

**SAMPLE**

**REQUEST FOR PROPOSALS (RFP) FOR AN  
AUTOMATED CLINICAL PRACTICE MANAGEMENT SYSTEM**

**Sample Community Health Center, Inc.**

**300 West Avenue  
Anytown, Anystate 12345**

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## **SECTION 1**

### **INTRODUCTION**

Sample Community Health Center, Inc. (SCHC), a non-profit, multi-site, community-based, primary health care delivery organization in central Anystate, is issuing this Request for Proposals (RFP) to information system vendors that can potentially address SCHC's current and future clinical practice management data processing requirements. Currently, SCHC, hereinafter also referred to as the Solicitor, operates obsolete practice management systems and wishes to upgrade these systems and their associated services.

The purpose of this solicitation is to seek a commercial practice management system that will replace or enhance the current information system used at the Solicitor's clinical and administrative sites to manage and support the delivery of efficient, cost-effective, and high quality primary health care and dental services. The Solicitor believes a robust information system infrastructure will be essential for it to successfully compete in the Medicaid Managed Care program in Anystate and to continue to perform its role as the essential primary health care provider to the medically underserved population in its community.

This RFP consists of six parts:

- This introduction with general instructions
- General background on the soliciting organization
- A statement of objectives for the solicited system
- Detailed proposal preparation instructions
- A list of the factors that will be used in evaluating vendor proposals
- Detailed functional requirements

The RFP has been structured in this manner to assist vendors in preparing proposals which are consistent in format and content, thereby facilitating meaningful comparisons across vendor proposals.

Vendor proposals must be organized according to the proposal outline in Table 1-1. This table includes an instruction column with cross-references to Section 4 of this RFP. Section 4 provides specific instructions on the information that should be included under each topic in the proposal outline. Vendors are encouraged to include technical materials (e.g., product data sheets, equipment specification summaries, equipment configuration diagrams) that support their technical approach.

**Table 1-1. Vendor Proposal Table of Contents**

<b>Proposal Section</b>	<b>Proposal Section Title</b>	<b>RFP Instruction Location</b>	<b>Associated Checklist Number</b>
1	Introduction	4.1	
2	Technical Approach	4.2	
2.1	Functional Requirements	4.2.1	
2.1.1	Patient Scheduling	4.2.1.1	Checklist 1
2.1.2	Patient Registration	4.2.1.2	Checklist 2
2.1.3	Medical Records	4.2.1.3	Checklist 3
2.1.4	Dental Records	4.2.1.4	Checklist 3
2.1.5	Patient Case Management	4.2.1.5	Checklist 4
2.1.6	Patient Billing	4.2.1.6	Checklist 5
2.1.7	Billing Forms and Reports	4.2.1.7	Checklist 5
2.1.8	Third-Party Billing	4.2.1.8	Checklist 5 and 6
2.1.9	FQHC Program Capabilities	4.2.1.9	Checklist 5 and 6
2.1.10	Managed Care	4.2.1.10	Checklist 9
2.1.11	Laboratory Interface	4.2.1.11	Checklist 3
2.1.12	Pharmacy Management	4.2.1.12	Checklist 3
2.1.13	BPHC UDS Reports	4.2.1.13	Checklist 7
2.1.14	Data Inquiry and Report Generation	4.2.1.14	Checklist 7
2.2	Technical Requirements	4.2.2	
2.2.1	Software	4.2.2.1	
2.2.2	Hardware	4.2.2.2	
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Vendor proposals must include a completed copy of the functional requirements checklists contained in Appendix A. These checklists detail the Solicitor's needs in selected areas. Functions considered of primary importance to the Solicitor have an X in the MIN column, indicating a minimum requirement. Features considered desirable but not mandatory have an X in the OPT (Optional) column. The vendor should review each of these requirements against their proposed system. Where the function is provided, the vendor should indicate that capability by an X in the Yes column together with the name of the proposed software module that provides the capability under the Module column. If the proposed product does not currently satisfy the requirement but will in a future version, enter the version name or number and the date it will be available in the Future Vn column (e.g., Vn6/July 2000). If the product does not satisfy the requirement but the vendor is aware of any third-party product that does satisfy the requirement and can be interfaced with the vendor's product, enter the third-party product name(s) in the Third Party column.

