



# COUNTY OF COLE JEFFERSON CITY, MISSOURI

REQUEST FOR PROPOSAL

## 2018-13: ELECTRONIC HEALTH RECORDS (EHR) SYSTEM

*SUBMISSIONS SHALL BE ACCEPTED UNTIL*

**FRIDAY, FEBRUARY 9 at 3:30 p.m. Central**

*AND RECEIVED AT:*

**COLE COUNTY COMMISSION  
311 EAST HIGH STREET, ROOM 200  
JEFFERSON CITY, MO 65101**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Direct Contact Name (Typed/Printed)

\_\_\_\_\_  
Corporate Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Local Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Office Telephone Number

\_\_\_\_\_  
Direct Line or Extension

I hereby certify that I am submitting the following information on behalf of the above-listed company and understand that by virtue of executing and returning with this response this REQUIRED RESPONSE FORM, I further certify full, complete and unconditional acceptance of the terms and conditions of this solicitation, all attachments and the contents of any Addendum released hereto. (Submission must be signed by an officer or employee having authority to legally bind the respondent.)

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Authorized Name (Typed/Printed)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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# COLE COUNTY COMMISSION

## PURCHASING

311 EAST HIGH STREET, ROOM 200  
JEFFERSON CITY, MISSOURI 65101

## REQUEST FOR PROPOSAL

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### 1.0 OVERVIEW

- 1.1 NOTIFICATION.** The purpose of this Request for Proposal (RFP) is to inform potential respondents of an opportunity for the provision of technical and professional services for the implementation and maintenance of an Electronic Health Records (EHR) system.

Respondents are responsible for being thoroughly familiar with all specifications and requirements of this solicitation. Failure to examine any relevant document or provision thereof will not relieve the successful respondent from any obligation. Qualified organizations are invited to prepare an offer in response to this solicitation and in doing so, certify that if awarded a contract, will make no claim against the County based upon unfamiliarity of or misunderstanding of the specifications.

- 1.2 QUESTIONS, REQUESTS FOR CLARIFICATION OR INTERPRETATION.** Respondents are advised that all questions concerning the meaning or intent of these specifications must be submitted **in writing** and received at least five (5) business days prior to the date scheduled for bid opening. All inquiries shall be directed to:

**Jennifer Prenger**  
**[jprenger@colecouny.org](mailto:jprenger@colecouny.org)**

As of the issuance date of this solicitation and continuing until the final date for acceptance of submissions, **all respondents or potential respondents are specifically directed not to discuss, hold meetings, conferences, or technical discussions with any County employee for the purpose of responding to this solicitation except as otherwise permitted by this bid document.** Respondents should not otherwise ask any County official or employee questions about the bid or related issues, either orally or by written communication. Respondents directly contacting other County employees risk elimination from further consideration.

- 1.3 ISSUANCE OF ADDENDA.** Every attempt shall be made to ensure that all written questions receive an adequate and prompt response. However, in order to maintain a fair and equitable bid process, all respondents will be advised of any questions submitted, the County's response, and any other pertinent information related to this solicitation via the issuance of addenda, which will be posted at [www.colecouny.org](http://www.colecouny.org). All issued addenda are incorporated by reference as if fully set out herein. Respondents are cautioned that the only official position of the County is that which is issued in these specifications or by addendum thereto; no other means of communication, whether written or oral, shall be construed as a formal or official response or statement.

An addendum may contain information that could affect bid responses. It shall be the responsibility of the respondent to verify whether addenda have been issued prior to submitting an offer and to incorporate that information into their response; the County assumes no liability for respondents' failure to do so. Further, failure to have requested an addendum covering any questions affecting the

interpretation of these specifications shall not relieve the awarded party from delivering the completed project, product and/or service in accordance with the intent of these specifications.

- 1.4 **BID OPENING.** Submissions will be publicly opened in the Cole County Commission Chambers at 311 East High Street, Room 200, Jefferson City, Missouri on Friday, February 9 at 3:30 p.m. Central. Respondents and the public are invited but not required to attend the formal bid opening. All documents will be made available for public inspection, but no decision relating to the award of the contract or agreement will be made at the bid opening.
- 1.5 **ADVICE OF AWARD.** Award notification letters, along with a bid tabulation summarizing responses received, will be sent via email to all parties that submitted a response upon bid award by the Cole County Commission.

