feasible, Business Associate shall provide written assurances as to the means of continued protection of the data and extend the protections of this Agreement to such PHI and limit further uses and

disclosures of such PHI to those purposes that make the return or destruction unfeasible for so long as Business Associate maintains the same.

b. Business Associate shall consult with Covered Entity as necessary to ensure an appropriate means for the return and/or destruction of any PHI and notify the Covered Entity in writing when such destruction is complete.

c. If PHI is returned, the Parties shall document when the PHI has been received by the Covered Entity.

MISCELLANEOUS

i) The Parties agree that the provisions of HIPAA and the HITECH Act that apply to Business Associate are incorporated by reference into this Agreement in their entirety.

ii) Business Associate agrees to make PHI available for amendment and incorporate any amendments to PHI in accordance with the requirements of 45 CFR § 164.526.

iii) Except as expressly stated herein or the HIPAA Rules, the Parties to this Agreement do not intend to create any rights in any third parties.

iv) The obligations of Business Associate under this Section shall survive the expiration, termination, or cancellation of this Agreement, the Service Agreement(s) and/or the business relationship of the Parties, and shall continue to bind Business Associate, its subcontractors, agents, employees, contractors, successors, and assigns.

v) This Agreement may be amended or modified only in a writing signed by the Parties. No Party may assign its respective rights and obligations under this Agreement without the prior written consent of the other Party.

vi) The Parties are independent entities and nothing contained herein shall be construed or deemed to create a relationship of employer and employee, principal and agent, partners, or any relationship other than that of independent parties voluntarily cooperating with each other solely for the purpose of carrying out the provisions herein.

vii) This Agreement will be governed by the laws of the State of Nevada.

viii) Failure to declare a breach or the actual waiver of any particular breach of the Agreement or Service Agreement(s) or its material or nonmaterial terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

ix) Any ambiguity in this Agreement shall be resolved in favor of a meaning that permits Covered Entity and the Business Associate to comply with the HIPAA Rules.

x) Any reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

xi) In the event that any provision of this Agreement is held by a court of competent jurisdiction to be invalid or unenforceable, the remainder of the provisions of this Agreement will remain in full force and effect.

IN WITNESS WHEREOF, the Parties have executed this Agreement as of the day and year written above.

ATTACHMENT D
HEALTH DISTRICT CURRENT INFORMATION INFRASTRUCTURE

SECURITY STANDARDS AND POLICIES	
Web Access Control	WebSense
Standard Web Browser	Internet Explorer 7.0, 8.0, 9.0, 10.0 and 11.0 Google Chrome
Spam Firewall	Symantec AntiVirus for SMTP Gateways Access Lists Brightmail
Spyware Firewall	WebSense Symantec AntiVirus
Other Firewalls	PIX
Address Translation	NAT & PAT
SERVER HARDWARE/OPERATING SYSTEMS	
Standard Servers	Dell PowerEdge Servers (physical) Virtualized servers running under ESX on Linux platform
Standard Operating System	Microsoft Windows Server 2008 R2 Standard and Enterprise
Standard Database	Microsoft SQL Server 2008 R2 * The Health District observes MS SQL Server 2008 R2 as its standard enterprise database. Other database solutions, such as Oracle or Progress, will **not** be considered.
Server Interconnection	Cisco backbone infrastructure
DESKTOP HARDWARE/OPERATING SYSTEMS	
User/Group Administration	Active Directory ACL's
IP Address Assignment	DHCP A limited number of workstations and one (1) laptop have fixed IP addresses required to access externally provided applications hosted by Clark County and State of Nevada.
Standard Desktop OS	Microsoft Windows XP Professional, SP2/SP3, Windows 7, 32/64-bit, Windows 8.1
Standard Desktop Applications	Microsoft Office 2007; Microsoft Outlook 2007
Workstations	800
Workstation Configuration	3GHz Pentium 4 or higher, 1Gb RAM, 80Gb hard drive
Laptops	147
Laptop Configuration	1.5GHz processor, 1Gb RAM, 60Gb hard drive
NETWORK	
Infrastructure Connection	Ethernet 100MB over CAT6
IP Addressing	DHCP
Other Offices and associated connections	5 offices connected by leased fiber 2 offices connected by T1 lines
Remote Access	SSL connection via WebVPN thick client & dial-up to RAS server
TELEPHONY	
Phone System	Cisco VOIP (Call Manager 4.1)
Call Center Software	Track-IT 9.0
Voicemail / Messaging	Cisco Unity Messaging Service 4.0 Build 4.0 (4) SR1

ATTACHMENT
E APPENDICES

The following appendices provide supplemental information to assist in responding to this RFP. They are individual files and not included in this document.

Appendix A: Functional Requirements Response Template

Excel Spreadsheet for completing the specifications table.

Appendix B: Question Response Template

Word document for completing responses to essay questions.

Appendix C: Cost Proposal Response Template

Excel Spreadsheet for completing the cost summary.

Appendix D: Data Migration Assumption

Provides an overview of the Health District expectations for the data migration approach. It is not intended to dictate a specific method, though it does represent the level of collaboration, accountability, and rigor that should be demonstrated.

Appendix E: Interfaces and Data Migration Sources

List and description of applications with which the proposed solution will likely interface and data sources likely to be in-scope for the implementation project.

APPENDIX A
FUNCTIONAL REQUIREMENTS RESPONSE TEMPLATE

Instructions:

For each of the following sample statements, indicate your proposed solution's ability to provide the related functionality. For your response, select from the values provided in the drop down box associated with the column "Level of Configuration or Programming Needed." Filtering capability has been provided on the columns. This could be useful if, for example, only one of the application areas needs to be completed at a given time.

In the "Config" column, respond "yes" if your cost estimate includes the implementation services required to bring your solution to the desired level for the associated need. A response of "no" indicates the cost is not included as part of your bid. In this case, SNHD will regard your response to this need as informational-only, and it will not be considered in our evaluation of the proposed solution.

In the "Module" column, indicate in which application or module of the proposed solution that the corresponding need is met. If each application meets the need at the indicated level, please enter "All" in this column.

NOTE: Please do not reconfigure the table. It has been formatted to print on legal paper (landscape) for inclusion with your proposal submission.

Some of the statements may require a response redundant with a response to another area of this RFP—please respond anyway.

Definitions of each response column are provided below.

5	Available - Indicates that the associated statement is resident in your solution—no measurable configuration or programming is required.
4	Minimum - Indicates that a small amount of configuration or programming is needed to provide the related functionality. Minimal or no cost may be associated with the effort.
3	Moderate - Indicates that a moderate amount of configuration or programming is needed to provide the related functionality. Some cost will likely be associated with the effort.
2	Significant - Indicates that a large amount of configuration or programming is needed to provide the related functionality. Perhaps not usually provided in your solutions. Significant cost will likely be associated with the effort.
1	New Code - Indicates completely new programming/data structure is needed to provide the related functionality. Perhaps not included in any of your previous solutions. Cost will likely be associated with the effort.
0	Can't Provide – Indicates the solution is unable to provide this functionality.
NOTE:	Use the Notes column for caveats, explanations, etc.