If the vendor wishes to make a site visit to the Solicitor to more thoroughly respond to the RFP, arrangements for a site visit must be coordinated through:

John A. Doe  
Vice President of Finance/MIS  
(123) 456-7890 Ext. 222

The vendor should be able to demonstrate that the proposed system has sufficient performance capacity to accommodate current patient data loading and system users as well as the potential for at least 200 percent future growth in disk space capacity and 50 percent growth in user workstations and concurrent jobs while maintaining an acceptable workstation response time of less than 3 seconds. At a minimum, the Solicitor expects a seven-year economic life span for the system bid.

This RFP is a solicitation for bids only and is not to be construed as the making of an offer to contract. The Solicitor shall have no liability or obligation to any vendor unless and until the Solicitor shall have individually or jointly entered into an agreement in writing with such vendor. No vendor shall have any claim against the Solicitor based on this RFP or any of the information provided by the Solicitor in response thereto.

This RFP shall not constitute a representation or promise restricting the right of the Solicitor, at any time and without notice to vendors:

- To modify or delete the specific objectives described in Section 3 of this RFP or to include additional specific objectives

- To modify or delete the proposal requirements set forth in Section 4 of this RFP or to include additional proposal or functional requirements
- To delete the evaluation factors set forth in Section 5 of this RFP, to include additional evaluation factors or to modify the relative weight to be given to any of the evaluation factors
- To respond to vendor inquiries without providing such responses to other vendors
- To reject all vendor proposals submitted in response to this RFP and to negotiate a contract with any vendors submitting proposals
- To engage in discussions with vendors, whether before or after vendor proposals are submitted
- To extend or move forward the deadline for submission of proposals in response to this RFP

## SECTION 2

### BACKGROUND

Operating as a Federally Qualified Health Center (FQHC) that receives federal, state, and local grant funds, the Solicitor is a multi-site organization that provides a full range of medical, dental, optometry, and social services to the resident community population as well as to migrant and seasonal agricultural workers in central Anystate. In addition to its main Anytown administrative and clinical center, the Solicitor operates a satellite primary care clinic in the town of Site 1 (20 miles from Anytown) and Women, Infant, Children (WIC) program sites in Anytown and Site 1. The Solicitor's 19 primary care providers, including doctors, nurse practitioners/physician assistants, opticians, dentists, and dental hygienists, serve over 10,000 multi-lingual, multi-cultural, low income, and medically indigent patients annually. These patients generate over 60,000 medical and dental clinic visits each year.

Revenue sources include Medicaid (37 percent), health maintenance organization contracts (26 percent), patient fees (21 percent), commercial insurance (10 percent), and Medicare/FQHC (6 percent). Achieving a more functional and cost effective information systems infrastructure and clinical practice management system is part of the Solicitor's efforts to actively prepare itself to participate in Anystate's Medicaid Managed Care program.

Currently, the Solicitor operates the obsolete ABCD practice management system software, originally installed by Anyvendor. In its Anytown site, the Solicitor operates the ABCD software on a Compaq Proliant 1600 server running under Santa Cruz Operations UNIX OpenServer 5.0.4 hosting 16 Wyse terminals, 5 personal computers running terminal emulation, and 6 Okidata dot matrix printers. The Solicitor cabled both its Anytown and Site1 facilities with Category 5 local area network (LAN) cable connecting all devices. In addition to the UNIX server, the Solicitor operates a Windows 95 peer-to-peer LAN supporting office automation (Microsoft Office 97) in its Anytown site. The Solicitor has recently installed the MAS90 version 3.21 accounting system on the UNIX server in the Anytown administrative/clinical site. In its Site 1 site, the Solicitor operates a second, stand-alone SCO UNIX server supporting 8 Wyse terminals and 2 Okidata dot matrix printers, again with all devices connected using Category 5 cabling. In its WIC program sites, the Solicitor has stand-alone personal computers dedicated to the Anystate-supplied WIC applications. The Solicitor's sites are not connected via telecommunications lines.