## 2.0 TERMS AND CONDITIONS

- 2.1 **INCURRING COSTS.** Cole County shall not pay for any information requested herein nor be obligated or liable for any cost incurred by any respondent in submitting a response.
- 2.2 **RESERVATIONS.** The right is hereby reserved to reject any or all submissions for any reason, in part or in whole, received in response to this solicitation; to waive or not waive informalities or irregularities in any response or the bidding procedures; to request supplementary information from respondents as determined necessary to effectively evaluate responses; to cancel this solicitation, advertise for new and/or purchase off of cooperative purchasing contract(s); and to accept, request clarification or further negotiate the terms, conditions and/or methodology of any response if, in Cole County's sole judgment, the best interests of Cole County will be so served.
- 2.3 **MODIFICATION/WITHDRAWAL.** Receipt of written notice or an in-person request from a properly identified individual prior to the official date and time set for bid opening must occur in order to modify or withdraw a submission which has been delivered to the office of the Cole County Commission.
- 2.4 **VALIDITY.** Respondents agree that submissions will remain valid for consideration by the County for a minimum period of ninety (90) calendar days after the date specified for bid opening.
- 2.5 **RESPONSE MATERIAL OWNERSHIP.** All material submitted in response to this solicitation becomes the property of Cole County and may be disclosed upon proper Sunshine Law request per 610.021(12) RSMo.
- 2.6 **EXCEPTIONS.** The wording of this solicitation may not be changed or altered in any manner. Changes, additions or limiting provisions made on the invitation will render the bid informal and may cause its rejection. Taking exception to any clause in part or in whole does not necessarily disqualify a respondent; any such exception shall be clearly identified and described in full detail in the respondent's submission on a separate page clearly titled "EXCEPTIONS." Any exception will be evaluated and accepted or rejected by Cole County, whose decision shall be final and conclusive. In the absence of such declaration(s), the response shall be accepted as in strict compliance with all terms, conditions, and specifications requested and the awarded party shall be held responsible for providing the product or service accordingly.

- 2.7 **RESTRICTIVE LANGUAGE.** It shall be the responsibility of respondents to ask questions, request changes or clarification, or otherwise advise Cole County if any language, specification or requirement of this solicitation appears to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit responses to a single source. Such notification must be directed to the Purchasing Agent and received at least five (5) business days prior to the date set for bid opening.
- 2.8 **INTERPRETATION.** If a respondent has any questions which arise concerning the true meaning or intent of these bid documents, plans or any part thereof which affect the cost, quality, quantity, or character of the project or service, respondent shall request in writing that an interpretation be made and an addendum be issued which shall then be posted at [www.colecounty.org](http://www.colecounty.org). Failure to have requested an addendum covering any questions affecting the interpretations of the bid documents shall not relieve the successful respondent from delivering the product, service or completed project in accordance with the intent of the bid documents. Should any differences arise as to the meaning or intent of these specifications, Cole County's interpretation shall be final and conclusive.
- 2.9 **EQUIVALENT MATERIAL/EQUIPMENT.** Any listed manufacturer/model number(s) or a definite reference to a particular material or piece of equipment is intended to establish a minimally acceptable design, type, quality, functional capacity, and/or desired performance level. It is to be understood that any equivalent alternate which will perform adequately the duties imposed by the general design may be proposed and bid so long as sufficient details necessary to establish equivalency are included in the submission. Acceptance is subject to approval of the County which may request further information, sample(s) and/or a demonstration prior to bid award. Cole County shall be the sole judge of equivalency.
- 2.10 **LIKE OR SIMILAR PRODUCT.** Cole County reserves the right, at its sole discretion, to obtain "like or similar" product(s) and/or service(s) to that which has been specified herein when use of such product or service is deemed in the best interest of the County of Cole
- 2.11 **BID FORMS.** Bids made on anything other than the official bid form(s), if furnished by Cole County, will render the bid informal and may cause its rejection.
- 2.12 **QUALIFICATIONS OF RESPONDENTS.** Cole County may make such investigations as deemed necessary to determine the ability of any respondent to provide the product and/or service described herein. Respondent shall furnish to the County all such information and data for this purpose that the County may request. The County reserves the right to reject any submission if the evidence submitted by the respondent or investigation of such respondent fails to satisfy the County that such respondent is properly qualified to carry out the obligations of the contract and/or to complete the work contemplated herein.
- 2.13 **PRICES.** Prices must be stated in units of quantity specified and must be firm. Pricing submitted shall include all cost, of whatever nature, that is involved in achieving the good or service per the bid documents.
- 2.14 **TAX EXEMPTION.** Cole County is funded by public monies and as such has been approved by the State of Missouri for sales/use tax-exempt status. The Missouri tax identification number and certificate is available to the successful respondent upon request.
- 2.15 **ACCEPTANCE.** No equipment, supplies, materials and/or services received by Cole County pursuant to this solicitation shall be deemed accepted until the County has had reasonable opportunity to inspect. Cole County reserves the right to reject anything that does not comply with reasonable expectations based on the specifications outlined herein.