ID	Primary	ProcessArea	SubjectArea	Need	Response	Config	Note	Module
1	Patient Registration	Patient Demographics		Capture Patient Demographics				
2	Patient Registration	Patient Demographics		-First, Middle and Last Name				
3	Patient Registration	Patient Demographics		-Title and Generational Suffix				
4	Patient Registration	Patient Demographics		-Social Security Number				
5	Patient Registration	Patient Demographics		-Date of Birth				
6	Patient Registration	Patient Demographics		-Address, telephone and email details				
7	Patient Registration	Patient Demographics		-Sex, Gender, Marital Status				
8	Patient Registration	Patient Demographics		-Race, Ethnicity, Language details				
9	Patient Registration	Patient Demographics		-Patient Type, Status				
10	Patient Registration	Patient Demographics		-Patient Confidentiality				
11	Patient Registration	Patient Demographics		-Patient Contact details				
12	Patient Registration	Patient Demographics		Update Patient Demographics				
13	Patient Registration	Patient Demographics		Document and show prior/alias names (AKA) and/or addresses				
14	Patient Registration	Self-service		Provide patient self-registration directly into EHR (kiosk)				
15	Patient Registration	Self-service		Provide patients with access to their electronic health record via web portal, allow blocking of sensitive diagnoses. Multiple accounts for minor children.				
16	Patient Registration	Appointments		Capture Appointment Status (Scheduled/Walk-in)				
17	Patient Registration	Appointments		Search for Patient/Appointment (by Demographics)				
18	Patient Registration	Appointments		-Search for available appointment across multiple clinics / sites / providers				
19	Patient Registration	Appointments		Update Appointment Status (checked-in, missed, etc.)				
20	Patient Registration	Appointments		Scheduling Ability for Multiple Sites (Creation/Update)				
21	Patient Registration	Appointments		Maintain multiple, separate schedules for providers, service areas, etc.				
22	Patient Registration	Appointments		Send notifications (text/email/voice) reminders for appts. and follow up visit needed				
23	Patient Registration	Financial		Capture Billing/Guarantor/Insurance Information				
24	Patient Registration	Financial		-Guarantor name, address, telephone and email details				
25	Patient Registration	Financial		-Guarantor Social Security Number				
26	Patient Registration	Financial		-Patient relationship to Guarantor				
27	Patient Registration	Financial		-Insurance type				
28	Patient Registration	Financial		-Insurance Company name				
29	Patient Registration	Financial		-Insurance policy number, group name, group number				
30	Patient Registration	Financial		-Insurance coverage starting date				
31	Patient Registration	Financial		-Insured name, address, telephone and email details				
32	Patient Registration	Financial		-Insured Social Security Number				
33	Patient Registration	Financial		-Patient relationship to Insured				
34	Patient Registration	Financial		-Designate insurance priority (primary, secondary, last resort, etc)				
35	Patient Registration	Financial		Verify insurance eligibility for multiple insurance providers				
36	Patient Registration	Financial		Define multiple / Program-specific sliding scales				
37	Patient Registration	Financial		Allow for automatic scaling of clients on sliding fee schedule				
38	Patient Registration	Financial		Calculate sliding scale per insurance				
39	Patient Registration	Financial		Associate related patients to identify families				
40	Patient Registration	Financial		Capture patient's and dependent's income details				
41	Patient Registration	Visit type / tracking		Capture presenting problem or complaint for visit				
42	Patient Registration	Visit type / tracking		Ability to assign program/visit Type				
43	Patient Registration	Visit type / tracking		Indicate confidential services and/or indicate alternate billing address as applicable				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
44	Patient Registration	Visit type / tracking		Patient "ready" alert/configure alert recipients				
45	Patient Registration	Visit type / tracking		Ability to track patient through service/work flow				
46	Patient Registration	Visit type / tracking		Protect patient confidentiality by not displaying clinical info in Registration				
47	Patient Registration	Forms and scanning		Provide system user with list of required forms based on program/visit type				
48	Patient Registration	Forms and scanning		Scan documents directly into the EHR				
49	Patient Registration	Forms and scanning		Have scanned picture ID visible on record for identification				
50	Patient Registration	Forms and scanning		Capture electronic signatures				
51	Patient Registration	Forms and scanning		Pre-populate forms with data from EHR/Ability to modify the data if needed				
52	Clinical	General Clinical		Structured data capture (limit free text documentation and improve capability of health data collection)				
53	Clinical	General Clinical		Template for recording vitals, pre-defined specialty templates (list specialties)				
54	Clinical	General Clinical		Ability to customize and revise templates used for documentation. Pre-populated template database. Template sharing				
55	Clinical	General Clinical		Alerts for Abnormal vitals				
56	Clinical	General Clinical		Calculations for typical health measures (BMI, growth, % weight gain, etc.)				
57	Clinical	General Clinical		Conversion between metric and imperial systems				
58	Clinical	General Clinical		Update medical history from previous history/visit				
59	Clinical	General Clinical		Version control to provide narrative of medical history				
60	Clinical	General Clinical		Customize screens based on gender (to include Transgender pre and post OP)				
61	Clinical	General Clinical		Alerts for health conditions including allergies, adverse drug reactions				
62	Clinical	General Clinical		Show an active “problem“ list with ability to update and/or de-activate problems no longer pertinent				
63	Clinical	General Clinical		Medical history import from other EHR/PHR				
64	Clinical	General Clinical		Distinguish between patient reported data and clinically authenticated data				
65	Clinical	General Clinical		Consent templates availability				
66	Clinical	General Clinical		Prompt user for obtaining consent if needed and associated time frame				
67	Clinical	General Clinical		Generate pre-populated consent forms with data from EHR + ability to modify the data if needed				
68	Clinical	General Clinical		Generate consents as electronic forms, with electronic capture of patient signature in-form, saveable in *.pdf format				
69	Clinical	General Clinical		Provide the ability to create/customize exams/screenings/assessments				
70	Clinical	General Clinical		Support use of standard care plans, guidelines/protocols to manage conditions				
71	Clinical	General Clinical		Alert/notification to indicate variances from standard protocols/care plans				
72	Clinical	General Clinical		Alerts for preventative services that are due for patient				
73	Clinical	General Clinical		Prompts unfinished patient chart documentation				
74	Clinical	General Clinical		Capture results of exams and screenings (structured)				
75	Clinical	General Clinical		Capture Diagnosis (ICD9/10)				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
76	Clinical	General Clinical		Ability to lookup legacy ICD9 codes and select appropriate ICD10 replacement code				
77	Clinical	General Clinical		Ability to document to support coding of diagnosis, procedures, billing, etc.				
78	Clinical	General Clinical		-ICD10 coding of symptoms				
79	Clinical	General Clinical		-ICD10 coding of diagnoses				
80	Clinical	General Clinical		-CPT + ICD10-PCS coding of procedures performed				
81	Clinical	General Clinical		-NDC coding of medications administered				
82	Clinical	General Clinical		-Data validation procedure to diagnosis, procedure/diagnosis to patient age and gender				
83	Clinical	General Clinical		Encounter summaries/reports				
84	Clinical	General Clinical		Assign encounter type / reason, clinic, program and provider				
85	Clinical	General Clinical		Print Encounter information for use as a face sheet				
86	Clinical	General Clinical		Print a "Superbill"				
87	Clinical	General Clinical		Capture Point-Of-Care tests and results, as well as Lab orders				
88	Clinical	General Clinical		Support procedure bundling, with individual selection of procedures performed from bundle				
89	Clinical	General Clinical		Records locked after signature				
90	Clinical	General Clinical		Means of authorized updating of record after locking				
91	Clinical	General Clinical		Provide ability to add / modify / delete Patient Problem Notes, with visibility and editability restricted according to Nursing program / user privileges				
92	Clinical	General Clinical		Provide ability to add / modify / delete customized questionnaires (EMR Notes / Assessments), with visibility and editability restricted according to Nursing program / user privileges				
93	Clinical	General Clinical		-EMR Notes / Assessments to support Yes/No, free text, predefined text, date/time and numeric data types				
94	Clinical	General Clinical		Provide ability to incorporate doctor's notes captured using voice recognition software, directly into the medical record				
95	Clinical	General Clinical		Support clickable diagrams to indicate location of abnormalities in physical exams				
96	Clinical	General Clinical		Support physcal exam checklists for female, male and trangsender patients				
97	Clinical	Directly Observed Therapy		Provide screen / reports to track Directly Observed Therapy				
98	Clinical	Directly Observed Therapy		Track patient’s hospital admission / discharge dates against Directly Observed Therapy				
99	Clinical	Immunizations		Link to immunization registry (import/export imm history)				
100	Clinical	Immunizations		Ability to automatically load immunization history imported from registry to correct patient record				
101	Clinical	Immunizations		Directly enter immunization history into EHR				
102	Clinical	Immunizations		Provide Immunization forecast/Immunizations due				
103	Clinical	Immunizations		Display all immunizations associated with patient				
104	Clinical	Immunizations		Support Stage III immunization inventory				
105	Clinical	Immunizations		Track to inventory Lot # of immunization dispensed				
106	Clinical	Immunizations		Ability to assign inventory to multiple funding sources				
107	Clinical	Immunizations		For immunization administered, track Lot #, Manufacturer, NDC, Expiration date, site of administration, route, etc.				
108	Clinical	Immunizations		Print immunization history				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
109	Clinical	Education		Capture/Display education/cumulative education delivered				
110	Clinical	Education		Capture/Update client education goals				
111	Clinical	Education		Suggest educational materials to be provided based on problem list, diagnosis, etc.				
112	Clinical	Education		Education Library/Customize forms based on facility/program				
113	Clinical	Education		Patient information/education be emailed or pushed through a portal				
114	Clinical	Education		Support different languages				
115	Clinical	Patient Follow-up		Electronic assignment/notification/delegation of follow up tasks to staff				
116	Clinical	Patient Follow-up		Ability to document phone interventions with client (method, date, time, outcome, etc.)				
117	Clinical	Patient Follow-up		Update status of patient follow-up				
118	Clinical	Patient Follow-up		General/ cumulative notes not tied to a particular encounter date				
119	Clinical	Patient Follow-up		Templates use in follow-up (email/letter) with auto-populated fields				
120	Clinical	Patient Follow-up		Ability for manager to view staff assigned notes to see progress on patient care pending follow ups				
121	Clinical	Patient Follow-up		Capture and track referral information				
122	Clinical	Patient Follow-up		Document closure and remove patient from follow-up list				
123	Clinical	Medications		Capture medication name, dosage, quantity, lot number, date/time dispensed, provider, etc.				
124	Clinical	Medications		Dispense multiple Lot #'s of ordered medication				
125	Clinical	Medications		Display list of medications				
126	Clinical	Medications		Flag contraindications, allergies, drug interactions, and other potential adverse reactions when new medications are prescribed				
127	Clinical	Medications		Prevent prescription/administration data entry of contraindicated medication				
128	Clinical	Medications		Standard medications from dispense/prescribe orders as configured				
129	Clinical	Medications		Mandatory data to be completed prior to prescribing				
130	Clinical	Medications		Calculate drug dose options based on patient age/weight/test results etc.				
131	Clinical	Medications		Present suggested lab monitoring as necessary for prescribed medication				
132	Clinical	Medications		Alert potential errors (wrong patient, drug, dose, route/time of administration)				
133	Clinical	Medications		Real time inventory management for Immunizations and Medications				
134	Clinical	Medications		-Bar code scanning				
135	Clinical	Medications		-include Lot #				
136	Clinical	Medications		-include Expiration Date				
137	Clinical	Medications		-include NDC code				
138	Clinical	Medications		-include Quantity per pack / bottle				
139	Clinical	Medications		-include Quantity of packs / bottles dispensed				
140	Clinical	Medications		-Include route, duration, frequency, D.O.T. (taken onsite)				
141	Clinical	Medications		E-Prescribe/Print Prescription				
142	Clinical	Medications		Alert when a patient is late on their medication				
143	Clinical	Lab Orders		Send lab orders to multiple entities				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
144	Clinical	Lab Orders		Support HL7 messaging for outbound Lab orders directly from EHR				
145	Clinical	Lab Orders		Lab order selection from catalog/program-specific protocols				
146	Clinical	Lab Orders		Patient Instructions				
147	Clinical	Lab Orders		Order Status Management (Placed/Received/Completed/etc.)				
148	Clinical	Lab Orders		Specimen Collection/Packaging Instructions				
149	Clinical	Lab Orders		Print Specimen Labels, requisitions				
150	Clinical	Lab Orders		Consent Mgmt for specific tests				
151	Clinical	Lab Orders		Date/Time Collection, other pertinent information				
152	Clinical	Lab Orders		Specimen status tracking				
153	Clinical	Lab Orders		Standing Orders management				
154	Clinical	Lab Results		Receive lab results from multiple entities				
155	Clinical	Lab Results		Support HL7 messaging of inbound lab results directly into EHR				
156	Clinical	Lab Results		Notification when lab result available for review				
157	Clinical	Lab Results		Reference Range/Abnormal/Critical Flagging				
158	Clinical	Lab Results		Track abnormal lab results (follow up)				
159	Clinical	Lab Results		Alert if lab result not acted upon within user-designed window				
160	Clinical	Lab Results		Reconcile lab results with lab orders				
161	Clinical	Lab Results		Alerts for overdue results				
162	Clinical	Lab Results		Results trending comparison				
163	Clinical	Lab Results		Generate a Review Alert and assignment to follow-up queue when critical Lab Result is received				
164	Clinical	Other Clinical		Clinical Decision Support (CDS)				
165	Clinical	Other Clinical		Provide diagnostic testing recommendations based on protocols				
166	Clinical	Other Clinical		Order Sets				
167	Clinical	Other Clinical		Radiology orders/results				
168	Clinical	Other Clinical		Workflow queues				
169	Clinical	Other Clinical		Routing of tasks based on system triggers				
170	Clinical	Other Clinical		Escalation, Redirection, Reassignment of workflow. Ability to track tasks assigned to staff				
171	Clinical	Other Clinical		Develop custom clinical content				
172	Clinical	Care Plan		Chronic Disease Management				
173	Clinical	Care Plan		Support development of care plan				
174	Clinical	Care Plan		Provide reminders to update plan based on time, event, etc.				
175	Clinical	Care Plan		Maintain care plan history				
176	Clinical	Care Plan		Track/monitor progress of client/referral				
177	Clinical	Care Plan		Populate calendar with care plan activities, goals, appointments, etc.				
178	Clinical	Care Plan		Lock notes to prevent changes				
179	Clinical	Care Plan		Record/display final disposition of care plan review				
180	Clinical	Care Plan		Capture supervisor approval of case closure				
181	Clinical	Referral		Provide creation, documentation and tracking of referrals / counseling orders				
182	Clinical	Referral		-include Reason for Referral				
183	Clinical	Referral		-include Where Referred				
184	Clinical	Referral		-include referral appt date/time				
185	Clinical	Referral		-include notes of referral				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
186	Clinical	Referral		-include consents / authorizations / disclosures				
187	Clinical	Referral		Update client record with referral information				
188	Clinical	Referral		Referral history				
189	Clinical	Referral		Flag referrals that are overdue with no status update				
190	Clinical	Referral		Electronic referral (e.g. of hospital discharge, referrals to chronic disease management programs)				
191	Billing	Billing		Real time Eligibility Check/Auto Run				
192	Billing	Billing		Support X12-270 / X12-271 eligibility checking / response formats				
193	Billing	Billing		Multiple Services provided, but only non-confidential to appear on statement				
194	Billing	Billing		CPT/ICD Associations (One to Many)				
195	Billing	Billing		Display charges for visit				
196	Billing	Billing		Allow charge adjustment by authorized users only				
197	Billing	Billing		Provide ability to write off patient charges, by authorized users only				
198	Billing	Billing		Print Receipts				
199	Billing	Billing		Accept payments				
200	Billing	Billing		-Support spread payment, prepayment, payment of specific charge				
201	Billing	Billing		-Process single insurance / 3rd-party payment to multiple patient accounts				
202	Billing	Billing		Ability to bill insurance/3rd parties				
203	Billing	Billing		-Support X12-837 billing format, National Plan ID, Receiver ID and Submitter ID				
204	Billing	Billing		-Automatically recalculate billable transactions upon partial payment				
205	Billing	Billing		-Support cascading billing to multiple payors based on priority				
206	Billing	Billing		835/837 generation/processing				
207	Billing	Billing		Provide billing notes (per Patient, per Bill, per Transaction)				
208	Billing	Billing		Support definition of billing business rules (e.g. charge lesser of sliding scale fee / insurance co-pay for Title X funded services)				
209	Billing	Billing		Evaluation and Management Billing Advisor				
210	Billing	Billing		Specialty specific encounter and Billing				
211	Reporting	Reports		FPAR and FPAR 2.0 reporting for Title X				
212	Reporting	Reports		Customize reports related to encounter services (eg. Report of STD including Tx, disease, lab tests)				
213	Reporting	Reports		Track time of visit from registration through each step of the visit to completion				
214	Reporting	Reports		Create reports identifying home zip codes of users per program				
215	Reporting	Reports		Multiple ways to report on STD (age/ race/ gender/ pregnant/specificity of STD)				
216	Reporting	Reports		Capability for tracking lot #'s (for recalls) by client and date range				
217	Reporting	Reports		Allow for identification of all client visit encounters as well as specific visit types				
218	Reporting	Reports		Tracking client use in a duplicated and unduplicated manner (1 visit or multiple visits in a specified time frame)				