Because the U.S. Public Health Service has designated the Solicitor's service areas as medically underserved, the Solicitor receives funds through Section 330e (Community Health) of the Public Health Service Act. The Solicitor also receives funds through the Migrant Health

Program (Section 330g). These programs require the Solicitor to bill eligible patients on a sliding fee scale based on family size and income. In addition, these programs require the Solicitor to prepare and submit the Bureau of Primary Health Care's (BPHC) Uniform Data System (UDS) reports on a semiannual basis describing its patient population, delivered health care services, and financial statistics.

## SECTION 3

### STATEMENT OF OBJECTIVES

The specific objectives for the enhanced information system include:

- Improve the accuracy, speed, flexibility, and convenience of: patient scheduling and recall; patient registration; on-site and off-site clinical, inpatient, and dental encounter reporting; patient account management and billing; third-party billing (Medicaid, Medicare, private insurance); and insurance claims processing/management
- Achieve an integrated information system providing improved system performance, data capacity, and potential for significant future growth in the number of system users, sites supported, programs managed, and patient accounts
- Achieve more flexible, user-friendly, and efficient periodic and ad hoc reporting capabilities providing access to and analysis of all patient and management data
- Achieve the ability to electronically process claims and receive electronic remittance from the Medicaid or Medicare programs, selected private insurance carriers, and managed care organizations
- Achieve accurate open item billing and account management
- Achieve information system capabilities that support the management of all patient and business facets of both capitated and fee-for-service managed care contracts
- Improve the management reporting capabilities of the information system including the ability to produce the BPHC UDS reports
- Achieve an appropriate level of medical and dental health record automation necessary to support evaluation of quality of care, the management and review of service utilization, measurement of clinical outcomes, patient registries, case management, expedited reporting of laboratory results, and medical records tracking
- Minimize the life cycle cost of the information system
- Achieve internet access and electronic mail capabilities facilitating intra- and inter-organization communications and information access

## **SECTION 4**

### **VENDOR PROPOSAL REQUIREMENTS**

This section provides specific instructions on the information that should be included in vendor proposals. Proposals must follow the specified table of contents presented earlier in Table 1-1.

#### **4.1 INTRODUCTION**

In the introduction to the proposal, the vendor may provide a brief statement highlighting the key benefits of its products and services for satisfying the Solicitor's needs in a practice management system.

#### **4.2 TECHNICAL APPROACH**

In this section of the proposal, the vendor should explain how its system satisfies the Solicitor's requirements. It is acceptable to append to the sections any product data sheets or other literature that describes the proposed equipment or software.

##### **4.2.1 Functional Requirements**

This section outlines the Solicitor's functional requirements in these areas:

- Patient scheduling
- Patient registration
- Medical records
- Dental records
- Patient case management
- Patient billing
- Billing forms and reports
- Third-party billing
- FQHC program capabilities
- Managed care
- Laboratory interface
- Pharmacy management
- BPHC UDS reports
- Data inquiry and report generation

#### **4.2.1.1 Patient Scheduling**

The Solicitor requires the capability to manage waiting lists as well as schedule patients for initial and follow-up visits. This scheduling capability must include the flexibility to change patient and provider schedules and to allow for varying lengths of time for different types of appointments. A designated scheduling supervisor must be able to create, change, and delete types of appointments. The scheduling system should be capable of displaying all providers appropriate to a particular type of visit or a panel of providers that have schedule slots open or blocked out as unavailable in a user-specified timeframe. It must provide for the schedules of multiple medical and dental clinicians in multiple locations and be able to print appointment, patient demographic, and account status information on clinic encounter forms, route slips, or “superbills.”

It must accommodate periodic recalls and be able to produce weekly and monthly reports showing patients scheduled. It must also be able to produce user-defined labels for special or infrequently used forms as well as referrals for diagnostic testing, x-rays, nuclear medicine, and outside sources. To facilitate patient follow-up, the system should maintain useful contact information for patients who miss scheduled clinic/dental visits, cancel their appointments, or have their appointments cancelled by clinic/dental staff. It must track patients that habitually miss, cancel, or change their scheduled appointments.