- 2.16 **DELIVERY.** The delivery date(s) or when work will start shall be stated in definite terms as they may be taken into consideration when making award. Cole County reserves the right to cancel all or any part of an order or service if delivery is not made or work not started as guaranteed.
- 2.17 **DEFAULT.** In case of default by the bidder or contractor, Cole County may procure the articles or services from other source(s) and hold the successful respondent responsible for any excess cost occasioned thereby.
- 2.18 **REGULATIONS.** In submitting a bid, the respondent warrants that it has complied with all applicable laws, rules, regulations and ordinances of the United States, Missouri or any other governmental authority or agency in providing the product(s) or service(s) specified herein. The awarded party shall bear the responsibility to apply for, pay for, and obtain any required permit, license, and/or inspection required.
- 2.19 **APPLICABLE LAW.** Any contract resulting from this solicitation is to be interpreted by the laws of Missouri. The parties agree that the proper forum for litigation arising out of the contract resulting from this solicitation is Cole County, Missouri.
- 2.20 **SHIPPING.** Deliveries shall be F.O.B. destination freight prepaid to Jefferson City, Missouri and included in pricing.
- 2.21 **AS NEEDED, IF NEEDED.** The contractor shall provide product or service on an “as needed, if needed” basis for Cole County in accordance with the provisions and requirements stated herein. Any usage quantities included in this request are based on estimated need; Cole County reserves the right to increase or decrease quantities to meet actual needs and maintain the quoted pricing.
- 2.22 **BASIS OF AWARD.** Award shall be made to the lowest responsible bidder whose offer best responds to the quality, capacity, and service requirements of Cole County, as determined by the County.
- 2.23 **SUCCESSFUL PROPOSAL AS PART OF CONTRACT.** Proposals received in response to this solicitation, at the County’s discretion, may be incorporated into the awarded contract and may serve as basic terms and conditions for the ultimate contract. Therefore, applicants are advised that, if successful, they will be held responsible for levels of services proposed at the funding levels quoted. The County reserves the right to not execute a contract following this solicitation and to negotiate modifications or revisions to any awarded contract.
- 2.24 **ASSIGNMENT.** The selected company shall not assign the Contract, subcontract it, or sublet it as a whole without the prior written consent of Cole County. Assignment, subcontracting, or subletting without such consent will in no way relieve the company of any of its obligations under this Contract unless specifically stated in writing by the County.
- 2.25 **PREFERENCE.** In making bid awards, Cole County shall give preference to all firms, corporations, or individuals that maintain office or places of business within the County of COLE when the quality of the commodity or performance promised is equal or better and the price quoted is the same or less.
- 2.26 **COLLUSION CLAUSE.** Any agreement or collusion among Respondents and prospective Respondents to illegally restrain freedom of competition by agreement to fix prices, or otherwise, will render the proposals of such Respondents void.
- 2.27 **COMPLIANCE WITH EMPLOYMENT LAWS.** In connection with the furnishing of supplies or performance of work under this Contract, the company agrees to comply with the Fair Labor

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

- 2.28 **COOPERATIVE PROCUREMENT.** Respondents may choose whether or not to participate in cooperative purchasing. Various State Agencies, City, and County Offices may or may not request an unknown quantity of goods or services under this bid during the bid period or resulting agreement period at the same prices, terms and conditions stated herein.