1	Patient Registration	Patient Demographics		Capture Patient Demographics				
219	Reporting	Reports		Lab Results overdue				
220	Reporting	Reports		Abnormal Lab Results				
221	Reporting	Reports		Abnormal Lab Results Not Reviewed				
222	Reporting	Reports		Follow up incomplete, Documentation incomplete				
223	Reporting	Reports		Reports to evaluate patient outcomes, quality of care, etc				
224	Reporting	Reports		Referral Reports				
225	Reporting	Reports		CMS1500 billing report				
226	Reporting	Reports		Report medication type / name / frequency, by patient, internally and to the State				
227	Reporting	Reports		Report a daily count and listing of patients seen, by patient category, and by clinician				
228	Reporting	Reports		Report list of current medications, per patient				
229	Reporting	Reports		Provide display of future appointments, per patient				
230	Reporting	Reports		Meaningful Use and PQRS				
231	Technical	Security		Locking of EHR data in identified screens at completion of encounter				
232	Technical	Security		Provider/user audits on patient record. Track Release of Information Requests, accounting of disclosures				
233	Technical	Security		Provide security groups to restrict user access to appropriate clinical modules / functionality / data sets				
234	Technical	Configurability		Allow for customization of EHR record components				
235	Technical	Configurability		Store legacy system patient ID values for records imported from legacy EHR				
236	Technical	Architecture / functionality		Usage Fee Model (Provider/User)				
237	Technical	Architecture / functionality		One User multiple logins/sessions				
238	Technical	Architecture / functionality		Support mandatory fields/formats				
239	Technical	Architecture / functionality		Flag incomplete fields				
240	Technical	Architecture / functionality		Real time data entry validation				
241	Technical	Architecture / functionality		Provide an Entity Relationship Diagram to illustrate underlying database structure				
242	Technical	Architecture / functionality		Provide remote / mobile access to EHR away from office locations				
243	Technical	Architecture / functionality		Provide data warehouse capabilities for reporting				
244	Technical	Architecture / functionality		Mobile App specific technology (for phones, tablet)				
245	Technical	Interoperability		Download information from the EHR to other mandated systems				
246	Technical	Interoperability		Support data exchange standards (HL7, CDA)				
247	Technical	Interoperability		Incorporate data and documentation from external sources (CDA, CCD)				
248	Technical	Interoperability		Exchange data with other systems (CDA, CCD)				
249	Technical	Interoperability		Provide surveillance data to other agencies / disease surveillance databases				
250	Technical	Interoperability		Support remote usage by partner agencies (e.g. FQHC providers)				
251	Technical	Interoperability		Data exchange with State Immunization Registry				
252	Technical	Interoperability		Secure/Direct Messaging (Transition of care)				
253	Technical	Interoperability		Process for additional interfaces/data exchange methods in the future				