The module must be able to generate address labels and merge patient information into word processing documents to produce standardized patient follow-up and appointment reminder letters for patients selected by appointment status, provider, date range, or individual. In addition, the appointment screen must accommodate notes that can be printed for the health/dental provider’s benefit describing the patient’s problem and any advice or other pertinent information obtained from (e.g., Spanish language interpreter needed) or given to the patient when making the appointment. All scheduling information must be retrievable and reportable based on a series of user-entered search/selection criteria.

The scheduling system must produce a patient chart pull list that can be used by the medical records department in pulling charts for the next day visits. The system must also provide the capability for unit staff to send “on demand” requests to the medical records department to pull a patient’s chart using either an “urgent” electronic mail message or a “chart pull” request that prints in the medical records department. Checklist 1 in Appendix A provides more detailed functional requirements for appointment scheduling.

#### **4.2.1.2 Patient Registration**

The proposed system must provide an efficient method for collecting and retrieving patient demographic, financial, insurance eligibility, and patient clinical data. The proposed system must give special consideration to identifying responsible parties, insurance coverage, and managed care plan eligibility/enrollment. In addition to the ability to retrieve patient information by a patient identification number, the system must provide the capability to uniquely identify patients using a combination of demographic information (e.g., date of birth, maiden name, social security number, head of household or other responsible party name, a unique clinic identification number or code) together with the patient's name. The system must also provide the capacity to retrieve patient registration information using the patient's Medicaid or Medicare numbers, accommodate a maternal surname (e.g., Hispanic patients), and warn the user of potential duplicate registration records for patients with matching identifiers (e.g., name, birthdate, social security number).

The patient registration module must provide the capability for patients to be associated with family units and, preferably, to be registered as family units to reduce the need for entering redundant family information. The registration module should also accommodate transferring responsibility for individual members of a family unit to a new guarantor/responsible party to support a legal divorce, court custody directives, guarantor death, and other circumstances without requiring complete re-registration. This transfer of responsibility must also allow transfer of fiscal responsibility for past or future bills.

The patient registration module must allow the user to change address and other demographic information relevant to a family unit and have this information automatically updated for all or user-selected members of the family in both the registration and billing modules of the system. Conversely, the registration module must also allow the guarantor and head of household associated with a family to have an address that differs from individual family members associated with him or her or from all members of the associated family. Changes to the guarantor must be reflected not only in the registration data but also in billing and accounts receivable data (e.g., death of a guarantor or court-ordered assignment of fiscal responsibility for selected members of a family).

The registration system must accommodate multiple sources of payment for a given patient (e.g., Medicare, Medicaid, private insurance, self-pay, managed care plan membership, other categories) without requiring the patient to be assigned multiple accounts. The screen used to retrieve and display registered patients must display all sources of payment for which patients are eligible or have outstanding bills and third-party claims. The registration screen should include a billing status indicator or code that indicates the financial category to which the patient and guarantor belong as well as the status of the patient/guarantor's account.

The patient registration module must identify the patient's primary provider and case manager. It must also indicate the patient's request for confidentiality and provide security safeguards to restrict access to the patient's information if such confidentiality is requested or required. The module must provide one or more free text fields for comments regarding the patient's insurance coverage, payment history, or other information important for administrative or clinical staff to know in serving the patient. Checklist 2 in Appendix A provides detailed functional specifications for this module. Efficiency, simplicity, and user friendliness are critical aspects in this area.

#### **4.2.1.3 Medical Records**

Because of quality assurance issues in managed care, the Solicitor will need to automate selective portions of the patient medical record and track the location and disposition of patients' paper charts. The system must provide a capability for the medical records department to record:

- Patient charts that are pulled
- When these charts were requested
- Who made the request
- The date and time the chart was released
- To whom the chart was released

The system must keep a count of the requests by day, week, and month and report the status of patient charts so that charts not returned to the medical records department may be quickly located.