It is agreed and understood that each participating political subdivision will make its own separate contract with the successful respondent, that each participating political subdivision shall only be liable to the successful respondent for materials or supplies contracted for by that political subdivision without any liability for purchases contracted for by any other participating political subdivision, and each successful respondent shall be required to bill each participating political subdivision directly for those materials or supplies for which it has purchased.

In the event of any dispute between a political subdivision and a successful bidder arising after a contract of purchase has been executed, such dispute shall be handled by and between the particular political subdivision affected and the contractor.

- 2.29 **CONTRACT TERMINATION.**

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

Notwithstanding, the awarded party shall not be relieved of liability to Cole County any damages sustained by the County by virtue of any breach of the contract by the awarded party, and the County may withhold any payment to the awarded party for the purpose of mitigating its damages until such time as the exact amount of damages due the County from the awarded party is determined.

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



2.29.2 **TERMINATION FOR CONVENIENCE.** The performance of work under the contract resulting from this solicitation may be terminated by Cole County in whole or in part at such time that the Cole County Commission determines that such termination is in the best interest of Cole County. Any such termination will be affected by delivery to the awarded party of a letter of termination specifying the extent to which performance of work under the contract is terminated and the date upon which such termination is effective.

After receipt of a termination letter the awarded party will:

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

### 2.30 **INSURANCE REQUIREMENTS.**

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

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

2.30.3 **COMPREHENSIVE GENERAL LIABILITY INSURANCE.** The selected company shall take out and maintain during the life of this Contract such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this Contract, from claims for damages for personal injury including accidental death as well as from claims for property damages which may arise from operations under this Contract, whether such operations be by themselves or by any subcontractor or by anyone directly or indirectly employed by either of the

2.30.4 m. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death.

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

2.30.6 **HOLD HARMLESS AGREEMENT.** To the fullest extent not prohibited by law, the selected company shall indemnify and hold harmless the Clay County Public Health Center, its

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

### 3.0 SCOPE OF SERVICES AND RESPONDENT REQUIREMENTS

3.1 **BACKGROUND.** The Cole County Health Department is a local public health department created in 1915 to protect the health of all people in the county by implementing population based prevention programs and services. This community approach to wellness is accomplished through programs and services, which not only prevent the spread of disease but also provide wellness education to empower people to make healthier choices. Our clinical services include the following:

- Immunizations for adults and children
- Women, Infants, and Children (WIC) for supplemental food, nutrition education
- Family Planning Services, Women’s Health Services and STD Testing
- Safe Crib home visits to provide assessments, resources and referrals
- Communicable Disease Surveillance

Medicaid, Medicare, Private Insurance and Self pay are accepted.

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

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

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

3.3 **RESPONDENT REQUIREMENTS.** In order to contract with Cole County, an applicant must meet the following requirements:

3.3.1 Make available to the County its federal Tax Identification Number (TIN) or Social Security Number (SSN).

3.3.2 Maintain statistical and financial records necessary for audit review, which may be requested.

3.3.3 Be prepared to account for any discrepancy between the contracted level of service and the actual level.

- 3.3.4 Comply with all Federal, State and local rules, regulations and policies, including but not limited to:
- Standard contract language.
  - Insurance coverage to include worker's compensation, general liability, auto liability and professional liability, unless waived.
- 3.3.5 Meet the requirements for audit of its expenditures as provided in the above documents.
- 3.3.6 Identify any and all subcontracted service providers and related services and fees clearly within their response.
- 3.3.7 Must obtain prior authorization for services outside the outlined Scope of Services.

#### 4.0 EVALUATION AND AWARD

4.1 **EVALUATION PROCEDURE.** The County's sole purpose in the evaluation process is to determine from among the responses received which is best suited to meet the County's needs at the lowest possible cost. Any final analysis or weighted point score does not imply that one bidder is superior to another, but simply that in the County's judgment the contractor selected appears to offer the best overall solution for our current and anticipated needs at the lowest possible cost. A selection committee, consisting of representatives from the Cole County Health Department, Information Systems, and Purchasing, shall review the proposal submissions. After each proposal has been evaluated based on ability to meet the needs of the County, short-listing procedures will narrow the list of candidates to the two or more best-qualified vendors. The County will use references for verification of quality of service and ability to provide a dependable software solution. Each of these selected respondents may then be invited to an interview at which time each they will be given an opportunity to present their proposal, demonstrate their software and/or to answer questions from the selection committee. The selection committee may choose to visit one of the Vendor's current customers to see the software in use. **Proposals will be evaluated using the following criteria:**