APPENDIX B
QUESTION RESPONSE TEMPLATE

TRACK 1. Company Background and Overview (Proposal Section 1)

(Page Limit: 5 pages)

Instructions:
In the following section, please provide concise yet complete answers to each of the questions. If you choose not to respond to a question, please type "Not Applicable" and explain why you are not answering. You may compose your answers to encompass more than one question; however, if you do so, you must make it clear which questions are being addressed.

Note: We do not desire information about ad hoc report tools, database, operating system, or other "third-party" proposers that may provide base products.

You may include diagrams, examples, charts, etc., to answer the question. Please include the question number and text with your response. Any misrepresentation will result in disqualification or breach of contract.

1.1. Provide your company information, as indicated below, for each software vendor, and each implementation vendor. Note: We do not desire information about report writer, database, operating system, or other "third-party" vendors that may provide base products. Address only the primary products and their related implementation vendors.

ITEM	RESPONSE
Vendor Name	
Form of Company	
Doing-Business-As (DBA) names	
Physical address, company headquarters	
State of incorporation if other than noted above	
Physical address, this project	
Website	
Point-of-contact (POC) name for this RFP	
Desk phone/voice-mail, POC	
Mobile phone, POC	
E-mail, POC	
Length of time in business	
Net revenue for previous five years (in US dollars). Include FY 2015, if available.	
Approximate percentage of gross revenue generated by implementation/licensing of proposed solution	
Total number of installed clients with the proposed software installed	
Number of public health clients with proposed solution (or similar) installed. Include population of associated metropolitan area for each organization.	

1.2. For each primary software and implementation vendor, provide a copy of the last annual report. If an annual report is not published, provide copies of the current balance sheet and income statement covering the past 12 months.

1.3. Describe, in detail, your software licensing process and license options. Discuss how a "seat" is defined, and how you determine how many seats are required. What does each license actually provide? For modular systems, does each module require a unique license? Do you require re-purchasing of the licenses at any time in the future?

1.4. Include copies of your typical license and annual maintenance agreements.

1.5. If licensing is determined per workstation, do mobile devices such as smartphones and tablets count towards this licensing?

1.6. For concurrent licensing, when are the licenses released by the solution – when a workstation is idle, is locked, or only when the user signs out of the solution?

1.7. For each primary software and implementation vendor, characterize the company's financial health. For example, in terms of annual growth in revenue and client base over the past five (5) years.

1.8. For each primary software and implementation vendor, describe the company's primary business expertise. Include major industries served, and an outline of products and services provided.

1.9. Regarding the primary software applications included in the solution proposed, briefly describe the strategic direction and future plans you have for those products.

1.10. For each primary software and implementation vendor, provide details (client information, reason for default, date, outcome or current status) of any and all contracts terminated for default, or that were terminated prior to full contract completion in the past five (5) years. Termination is defined as notice to stop performance due to the Client's decision.

1.11. For each primary software application (i.e., do not address third-party reporting software or the database application) being proposed, explain your policy regarding retention of source code. Do you provide the source code? Provide escrow? Explain how the District's version of the source code is protected. If you have any special agreements that must be negotiated, please include copies.

1.12. As applicable to your proposed solution, describe what your company has done to protect and indemnify the organization from any "patent trolling" or other patent infringement litigation that may occur related to your solution.

1.13. Review Section 2 ("Notices and Future Contract") of this RFP and list any objections, indicating the areas/items and description of the nature of the objection.

TRACK 2. Technical Requirements (Proposal Section 2)

(Page Limit: 15 pages)

Instructions:
In the following Section, please provide concise yet complete answers to each of the questions. If you choose not to respond to a question, please type "Not Applicable" and explain why you are not answering. You may compose your answers to encompass more than one question; however, if you do so, you must make it clear which questions are being addressed.

You may include diagrams, examples, charts, etc., to answer the question. Please include the question number and text with your response. Any misrepresentation will result in disqualification or breach of contract.

2.1 Provide a technical overview of your solution by completing the tables below. Add rows/categories if needed.

Specify the minimum server configuration required to run the proposed solution.

Operating system(s) with version number	
Minimum hard drive free space	
Minimum RAM	
Minimum processor and speed	

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	

Specify the minimum network configuration required to run the proposed solution.

Network protocol	
Minimum capacity	
Minimum speed	

Specify your recommended relational database product.

Database	
Version number	

List all modules, primary application software, etc., proposed. Include any APIs, administrative modules, etc., that may be needed.

Module	Brief description/purpose

Specify any third party software or hardware products (including peripheral devices) that are required, other than database management software and operating systems (add lines, if necessary).

Product	
Version/Model/Description	

2.2 Does your solution use a single database for patient records, encounter records, appointments and billing? Also briefly describe the solution's architecture (Client/Server, ASP, SaaS, Hosted, etc.)

2.3 Is your solution ONC-ATCB certified for Meaningful Use? If so, provide the version and year of certification, and whether the solution was certified as Modular or Comprehensive.

2.4 If Modular, list all modules included in the proposed solution, their version numbers, and all technical specifications, requirements and dependencies for each module to operate fully with the "core" product. Are the modules necessary to meet each of the menu set objectives included in the pricing in Appendix C of this RFP, or are they sold separately at an additional cost?

2.5 What resources are provided to support in-house report development? Include a discussion of third-party and custom software applications. Does your solution include a data dictionary or other similar end-user support tool? Provide a sample of the documentation that supports the creation of ad-hoc reports.

2.6 How does your solution provide the capability of adding, displaying, and maintaining user-defined fields? How do application upgrades and patches automatically account for these fields so that they are not lost?

2.7 Apart from normal database back-up, identify the archival strategy within the application, especially for highly populated tables. How does your application meet the requirements of information retention? Can archived data still be readily accessed?

2.8 Describe how your solution creates an "audit trail" when data is changed. Include the types of data for which a trail is created, and what is recorded (user id, date, etc.) when the data is changed. Discuss how it can be varied/configured for different areas of the system.

2.9 Describe the security procedures for access to your solution. Does your solution accommodate single network sign-on from Windows networks? If it does not, does your solution periodically require users to change passwords?

2.10 Describe how your solution supports the administration of application security. Include how it is configured, how groups or roles are used, what actions can or cannot be taken for various settings, etc. How discretely can it be set (field, screen, etc.) and can access to reports be controlled?

2.11 Describe how the solution meets all HIPAA, HITECH and other security requirements.

2.12 Describe the capability of configuring the appearance of screens in your solution, to include: deleting/hiding fields, moving fields, and changing the mandatory nature of "important" or "primary" fields (like work-order type, job type, etc.). How can your solution be configured to suppress functionality that does not apply to a public health agency? How are configuration changes sustained during upgrades?

2.13 Describe your solution's ability to roll-back transactions or provide recovery points.

2.14 On an ongoing basis, how many database administrators and software support personnel from the District are recommended to support your proposed solution in production? Describe their specific roles/duties and anticipated allocation.

2.15 Describe how your solution provides full support for Windows OLE and OPC UA, including: attachment of standard object types; cut and paste capability from all data screens; cut and paste capability to all data fields. Also, indicate your solution's capability of exporting data to common desktop tools and formats (such as Excel, PDF, CSV and text).

2.16 Describe how your solution can be used to support geographically disparate work locations. How do you address circumstances where a connection to the main server is not available? Are any modifications required? Are business processes impacted?

2.17 List all of the "important" client-configurable, administration features of your solution. Include any capability of configuring the appearance of screens (screen color, deleting/hiding fields, moving fields, and changing the mandatory nature of "important" or "primary" fields) as well as list configuration, pre-defined screen flows (navigation), book-marks, etc.

2.18 Describe your record-locking features concerning updates. For example, if a person in one department is updating an employee's payroll record, and a person in another department wants to review the same employee's information, how does your system ensure that information is accurate at all times, or that a message is provided that update is in progress?

2.19 List and describe the standard application interfaces (APIs) available in your solution for use in configuring interfaces to/from primary software applications.