The Solicitor is also interested in automating selective portions of the patient medical record to support improved quality of care, utilization review, resource allocation, clinical measures, and research. Explain the capabilities that the proposed system offers in managing the following categories of patient health care information:

- Patient demographics
- Medical history and profile including
  - Patient medical profile
  - Family history
  - Hospitalizations
  - Surgeries
  - Immunizations

- Problem list (medical, dental, other)
- Subjective-Objective-Assessment-Plan (SOAP) notes
- Medications
- Allergies
- Laboratory test results
- Radiology results
- Drug interactions
- Prescription writing
- Patient instructions (in Spanish and English)
- Health maintenance (e.g., suggested therapies and testing based on a comparison of patient history with standardized treatment protocols)
- Integration with word processing systems for letter generation
- Transcription support
- Case management

The proposed system should allow clinical users to define personalized formats for presentation of the captured medical record information. Describe the capabilities that the medical records system provides for exporting data to PC-based database management and spreadsheet packages. Explain the report and letter writing capabilities that are included in the medical records module. Describe the degree to which the medical records module supports voice recognition, optical scanners, pen tablets, bar code readers, or other technologies designed to support the efficient and accurate capture of clinical information. Identify three client sites that use the proposed medical records module by organization name, address, telephone number, and contact person. Checklist 3 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.4 Dental Records**

The Solicitor is interested in automating selected portions of patients' dental records to support quality assurance, utilization review, resource allocation, clinical measures, and research. Describe the capabilities the system offers in managing dental care:

- Patient demographics
- Health history
- Medications
- Allergies
- Dental diagnostic information including
  - Clinical oral examinations
  - Radiographic findings

- Preventive services
- Restorative procedures
- Endodontic treatments, therapies, and procedures
- Periodontic procedures
- Prosthodontic procedures
- Oral surgery
- Progress notes
- Patient instructions (in English and Spanish)

Explain how the proposed system handles dental scheduling for multiple visit procedures and recalls. Explain whether dental scheduling is handled in the dental module or the scheduling module, and if the proposed system allows dentists to personalize the format of the dental record information display or reports. Describe the capabilities of the dental records module in exporting data to PC-based data base management and spreadsheet packages. Describe the report writing and data analysis capabilities included in the dental records module. Checklist 3 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.5 Patient Case Management**

The Solicitor’s clinicians, outreach workers, case managers, and other staff need an automated system that supports monitoring and tracking patient care activities and following patients that require further care. In addition to the scheduling features listed previously, the system must provide patient case management assistance, such as missed referral reports, canceled appointments, missed appointments, support for multiple registries (e.g., diabetes, hypertension, depression, asthma, HIV-AIDS), immunization notices, and immunization compliance reports. This may be accomplished through medical and dental records modules in the system or via a separate case management component. The system must provide measures that support quality assurance auditing against the Solicitor’s established protocols for health care delivery.

The system must track nursing encounters and categorize these encounters by nursing diagnosis, patient age, sex, race, initial versus follow-up visit, and user-defined type of visit. For the tuberculosis (TB) control program, the Solicitor needs to track patients by age, sex, race, purified protein derivative (PPD) test result, education encounters, referral into HIV counseling, follow-up and outreach activities, follow-up on TB medications, and referrals and orders for x-ray, laboratory, and other medical services. For family care coordination, the system must track perinatal information from the initial encounter with the expectant mother, the expected date of delivery, the date and place of referrals for obstetrical care, pertinent laboratory values, and the status of the mother and infant post partum. For patients at risk for HIV, the Solicitor needs to track patients by

sex, age, race, services provided onsite versus offsite, risk category, health education class attendance, laboratory test results, and materials provided under the program. Under its women's health program, the Solicitor needs to track mammograms ordered, the number of patients referred to outside providers, referral destination, whether the patient missed their appointment, any follow-up activities planned or needed, receipt status of test results, status of referral reports, and referral and follow-up activities associated with abnormal PAP smears.