- 4.1.1 **OVERALL COST.** All-inclusive of software licensing, annual support, implementation, training, etc.
- 4.1.2 **COMPANY HISTORY, STABILITY AND FINANCIAL RESOURCES.**
- 4.1.3 **REFERENCES.** Minimum of three (3) references, preferably with at least one reference with similar implementation in the state of Missouri.
- 4.1.4 **QUALITY OF SYSTEM DESIGN, HARDWARE SPECIFICATIONS, AND IMPLEMENTATION PLAN.**
- 4.1.5 **COMPANY EXPERIENCE AND EXPERTISE.**

**4.1.6 AVAILABILITY AND DEGREE OF SOFTWARE SUPPORT DURING AND AFTER INSTALLATION.**

- 4.2 **BASIS OF AWARD.** Award shall be made to the lowest responsible respondent whose offer best responds to the quality, capacity, and service requirements of Cole County, as determined by the County. The selection committee will make a recommendation to the Cole County Commission who will ultimately make the award decision. Award will not necessarily be made to the lowest priced proposal. Cole County may elect to make an award without conducting formal interviews if one respondent is determined to be the most qualified.

**5.0 SUBMISSION FORMAT**

- 5.1 **RESPONSE PREPARATION.** Proposals are to be straightforward, clear, concise and responsive to the information requested. Respondents are to provide information as requested within the proposal.

- 5.2 **SUBMISSION REQUIREMENTS.** Responses, which are to include the specification pages comprising this invitation and any related illustrative documentation and/or issued addenda, shall be submitted according to the following requirements:

- Responses must be submitted in a sealed box or envelope identified by bid number, bid title, and bid opening date/time;
- Responses must be complete and signed by an official authorized to obligate the agency or company submitting the bid;
- Response submissions must include one (1) complete original response, which shall be so marked, and two (2) exact duplicates.

It is the responsibility of each respondent to deliver its submission to the office of the Cole County Commission, 311 East High Street, Room 200, Jefferson City, Missouri on or before the date and exact time indicated for public bid opening. Fax and email submissions will not be considered. Responses will be time and date stamped; those received late or at a place other than the stated address will be determined non-responsive and will be returned unopened to the sender without exception.

- 5.3 **FORMAT.** Respondents must submit offers in a format that corresponds with the following sections. Please be advised that the initial evaluation of any response will be based upon the content of the bidder's response in accordance with the evaluation criteria listed. **Organized and succinct responses are appreciated.**

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

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

**A. Proposal Format:**

Item		INCLUDED?	
		YES	NO
1.	Cover Page – Page 1 of this document, fully executed		
2.	Cover Letter – Introduction of the company		
3.	Table of Contents – List proposal sections with page references		
3.	Summary – <ul style="list-style-type: none"> <li>a. Functional Requirements Form</li> <li>b. Technical Questions Form</li> <li>c. Technical Requirements Form</li> <li>d. Service Delivery and Methodology Form</li> <li>e. Cost Quotation and Pricing Form                             <ul style="list-style-type: none"> <li>• Describe your software licensing process and license options.</li> <li>• Include a copy of your typical license agreement.</li> <li>• <b>Provide pricing for your proposed solution in the format shown below</b></li> </ul> </li> <li>f. Vendor Qualification Form</li> <li>g. Timeframe for Implementation (vendor provided form)</li> <li>h. Anti-Collusion Statement</li> </ul>		

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

**FUNCTIONAL REQUIREMENTS FORM**

**Functional Requirements**

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

You may include diagrams, screen prints, charts, etc., as needed, to address the question.

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

**TECHNICAL QUESTIONS FORM**

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

**Technical Requirements**

1. Recommended **server** configuration – Complete the following table to specify the recommended 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	
Web browser requirement-Internet Explorer and or Chrome	

2. Recommended **workstation** configuration – Complete the following table to specify the recommended workstation configuration required to run the proposed solution.

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

3. Recommended **network** configuration – Complete the following table to specify the recommended network configuration required to run the proposed solution.