2.20 Describe the scalability of your product. Include a discussion of how performance changes, and where performance “bottlenecks” are typically encountered. Where in your project lifecycle is performance addressed and how do you ensure acceptable performance of your solution?

2.21 Describe the solution’s ability to remotely access clinical data, using devices such as smartphones or tablets, and how these devices and data can be secured if a breach is suspected, or a device is lost.

2.22 Describe the solution’s ability to allow a system administrator to terminate user connections or sessions, and/or lock out users (for upgrades, security breaches, employee termination, etc.)

2.23 Describe how clinical data is secured at all times and in all modules of the solution (such as password protection, SSL, data encryption at rest, data encryption in transmission)

2.24 Will your solution run in virtual environments? If so, identify the virtualization software required on the server (such as VMWare, XenApp, Hyper-V, etc.) If not, is the solution moving towards supporting virtualized environments, and when is this expected to be available?

TRACK 3. Functional Requirements and Specifications (Proposal Section 3)

(Page Limit: 30 Pages)

Instructions:
This section requires proposers to identify the features and functions supported by their product(s). Please answer as clearly and honestly as possible. Your answers will be used to evaluate your proposal, but will also be referenced in any resulting contract. Any misrepresentation of your application's capabilities will result in disqualification or breach of contract.

Please include the question number and text with your response.

3.1 Describe the reporting tools that are packaged with your solution and describe how the typical business need for ad-hoc reporting is supported. How are custom reports developed and shared (e.g., added to standard reports menu)?

3.2 Describe how navigation from screen-to-screen in your solution maintains context. By context, we mean the primary focus or subject of the task being performed (e.g., patient demographics, financial income details, insurance guarantor details, etc.). Also discuss the capability of having more than one session open at one time.

3.3 List all of the functional areas from Appendix A of this RFP that your software supports without modification. List additional functional areas (modules, options, etc.) that you offer that may be of interest to the District.

3.4 Describe the business intelligence tools packaged in your solution for the retrieval, analysis, and reporting of data. Include what types of data/information are available, how it is accessed, how the data is refreshed, and how it facilitates navigation from summary data to supporting detail.

3.5 List all the places in your solution where file linking, association or storage is supported. How are the files accessed? How are the files secured?

3.6 Describe your solution's ability to support various Nursing programs (Family Planning, Immunizations, Maternal/Child Health, STD, HIV, TB) without modification, identifying the screen displays and reports that are optimized for each Nursing program. Also discuss the capability of defining new Nursing programs within the solution, without requiring additional involvement of proposer.

3.7 Provide a list of standard reports (no customization) that the solution provides at Go-Live to meet all Meaningful Use, auditing and/or HIPAA requirements. Can these and other reports be output to PDF, CSV, Excel, or text formats?

3.8 Is Computerized Physician Order Entry (CPOE) part of the core product or a separate module?

3.9 Is CPOE customizable per provider or are templates available? Does the solution allow free text ordering?

3.10 Does the solution allow for custom Order Sets to be built? Does the solution allow multiple Result records to be mapped to a single Order record?

3.11 Does the solution provide the ability to cancel pending Orders? If so, does the solution generate an outbound cancellation message to 3rd-party systems?

3.12 Does the solution utilize ICD-10 coding? Are codes pre-loaded? Are future code updates applied by the District or by the Proposer?

3.13 Does the solution allow custom questions to be applied per Order? If so, briefly described how these questions are created and managed by the user. Can Order questions be configured as mandatory or optional?

3.14 Does the solution support recurring Orders? If so, briefly describe the recurring Order workflow.

3.15 Which 3rd –party labs and LIMS vendors currently interface "out of the box" with the solution's CPOE? Describe how the solution supports Orders for non-integrated / non-interfaced 3rd parties.

3.16 Is E-Prescribing part of the core product or a separate module?

3.17 Is E-Prescribing customizable per provider and/or at Clinic-, Nursing program- and District- level?

3.18 What are the E-Signature Requirements for E-Prescribing? What is required of the customer in order to set this up?

3.19 Which local or national pharmacies interface with the EHR? How are these updated and with what frequency?

3.20 Is there an extra expense required for local pharmacies to be set up for E-Prescribing? What is the rate per transmission? What form of transmission is required?

3.21 Is there a fax server incorporated in the EHR? If so, does it require a separate server? If not, are 3rd party vendor fax servers supported? Which vendors are supported?

3.22 Can Rx faxes be configured to use a separate fax queue from other faxed documents within the system? Is there a functional limit to the number of fax lines supported by the system? Can active faxes be cancelled during transmission by user or by system administrators?

3.23 What security settings are available in the product to govern who can E-Prescribe?

3.24 Are medication updates performed regularly? Which vendor(s) does the product support? Does it include Drug Contraindications, Interactions and Warnings?

3.25 Are reporting tools for E-Prescribing available?

3.26 Describe how new medications are displayed in the system if added by an MD, an APN and/or an RN.

3.27 Where is E-Prescription information housed in the EHR?

3.28 Describe the audit features for E-Prescribing. Does the system keep a running history of Rx renewal changes?

TRACK 4. Future Support (proposal Section 4)

(Page Limit: 5 Pages)

Instructions:
In the following section, please provide concise yet complete answers to each of the questions. If you choose not to respond to a question, please type "Not Applicable" and explain why you are not answering. You may compose your answers to encompass more than one question; however, if you do so, you must make it clear which questions are being addressed.

Note: We do not desire information about ad hoc report tools, database, operating system, or other "third-party" proposers that may provide base products.

You may include diagrams, examples, charts, etc., to answer the question. Please include the question number and text with your response. Any misrepresentation will result in disqualification or breach of contract.

4.1 Approximately how often are major software versions released? Patches and fixes? How do you inform your customers of the release? How do you provide that modifications/customizations made to licensed software are accommodated in the upgrades and patches? Please include a discussion of areas where additional cost (maintenance cost, not labor) could be incurred.

4.2 Who performs system upgrades and updates? What is the District's role? How is it decided to upgrade to the latest version of the software?

4.3 List and describe all means of providing the user with help. Include online help files, web-based support, paper documentation, context sensitive help, etc. How frequently is the documentation updated?

4.4 Describe all of the (technical and end-user/business) user groups, conferences and other support mechanisms that exist for your solution.

4.5 Provide a representative sample of your end-user documentation. How do you maintain and deploy the documentation from version-to-version?

4.6 How does your master license accommodate use of additional licenses to support non-production environments (training, test, development)? What additional cost would be incurred and what limitations are imposed?

4.7 Does your organization provide a single / team point of contact for our specific location or do support calls go to a general support team?

4.8 What is a typical service level agreement for routine, important and urgent issues/requests?

4.9 Do you provide on-site support on a routine basis?

4.10 In the event of an unscheduled downtime due to an issue at the vendor, what is the typical timeframe where the organization is back online?

4.11 How often does your system experience downtime? How do you handle downtimes?

TRACK 5. Implementation and Management Approach (Proposal Section 5)

(Page Limit: 15)

Instructions:
In the following Section, please provide concise yet complete answers to each of the questions. If you choose not to respond to a question, please type "Not Applicable" and explain why you are not answering. You may compose your answers to encompass more than one question; however, if you do so, you must make it clear which questions are being addressed.

You may include diagrams, examples, charts, etc., to answer the question. Please include the question number and text with your response. Any misrepresentation will result in disqualification or breach of contract.

5.1 How is your organization engaged during the implementation (regular site visits, workflow review/validation impacts of changes, support, conversion, assist with system set up, etc.)?

5.2 What is a typical implementation time line?

5.3 Describe how your implementation approach addresses "non-configuration" technical changes, such as might occur with code or table modification. Provide at least five (5) samples of documentation from previous projects representative of this approach.

5.4 Provide the resume for the person you are proposing to manage this project, and for the primary technical consultant/analyst. The resumes should include relevant project experience, length of time he/she has been employed by your company, and education.

5.5 Outline and describe the major testing approaches you use during the integration and implementation of your solution. What resources can be provided to the District to support user acceptance testing (scripts, test plans, etc.)?

5.6 Do you provide assistance with interface testing and additional integration should the District decide to add to the scope of the original project?

5.7 At a high level, outline and briefly describe your solution's integration/implementation process (method), from initial contract award and engagement, through deployment and hand-off to the client. Include configuration, training, conversion, etc.

5.8 Assuming a start date of December 1, 2016, provide a sample project schedule (timeline) that begins with initial contract award, and ends with deployment and acceptance of all software.

5.9 List other software solutions with which you have developed integration that you believe would benefit our organization. Describe your preferred approach for integrating your proposed solution with external applications.

5.10 Describe your company's approach to providing project team and end-user training. Where within the project lifecycle do you recommend training occur and for whom? How can one determine if it was successful?