The system must also provide the capability for clinic staff to record user-defined information on patients (e.g., language requirements, ethnic origin, medication allergies, hazardous materials exposure) and to retrieve patient information using these user-defined data fields. The proposed system should provide the capability for the user to supplement the patient registration and encounter information by creating supplemental data files. These supplemental data files should be linked to the patient's registration record and contain user-defined data fields that can be used in retrieving and reporting patient information. The case management system should support development and tracking of treatment plans for medical programs. Checklist 4 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.6 Patient Billing**

The Solicitor requires an open item patient billing system that provides convenient management of patient and third-party bills. It must track and report patient bills in a manner that helps patients and guarantors easily understand the status of their accounts. The billing system must support multiple encounters per day, both real-time and batch entry of patient visit services and charges, and be able to maintain either individual patient accounts or consolidated family accounts. It must also be able to properly handle the billing specifications of the Solicitor's various programs including minimum fees, sliding fee scales, FQHC billing, billing in various units of measure (e.g., 15 minute intervals), billing for hospital inpatient services (e.g., admission date to discharge date), and health plan deductibles and co-payments.

For example, the Solicitor bills patients on a sliding fee scale based on family size, annual income, and other factors. The billing system must be capable of automatically calculating adjustments to a patient's bills in view of the patient's sliding fee category. It must allow for multiple fee schedules and sliding fee schedules on a program basis, allow multiple payers for a given encounter, and be able to apply different schedules and sliding fees to individual types of services and procedures in an encounter. Payer responsibilities and receipts must be tracked at the encounter procedure level.

The billing system must be capable of producing both demand and third-party bills for medical and dental services. The system must produce bills and receipts for payment “on demand” so that patients may make payment on their accounts before leaving the clinic premises and be provided a receipt that shows their outstanding account balance, if any. The system must provide patient superbills in user-defined formats as well as the Health Care Financing Administration’s (HCFA) 1500 and the standard American Dental Association (ADA) format that is suitable for the patient to submit to a private insurer. The system must read the patient’s financial class from their registration record and show an exact amount of payment due, not just a percentage.

The system must support billing mailers that allow the patient to reuse billing envelopes to mail their payment. A confidentiality feature must be included in the billing system that avoids sending bills for patients requiring confidential account processing. Conversely, the system must track the payment history of patients, generate appropriate dunning letters, and age accounts so that delinquent payers can be addressed appropriately.

The billing system must support payment plans for patients making scheduled payments on accounts. It must handle contracts for special items (e.g., dental prostheses) and track patient and third party payments against these contracts.

The system must provide a patient account statement that summarizes the patient’s account status. This statement must show, at a minimum:

- Patient receiving the service
- Patient guarantor and guarantor’s address
- Date of service
- Services provided
- Diagnosis(es) associated with the services (simple English versus International Classification of Diseases - Version 9 [ICD-9] code)
- Provider that rendered services
- Department, program, and cost center identification
- Fee for the service
- Discounts or adjustments (including explanation) associated with the service
- Payments
- Source of the payment

- Outstanding balance
- Days past due on account (e.g., 30 days, 60 days, 90 days)

The system must be able to produce this report organized chronologically as well as by payment source so that it is clear what services were billed to third-party payers or to the patient, what payments and adjustments were made by third-party payers, and what, if any, outstanding third-party charges were transferred to other insurance carriers or to the patient. The system must provide a convenient means for the Solicitor's personnel to modify the format of this patient account statement. Checklist 5 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.7 Billing Forms and Reports**

The Solicitor is seeking a flexible reporting capability in the new system. Describe the capability of the software to support allowing the user to change the format of billing forms or reports (e.g., move the position on the form where a particular field of information is printed or have additional information from the patient registration or encounter database print on a form) without vendor intervention or special programming. Describe the user's ability to create a new insurance form or report without vendor intervention or special programming. Provide a list of the insurance forms included in the proposed system, including, specifically, a list of any Anystate insurance-carrier forms and electronic claims supported, and the cost for establishing new forms if vendor staff must do this.

#### **4.2.1.8 Third-Party Billing**

The billing system must support the latest revision to the HCFA-1500 health insurance claim form and the latest revision to the Universal Billing form UB-92 by printing the appropriate patient demographic, encounter information, and codes in the designated blocks on the forms. In addition to Medicaid and Medicare, the Solicitor currently bills nearly 20 different insurance carriers including several health maintenance organizations. The new system must provide the capabilities for the Solicitor to submit their Medicaid and Medicare claims electronically and to accept electronic remittances from third-party payers. It must also include the Products of Ambulatory Care (PACS) grouper currently used by Anystate's Medicaid program.