Network protocol	
Minimum bandwidth requirement	
Minimum speed	

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

Database:	
Version number:	

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

Software product:	
Version number:	



**TECHNICAL REQUIREMENTS FORM**

**Maintenance and Support**

1. Describe all of the (technical and end user/business) user groups, conferences and other support mechanisms that exist for your solution.
2. What terms are offered for the escrow of the source code?
3. Explain how your solution facilitates future changes, management of the “software patches” and version control. How does your solution support the distribution of patches and fixes?
4. What type of support services does your company offer?
5. What type of in-services (training) does the company offer to new Clients?
6. What are the operational hours of your phone support?
7. What is the annual maintenance cost and when does it begin?

**SERVICE DELIVERY & METHODOLOGY QUESTIONNAIRE**

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

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

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

**1. –Functionality**

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

Item #		Y	N	F	C	DESCRIPTION
1.1	Use the Omaha System or a comparable behavior tracking system as a basis for documentation including: <ul style="list-style-type: none"> <li>• Ability to extract data for evaluation of outcome data.</li> <li>• Customizable plans for care that uses Omaha or behavior tracking as the basis for documentation.</li> <li>• System interface terminology standard documentation is Omaha or similar type behavioral tracking.</li> </ul>					
1.2	Fully compliant with Health Insurance Portability & Accountability Act (HIPAA) regulations and 5010 requirements.					
1.3	Ability to see in patient’s record if a signed HIPAA consent/release form is on file.					

1.4	Compliant with International Statistical Classification of Diseases and Related Health Problems (ICD)-10.				
1.5	Host software datacenter that meets high availability standards. Please explain your datacenter environment, including annual and most recent monthly performance.				
1.6	The system must have a Health Level-7 (HL7) interface. Provide at least two examples and identify any related costs.				
1.7	Will interface with the Missouri ShowMeVax Immunizations Registry System.				
1.8	Capability to automatically update Vaccine Information Statements (VIS) in the background for each vaccine. Who performs the update?				
1.9	Preloaded vaccine names with descriptors and manufacturer. Ability to modify names and descriptors to differentiate VFC vaccine. Please explain any potential impact to name modification.				
1.10	Integrated vaccine schedule that allows user to determine what vaccines are recommended based on patient history.				
1.11	System generated recall/reminder for patients to come back for next vaccine series based on immunization history of last vaccine given.				
1.12	Vaccine inventory management system; briefly describe the user roles and ease of use.				
1.13	Ability to use scanning and/or other technologies for inventory tracking. Please summarize available technologies.				
1.14	Immunization codes built in to system that is based on CDC and the Advisory Committee on Immunizations Practices (ACIP) guidelines.				
1.15	Integrated ICD-10 Modifiers and NDC Codes. "Smart" searching functions that allow the user to search codes with multiple phrases/words.				
1.16	Integrated CVX/CPT codes that are routinely updated.				
1.17	Electronic fax capability.				
1.18	Built in system tutorials or a help function.				
1.19	Built in functionality for a Sliding Scale, Co-Pays/Prepays, Payment Plans, and the ability to generate statements and receipts				

1.20	Appointment scheduling capability integrated for multiple clinical sections.				
1.21	E-Prescribing and Electronic Lab Results native to system.				
1.22	Ability to print medication and health education information for patient education. Describe information source and update process.				
1.23	Auto Posting 835 Remittances.				
1.24	Integrated secure user messaging system that would allow interoffice communication as well as communication with patients, with capability for clients to respond to customer surveys.				
1.25	Capability to integrate with a kiosk style patient check in system.				
1.26	An appointment reminder system for all clinic department appointments.				
1.27	Meet National Institute of Standards and Technology (NIST) security and encryption standards.				
1.28	Services through open and accessible application programming interfaces (APIs).				
1.29	Provide Certificate of Interoperability.				
1.30	Integrated telephone appointment reminder system.				
1.31	Interactive texting functionality for appointment reminder and confirmation.				

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

## 2. – Data Capture

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

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

### 3. – Electronic Document Management/Imaging

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

### 4. – Workflow

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

### 5. – Reporting

Item #		Y	N	F	C	DESCRIPTION
5.1	Ability to design and generate ad hoc reports utilizing all data elements and save report format for future use. Identify if reports user-specific or organization specific.					
5.2	Ability to export data to Excel and/or other systems Specify process and requirement for additional software or services not included.					
5.3	Ability to generate a report on client goals and to track progress toward meeting those goals.					