5.11 Outline the process for configuring your software solution. Include a description of your approach for confirming that business process needs are addressed. Discuss both an "all

encompassing" and "staggered group" approach. How are configuration changes and client decisions documented?

5.12 Describe your approach to successful data conversion and provide a representative sample of your data migration plan. Indicate major activities, project timing, and roles for both vendor and District. Where does your experience show that problems are likely to occur? How do you address balancing and validation of migrated data?

5.13 Describe your approach to creating custom interfaces, including the ones required by this RFP. How are interfaces addressed by your regular maintenance agreement?

5.14 If your solution is selected, how many District employees (and of which skill sets) would be needed to support the implementation project? Indicate the level of allocation to the project assumed.

5.15 Describe how you will successfully ensure transfer of knowledge to technical employees.

5.16 Describe your previous experience implementing the proposed solution in a public health organization. Indicate any unique considerations or challenges to anticipate.

If your proposed solution is a partnership, respond for each partner.

5.17 Describe the management process you use to control scope and cost during implementation. How do you propose to minimize cost/time over-runs?

What are the three highest areas of risk? What project areas or activities are most likely to result in an overrun?

5.18 Do you provide on-site Go-Live support? If so, what is the ratio of the ratio of your support staff to District providers? What is the ratio of your support staff to client support staff?

TRACK 6. References (Proposal Section 6)

(Page Limit: 5 Pages)

Instructions:
In the following Section, please provide concise yet complete answers to each of the questions. If you choose not to respond to a question, please type "Not Applicable" and explain why you are not answering. You may compose your answers to encompass more than one question; however, if you do so, you must make it clear which questions are being addressed.

We understand that providing contact information for your clients may cause your clients to receive numerous telephone calls—especially if the same client is used frequently. We ask that you contact your references prior to listing them below, and discuss this topic with them.

Some vendors elect to provide reference information only after they believe they are being considered for the next selection step. However, SNHD plans to contact references related to each proposal—it is part of our scoring and evaluation process.

Please include the question number and text with your response. Any misrepresentation will result in disqualification or breach of contract.

6.1 Identify two (2) references—possibly from those listed above—that you believe it would be valuable for a team from our company to visit. Include complete contact information.

6.2 List two (2) references where you have not been successful. Explain why.

6.3 Please list five (5) references where you have installed solutions very similar to the one you are proposing. This solution should have been in place for at least one full year. Include the following information:

- Organization name
- Department or any sub-organization, if applicable
- Physical address
- Point-of-contact still employed at the site
- Point-of-contact's telephone number
- E-mail address

We understand that it may be difficult to list references similar to our organization, but please make every effort to do so. The ideal reference would be a public health agency of similar size to SNHD with multiple office locations, with a solution installed that is exactly like the one being proposed.

6.4 Please list all clients in the Southwest (Nevada, New Mexico, Utah, California) where you have installed solutions very similar to the one you are proposing. You do not have to duplicate information already included in question 1 above. Include the following information:

- Organization name
- Department or any sub-organization, if applicable
- Physical address
- Point-of-contact still employed at the site
- Point-of-contact's telephone number
- E-mail address

6.5 For the two most recent references identified, provide the project start and end dates and a brief description of the scope of the solution implemented. Did the length represent a standard project duration, and if not, what attributed to any schedule delays?

Was the final project cost within 10% of the planned budget? If not, what attributed to any increase in cost?

APPENDIX C
COST PROPOSAL RESPONSE TEMPLATE

Cost

In the following Section, please provide your estimate for each of the line items represented. SNHD understands that additional good-faith negotiations will occur prior to contract finalization.
ITEMIZATION IS MANDATORY. IT IS NOT ACCEPTABLE TO PROVIDE ONLY A SUMMARY COST.
State all of your assumptions. If you are proposing cost options, please complete the proposal section for each option.
Clearly state your unit of measurement for each cost item (e.g., seat license, user, parcel, etc.)
Please do not modify the format of this template. If this response form does not exactly fit your pricing method, contact the person listed in the RFP to discuss submittal options.

COST CATEGORIES

Software License Costs

List all software modules proposed and break down line item costs where possible. Include version or model number where possible. Please add rows as needed. Please define your modules according to functional category.

Hardware

Indicate all hardware proposed for the Point of Sale system. Include product names and models as appropriate.

Software Customization Costs

Please identify any costs to customize your software to meet requirements not included in the base package. Identify each customization according to the software module you listed in the previous section. Please state your customization assumptions.

Interface Costs

Please identify your costs to build the interfaces described in **RFP Section 4.4: Interfaces** Please state your assumptions.

Data Conversion Costs

Please identify your costs to convert the data described in **RFP Section 4.5: Data Migration**. Please state your assumptions.

Training Costs

SNHD recognizes the importance of effective training in the areas of application usage, management/operations, technical and data conversion. If selected, the vendor must furnish a training plan that will address these needs. It is also expected that the successful vendor will provide access and updates to training materials and recommendations for additional training. In the cost matrix below, please use the course names and assumptions previously described in your response to the "training" question in the "Implementation and Management Approach" section of Appendix B (Essay Question Response).

Other Implementation Costs

Please identify costs to implement your software not already covered in the sections above.

Summary Project Labor Costs

This will calculate automatically according to entries provided in sections above.

Hourly Labor Rates

Please state hourly labor rates for this project. Rates are to remain in effect until successful implementation and acceptance of the product.

Travel Costs

Please identify and itemize all travel costs. State any assumptions.

Annual & Recurring Costs

#	Application / Module	Description	Unit of Measure	Units	Cost per Unit	Total Cost	Comment
Patient Registration							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Patient Registration Software Sub-Total	0.00	
Financial & Billing Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Financial & Billing Software Sub-Total	0.00	
Clinical Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Clinical Software Sub-Total	0.00	
Report-Writing Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Report-Writing Software Sub-Total	0.00	
Administrative Software							
1.						0.00	
2.						0.00	

#	Application / Module	Description	Unit of Measure	Units	Cost per Unit	Total Cost	Comment
3.						0.00	
4.						0.00	
5.						0.00	
					Administrative Software Sub-Total	0.00	
Other Software (Technical integration tools, APIs, Third-party)							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Other Software Sub-Total	0.00	
					Software License Total	0.00	

#	Item	Description	Unit of Measure	Units	Cost per Unit	Total Cost	Comment
Point of Sale Hardware							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
6.						0.00	
7.						0.00	
8.						0.00	
					Hardware Total	0.00	

#	Module	Customization	Number of Hours	Cost per Hour	Total Cost	Comment
Software Customization Costs						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Software Customization Total					0.00	

#	Interface	Description	Number of Hours	Cost per Hour	Total Cost	Comment
Interface Costs						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Interface Development Total					0.00	

#	Module	Description	Number of Hours	Cost per Hour	Total Cost	Comment
Data Conversion Costs						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
				Data Conversion Total	0.00	

#	Activity / Course	Description	Number of Hours	Cost per Hour	Total Cost	Comment
Training Costs						
1.					0.00	
2.					0.00	
3.					0.00	
4.					0.00	
5.					0.00	
6.					0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
				Training Total	0.00	

#	Activity	Description	Number of Hours	Cost per Hour	Total Cost	Comment
Other Implementation Costs						
1.	Needs Analysis				0.00	
2.	Design				0.00	
3.	Configuration				0.00	
4.	Programming				0.00	
5.	Project Management				0.00	
6.	Other				0.00	
7.					0.00	
8.					0.00	
9.					0.00	
10.					0.00	
Other Implementation Total					0.00	

#	Cost	Description	Total Cost	Comment
Project Summary Costs				
1.	**Software License Total**		0.00	
2.	**Hardware Total**		0.00	
2.	Software Customization Total		0.00	
3.	Interface Development Total		0.00	
4.	Data Conversion Total		0.00	
5.	Training Total		0.00	
6.	Other Implementation Total		0.00	
	Project Labor Total		0.00	
7.	**Travel Total**		0.00	
8.	**Annual & Recurring Total**		0.00	
		Project Summary Total	0.00	

#	Role	Cost per Hour	Comment
Hourly Labor Rates			
1.	Project management		
2.	Product consulting		
3.	Programming & product customization		
4.	General configuration support		
5.	Data conversion		
6.	Interface development		
7.	Training development (curriculum developer or technical writer)		
8.	Training (trainer)		
9.	Help desk support (regular business hours)		
10.	Help desk support (after business hours)		

#	Expense	Purpose	Number of Trips	Number of Employees	Cost per Employee	Total Cost	Comment
Travel Costs							
1.	Transportation					0.00	
2.	Lodging					0.00	
3.	Meals					0.00	
4.	Local Transportation					0.00	
5.	Other / Miscellaneous					0.00	
6.						0.00	
7.						0.00	
8.						0.00	
9.						0.00	
10.						0.00	
					Travel Total	0.00	

Assumptions for billable hours for travel time:

#	Application / Module	Description	Unit of Measure	Units	Cost per Unit	Total Cost	Comment
Patient Registration							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Patient Registration Software Sub-Total	0.00	
Financial & Billing Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Financial & Billing Software Sub-Total	0.00	
Clinical Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Clinical Software Sub-Total	0.00	
Report-writing Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Report-writing Software Sub-Total	0.00	

Administrative Software							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Administrative Software Sub-Total	0.00	
Other Software (Technical integration tools, APIs, Third-party)							
1.						0.00	
2.						0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Other Software Sub-Total	0.00	
Other Miscellaneous							
1.	Database (if included in this bid)					0.00	
2.	Source code / escrow fee					0.00	
3.						0.00	
4.						0.00	
5.						0.00	
					Other Miscellaneous Sub-Total	0.00	
					Annual & Recurring Total	0.00	

APPENDIX D
DATA MIGRATION ASSUMPTION

TASK 1. Data Migration

This Track describes activities performed to migrate/convert data from the District's legacy applications to the new System. There will be a need to obtain third party legacy application technical expertise during this track. Task 1.3 further defines the roles and responsibilities of Vendor and the District during the data extraction component.
The data migration will be performed in four conversion iterations, as described below, with signoffs required for each iteration before proceeding. It is expected that Vendor and the District will perform visual and programmatic inspection of the data as appropriate for each iteration.

Testing shall be conducted per the Data Migration Plan. Testing concepts will include balance totals, sampling, and both manual and programmatic inspection of data. It will likely include the process of Vendor validating a small data set and the District validating a larger, but related data set.

Acceptance of the final conversion iteration will be contingent upon financial balances tallying between the migrated data and the legacy data. During Task 1.1, Vendor and the District will collaborate to identify the instruments required to test balances. Roles for the balancing activities will be fully described in the Data Migration Plan; however, it is assumed that the District will perform the data validation, with appropriate support and expertise provided by Vendor.

As with other project deliverables, review and acceptance are expected to be completed within a timeframe agreed upon by both parties. There will be sufficient time allotted to ensure that the District can perform data validation, and that the results are adequate to proceed with project and production usage activities.

Vendor, in a collaborative effort with the District, will facilitate the analysis necessary to develop a Data Migration Plan. The Data Migration Plan will be version-controlled and updated whenever significant changes have been made.

TASK 1.1. DATA MIGRATION PLAN

Vendor, in a collaborative effort with the District, will facilitate the analysis necessary to develop a Data Migration Plan. The Data Migration Plan will be version-controlled and updated whenever significant changes have been made.

1.1.1 Vendor Activities

1. Conduct data migration planning between the Vendor conversion specialist and the District's staff.

2. Create the draft Data Migration Plan; the plan includes the management of the following:
    a. Inventory of data sources
    b. Historical data review
    c. Data mapping
    d. Data conversion coding
    e. Application loading
    f. District setup and sampling
    g. District and Vendor data migration roles and responsibilities
    h. Final conversion
    i. Verification of conversion
    j. Sign-offs at defined tollgates

7. Collaborate with the District to create tests/validations that can be used to manually inspect the data, or can be implemented as code or scripts. Tests/validations should support balancing activities necessary to validate the standards described in Attachment A: Data Migration Tolerances.

8. Deliver a draft Data Migration Plan.

9. Conduct a Data Migration Plan review meeting with the District to hear feedback.

10. Make edits to the Data Migration Plan.

11. Deliver the final Data Migration Plan.

1.1.2 District Activities

1. Attend data migration planning sessions.

2. Collaborate with Vendor to create tests/validations that can be used to manually inspect the data, or can be implemented as code or scripts. Tests/validations should support balancing activities necessary to validate the standards described in Attachment A: Data Migration Tolerances.
3. Review and provide feedback on the draft Data Migration Plan.

4. Approve the final Data Migration Plan.

1.1.3. Acceptance Criteria for Vendor Deliverables

1. The draft Data Migration Plan is delivered to the District. The word ‘draft’ is defined as a preliminary outline of the tasks to be performed and how they will be performed.

2. The final Data Migration Plan meets the requirements of the District, supports the accurate migration of all in-scope data, fully documents the process in 1.1.1.2, and is ready for signature by the District.

3. Tests/Validations described in the Data Migration Plan promote balancing to the standards described in Attachment A: Data Migration Tolerances.

1.1.4 Task Summary

Activity Duration:	Ten (10) days (over four (4) meetings)
Activity Location:	Remote
Vendor Staff Count:	PM, 2 Conversion Specialists and 2 SMEs
Vendor Artifacts:	
A1. Data migration planning meeting agenda	
Vendor Deliverables:	
D1. Data migration start (draft Data Migration Plan) D2. Final Data Migration Plan	
District Deliverables	
C1. Approval of draft Data Migration Plan C2. Approval of final Data Migration Plan	

Task 1.2 Data Migration Preparation and Data Mapping

This task describes the activities necessary to begin executing the Data Migration Plan, including the inventory/acquisition of data, preparation of the test environment, and mapping of source data to appropriate locations in the Vendor solution.

1.2.1 Vendor Activities

1. Create a data migration meeting schedule that supports the timeline.
2. Assist the District to determine data sources that should be included in data migration.
3. Lead data mapping meetings, and document mapping decisions.
4. Assist District I/T to set up a test environment.
5. Produce data maps for each identified data source.
6. Update the Data Migration Plan per conversion and data mapping meetings.

1.2.2 District Activities

1. Attend data migration and data mapping meetings.
2. Procure, receive authority for, and/or obtain data as required to support data migration analysis.
3. Establish a test environment for review and approval of sample and final data conversions.

4. Review and approve the updated Data Migration Plan including data maps.

1.2.3 Acceptance Criteria for Vendor Deliverables

1. Data maps have been produced for all data sources determined to be in scope.
2. Data maps address migration or creation of all data required for full production functionality required by the District.

1.2.4 Task Summary

Activity Duration:	As defined in the timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs
Vendor Artifacts	
A2. Data mapping meeting schedule A3. Facilitation of data mapping meetings	
Vendor Deliverables:	
D3. Updated Data Migration Plan including data maps	
District Deliverables	
C3. Participation and expertise of District resources necessary to promote acquisition of all data information required to conduct data mapping. C4. Data migration test environment. C5. Acceptance of the updated Data Migration Plan including all data maps.	

Task 1.3 Iteration 1: Prototyping

Vendor and the District will focus on the conversion of sample data sets representing major entities. In order to ensure that an adequate sample is tested, at least 10% of the total count of a given entity must be included in this iteration.

During this iteration, validation routines will be used to determine the integrity of the data conversion. Vendor and the District will collaborate to identify factors to assess the "cleanliness" of the data (e.g., the impact of incorrect data to application functionality, number of records affected, etc.). As issues with the conversion of the subset are identified, Vendor and the District will determine whether the data should be cleansed by the District, or whether it can be addressed via Vendor's data conversion routines.

There will be multiple cycles of extracts, validations, and conversions into the Vendor data models. Once an acceptable level of cleanliness is attained, the District will sign off to indicate that the entity is eligible for the full conversion routine. Once sign-offs are collected for all entities, the District will sign off to indicate that the first full conversion iteration (Iteration 2) can commence.

1.3.1 Vendor Activities

1. Assist the District in identifying entities and sample data to be included in prototyping.

2. Receive and inventory the data sent.
3. Populate translation tables.
4. Move data from the load tables to the Vendor application tables.
5. Stage data in the test instance of the Vendor solution. Produce data validation reports from the test instance correlating with balance reports produced from the legacy system.
6. Submit a detailed request to the District for data clean-up. The request shall include the following, at a minimum:
   - Description of error
   - Data source, field/record name
   - Desired outcome of clean-up
7. Conduct iterative data validations, as required, to accomplish a reliable, repeatable data conversion.
8. Document tests/validations in the Data Migration Plan.

1.3.2 District Activities

1. Identify entities and select sample data for prototyping.
2. Extract data to the intermediate file format as provided by Vendor (multiple cycles as defined by the Data Migration Plan and project timeline).
3. Correct (if needed) all data clean-up requests submitted by Vendor. This may require manual or programmatic efforts, or may also be collaboratively determined to be more advantageous for Vendor to perform.
4. Conduct iterative data validations, as required, to accomplish a reliable, repeatable data migration.

1.3.3 Acceptance Criteria for Vendor Deliverables

1. At least 10% of records for identified major entities have been processed.
2. The quality of the resulting data is sufficient to proceed with full data conversion.

1.3.4 Task Summary

Activity Duration:	As defined in the timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs
Vendor Artifacts	
A4. Data extraction and clean-up requests as required to complete this iteration A5. Updates to Data Migration Plan	
Vendor Deliverables:	

D4. Delivery of sample conversion
District Deliverables
C6. Data extractions and clean-up as requested by Vendor C7. Signature on Iteration 1 sign-off documents

1.4. Data Clean-Up

This Task describes the activities needed to clean source data in preparation for insertion into the Vendor solution. The District will perform the majority of data clean-up with guidance from Vendor. Vendor and the District may collectively determine that select data cleansing would best be performed by Vendor. *If so, a change request will be required.* Data clean-up will overlap with Task 1.3. Iteration 1: Prototyping and will continue as appropriate until Task 1.7. Iteration 4: Final Conversion.