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

5.4	Ability to query different types of information in the system that may be program specific or staff specific for reporting required by various state agencies and programs to include: Title X, Title IV, Maternal Child Health (MCH), Show Me Healthy Women (SMHW), Wise Woman (WW) Explain how new mandated reports are added and by whom.					
5.5	Ability to queue reports and/or run reports in the background.					
5.6	Ability to track and report activity by client or program.					
5.7	Ability to generate customizable Billing Accounts Receivable report.					
5.8	Capability to generate reports for total vaccine given, Women's Health (WH), Family Planning (FP), STD and or missed appointments within a specified timeframe.					
5.9	Reporting for Omaha System or equivalent behavior change tracking within Case Management.					
5.10	Please explain at what level the end-user has capability for reporting. For example can complex reports be generated by the end user?					
5.11	What third party business intelligence tools have been used with your system?					
5.12	Is there any impact to system performance degradation from complex reporting? If so, please list any safeguards that are in place to help prevent this.					

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

## 6. – Accounts Receivable – Claims

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

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



## 7. – Accounts Receivable – Reimbursements

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

## 8. – Security/Administration

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

Item #		Y	N	F	C	DESCRIPTION
8.11	Describe how the system is maintained for back end configuration of the system and table maintenance. Please describe distinction between system admin, and user administrator functions.					

## 9. – Implementation

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

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

## 10. – Training and Support

Item #		Y	N	F	C	DESCRIPTION
10.1	Describe how you receive and respond to requests for assistance, including: <ul style="list-style-type: none"> <li>• Who you will accept the request from</li> <li>• Initial response time</li> <li>• Follow up process</li> <li>• Call tracking</li> </ul>					
10.2	Provide an example of your written materials/manuals on general use of system and system upgrades.					
10.3	Describe how training will be provided (in-person, webinar, etc.)					
10.4	Provide detail on how ongoing training is handled for system new releases/upgrades. Do you provide a test/training database with 24hr access?					
10.5	Do you facilitate any user groups or meetings related to your system?					
10.6	Provide three references from previous clients for the system proposed.					
10.7	CCHD operates five days a week from 7:30AM up to 5:00PM Our facility could remain open during increased utilization, such as the back to school timeframe or in the event of a Public Health Emergency. We could require up to 24 hour technical support. Do you provide different package levels for support? If so, please explain.					

*(End of Attachment D)*

**COST QUOTATION & PRICING FORM****PROPOSER NAME:** \_\_\_\_\_

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

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

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

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

**2. – Training and Support Services Cost Summary**

<b>Item #</b>		<b>\$ COST &amp; DESCRIPTION</b>
2.1	Identify costs related to implementation of the system.	
2.2	Identify costs related to providing comprehensive training services for the system.	
2.3	Identify any system support/maintenance costs not including licensing/subscription costs.	
2.4	Other related costs (please specify)	

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

### 3. – Licensing and other Ongoing Costs

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

*(End of Attachment 3)*

**VENDOR QUALIFICATION FORM**

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

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

Full Legal Business Name: Address:

Contact Name & Title:

Contact Phone & Email:

Type of Business:

Corporation                       Individual

Partnership                       Other, Explain:

How many years has your business operated without interruption?

How many years has your business offered software hosting services?

Is your business full-time or part-time?

Do you maintain an office staffed during regular business hours?

Has your business been in bankruptcy, reorganization or receivership in the last five (5) years? Yes No  
If yes, explain:

Describe the services offered by your business.

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

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

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

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

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

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

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

# ANTI-COLLUSION STATEMENT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

\_\_\_\_\_ being first

duly sworn, deposes and says that he is \_\_\_\_\_  
(title of person signing)

of \_\_\_\_\_

\_\_\_\_\_  
(Name of Bidder)

that all statements made and facts set out in the proposal for the attached bid are true and correct; and that the bidder (The person, firm, association, or corporation making said bid) has not, either directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with such bid of any contract which result from its acceptance.

Affiant further certifies that bidder is not financially interested in, or financially affiliated with, any other bidder for the attached bid.

(BY) \_\_\_\_\_

(BY) \_\_\_\_\_

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

\_\_\_\_\_