1.4. Vendor Activities

1 Provide guidance to the District during clean-up activities as required to ensure timely and accurate results.

2. Programmatic data cleansing (if indicated as being appropriate).

1.4.2 District Activities

1. Scrub the full legacy data set.

2. Inspect scrubbed data to ensure cleanliness meets established standards.

1.4.3 Acceptance Criteria for Vendor Deliverables

1. Participation promotes efficient and accurate District data clean-up.

2. (If needed) scrubbed data meets established standards.

1.4.4 Task Summary

Activity Duration:	As defined in the timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs
Vendor Artifacts	
None	
Vendor Deliverables:	
D5. Data clean-up guidance	
District Deliverables	
C8. Scrubbed full data set C9. Analysis and confirmation that data has reached an acceptable state of cleanliness.	

TASK 1.5 Iteration 2: Full Data Set

Vendor will deliver a full District-wide database conversion, containing all data taken from the end of the tax year. Vendor and the District will perform visual and programmatic inspection of the data.

Issues will be identified, documented, and resolved. For each issue, Vendor and the District will collaboratively determine the source, and address the problem in a timely manner. The full conversion of all data should demonstrate that the conversion process is adequate for all records well in advance of the date it is required.

1.5.1 Vendor Activities

1. Receive and inventory data sent by the District.
2. Populate translation tables.
3. Move data from the load tables to the Vendor application tables.
4. Stage data in the test instance of the Vendor solution.
5. Collaborate with the District to document and resolve programmatic and data cleanliness issues.
6. Conduct iterative data validations, as required, to accomplish a reliable, repeatable data conversion.
7. Document tests/validations in the Data Migration Plan.

1.5.2 District Activities

1. Extract data to the intermediate file format as provided by Vendor (multiple cycles as defined by the Data Migration Plan and project timeline).
2. Collaborate with Vendor to document and resolve programmatic and data cleanliness issues.
3. Conduct iterative data validations, as required, to accomplish a reliable, repeatable data conversion.

1.5.3 Acceptance Criteria for Vendor Deliverables

1. Successful conversion of full District data set.
2. All identified conversion issues have been resolved.

1.5.4 Task Summary

Activity Duration:	As defined in the timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs

Vendor Artifacts
A6. Resolution of Vendor-owned data issues identified in this iteration
A7. Updates to Data Migration Plan
Vendor Deliverables:
D6. Delivery of full conversion
District Deliverables
C10. Data extractions as required to support this Task
C11. Resolution of all District-owned data issues identified in this iteration
C12. Iteration 2 acceptance

TASK 1.6 Iteration 3: User Acceptance Delivery

Vendor will deliver a full conversion of data to be used in User Acceptance Testing and for end-user training. This iteration must mirror the production conversion and result in data suitable for production.
In the event that it is determined that the data is not adequate for User Acceptance Testing (as determined by the District), additional cycles may be required. Note that if the issues are determined to be with the data delivered by the District, the District may be responsible for compensating Vendor for additional cycles.

1.6.1 Vendor Activities

1. Receive and inventory data received from the District. Sign off to indicate acceptance of pre-conversion balances.
2. Migrate data from the load tables to the Vendor application tables.
3. Conduct data tests/validations to support Iteration 3 acceptance.
4. Collaborate with the District to document and resolve programmatic and data cleanliness issues.
5. Document tests/validations in the Data Migration Plan.

1.6.2 District Activities

1. Perform pre-conversion balancing.
2. Extract data to the intermediate file format as provided by Vendor (multiple cycles as defined by the Data Migration Plan and project timeline).
3. Conduct data tests/validations to support Iteration 3 acceptance.
4. Collaborate with Vendor to document and resolve programmatic and data cleanliness issues.

1.6.3 Acceptance Criteria for Vendor Deliverables

1. Successful migration of full District data set.

2. All identified conversion issues have been resolved.

3. Data is suitable for production as defined in Data Migration Plan.

1.6.4 Task Summary

Activity Duration:	As defined in the timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs
Vendor Artifacts	
A8. Resolution of Vendor-owned data issues identified in this iteration A9. Updates to Data Migration Plan	
Vendor Deliverables:	
D7. Sign-off on District pre-conversion balancing D8. Delivery of full conversion	
District Deliverables	
C13. Data extractions as required to support this Task C14. Resolution of all District-owned data issues identified in this iteration C15. Iteration 3 acceptance	

TASK 1.7. Go-Live Data Migration Planning

This Task describes the data migration planning required for Iteration 4: Final Conversion. This task may be performed in conjunction with, or as part of, deployment planning.

1.7.1 Vendor Activities

Update the Data Migration Plan with Go-Live elements to include Failover and Recovery Testing elements at least one (1) month in advance of Iteration 4: Final Conversion. The plan should include all required duties by both Vendor and District resources and include step-by-step procedures with estimated durations where appropriate.

1.7.2 District Activities

1. Collaborate with Vendor in go-live migration planning.

2. Review and acceptance of updated Data Migration Plan.

1.7.3 Acceptance Criteria for Vendor Deliverables

1. Updated Data Migration Plan is delivered at least one (1) month prior to Iteration 4.

2. Data Migration Plan is updated such that Go-Live plans are achievable, reasonable, and complete.

1.7.4 Task Summary

Activity Duration:	As defined in the timeline

Activity Location:	N/A
Vendor Staff Count:	PM, 2 Conversion Leads, 2 SMEs
Vendor Artifacts	
None	
Vendor Deliverables:	
D9. Updated Data Migration Plan	
District Deliverables	
C16. Sign-off on updated Data Migration Plan	

TASK 1.8. Iteration 4: Final Conversion

This Task describes the final steps and preparations needed for Go-Live, including any final data clean-up activities and incorporation of changes in legacy data, up until the production cutover.

1.8.1 Vendor Activities

1. Download final data extraction.
2. Inventory final data extraction against agreed-to structure and sign off to indicate acceptance of pre-conversion balances.
3. Run data through data conversion program.
4. Conduct data tests/validations to support final acceptance.
5. Transfer final conversion database.
6. Provide an exceptions log.

1.8.2 District Activities

1. Perform pre-conversion balancing.
2. Provide final data conversion extraction.
3. Set legacy system in view-only mode.
4. Conduct data tests/validations to support final acceptance including balancing activities to demonstrate that the data meets the standards established in Attachment A: Data Migration Tolerances.
5. Review the exceptions log.

1.8.3 Acceptance Criteria for Vendor Deliverables

Vendor has completed the conversion of the data provided in the final data extract according to the Data Migration Plan (including the designated sign-off documents).

1.8.4 Task Summary

Activity Duration:	As defined in the project timeline
Activity Location:	N/A
Vendor Staff Count:	PM, 2 SMEs, 2 Conversion Leads
Vendor Artifacts:	
None	
Vendor Deliverables:	
D10. Sign-off on District pre-conversion balancing D11. Final conversion iteration, including new legacy data created up to the date of cutover D12. Final Exception Log	
District Deliverables	
C17. Pre-conversion balances C18. Final data for conversion as requested C19. Complete validation of data upon receipt of final conversion C20. Sign-off on final value balancing	

1.9. Track Acceptance

1.9.1 Vendor Activities

Prepare and deliver Track Acceptance form.

1.9.2 District Activities

Sign Track Acceptance form.

1.9.3 Acceptance Criteria for Vendor Deliverables

Track Acceptance form format and use is in accordance with this Statement of Work.

1.9.4 Task Summary

Vendor Deliverables:
D13. Track Acceptance form
District Deliverables
None

APPENDIX E
INTERFACES AND DATA MIGRATION SOURCES

System Name	Description	System Architecture Platform	Direction data is passed	Frequency
CareWare	Ryan White Eligibility determination, HIV+ case management	Proprietary	EHR→CareWare	Daily
Trisano/EpiTrax	SNHD disease surveillance system	Client (IE, .NET) / Server (IIS, SQL)	EHR→Trisano/EpiTrax	As needed
eHARS	HIV Reporting	Proprietary system provided by CDC	EHR→eHARS	As needed
rePortal	Reporting	Client (IE, .NET) / Server (IIS, SQL)	EHR→rePortal	As needed
CoCasa	Immunization rate reporting	Proprietary - CDC / State of NV	EHR→CoCasa	As needed
Immunizations Exemption Database	Immunizations Exemption Database	MS Access	EHR→Immunizations Exemptions Database	As needed
RedCap	FP reporting	Proprietary - State of NV	EHR→RedCap	As needed