The system must also include edit and error checks for electronic claims to identify potential problems with these claims before they are submitted. The billing system must maintain the filing sequence for insurance coverage and process and manage cascade billings between third party payers. There are currently two sites submitting electronic claims in Anytown. All sites should be able to submit electronic claims with the new system.

Because checks from the Medicaid and Medicare program often cover multiple patient charges, the system must allow these payments to be batch posted. This batch posting requires the payer, check date, and check number to be entered only once and payments applied to multiple patient accounts until the total check amount is disbursed. The system will verify that payments disbursed to patient accounts reconcile to the total check amount. For user-specified insurance plans, the system must provide the capability to automatically write-off any balance after the plan has remitted the claim. The system must identify and track patient deductibles and co-payments for health maintenance organization and managed care plans.

Because the Solicitor services patients whose eligibility for third-party reimbursement for health care service changes over time, the system must provide a means to track insurance program qualifications for patients as well as a convenient mechanism to move charges between programs. For example, Solicitor's patients sometimes bring certification of eligibility for Medicaid during a second visit to the clinic. This eligibility may also apply to the previous visit when charges were not marked as eligible for Medicaid billing. Solicitor's patients also lose and subsequently regain qualification for Medicaid coverage during their course of care at the clinic. The system must assist the clinic billing staff in tracking this eligibility and making necessary payment source adjustments to manage the clinic's receivables effectively. In addition, the system must permit the billing staff to print a corrected or duplicate insurance claim form when the clinic receives remittance advice from a third-party payer requiring resubmission of a claim.

The system must be able to track transfers of third party charges and encounters so that they are properly and accurately reflected in the UDS reports. Checklist 5 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.9 FQHC Program Capabilities**

The Solicitor is a Federally Qualified Health Center. The proposed system must support:

- The charge and contractual adjustments calculations
- Patient Medicare co-payment calculation with sliding fee scale adjustment
- Medicare/Medicaid crossover claim processing
- Reporting requirements of the FQHC program in Anystate

The system must be able to aggregate FQHC charges for Medicaid and Medicare using the appropriate all-inclusive FQHC summary encounter procedure codes or fee-for-service codes depending on the types of services provided. The system must bill using the appropriate HCFA-

1500 and UB-92 formats. Note, the Solicitor must be able to accumulate detail charges for each encounter and have the ability to post payments against multiple detail charges. Co-payments for Medicare must be calculated against charges incurred and not the FQHC all-inclusive cost rate. Patients eligible for sliding fee scale adjustments must have these adjustments applied to any Medicare co-payments. The system must make the appropriate notations in the corresponding blocks on the UB-92 and HCFA-1500 claims, whether submitted hardcopy or electronically.

The proposal must clearly indicate what features the system provides for handling FQHC billing and reporting. If the proposed system currently does not provide FQHC program support, describe when this support will be available and at what price.

#### **4.2.1.10 Managed Care**

The Solicitor is currently engaged in managed care contracts that may place them at risk for the provision of health care services and other provider organization services (inpatient, specialty physician, other ancillary services) through subcontracts. Describe capabilities the vendor system provides in the following managed care functional areas:

- Enrollment, eligibility verification, and registration of patients in managed care plans
- Management of capitation and managed care contracts
- Management of service utilization (authorization, inpatient admissions, outpatient referrals)
- Quality assurance and provider credentialing
- Assignment and management of primary care provider panels
- Management of billing and accounts receivable (claims processing, coordination of benefits, co-payments, eligibility for services)
- Marketing of services and patient satisfaction
- Financial analyses supporting cost/risk management and contract negotiation

Provide samples of the reports available in the managed care module. The managed care module should provide performance measures reports that assist the clinic in productivity and other management analyses. The system should provide Relative Value Unit (RVU) analyses and reports. List at least three installations that are currently using your managed care module. Provide the name of these organizations, their address, a contact person's name and telephone number. Checklist 9 in Appendix A provides detailed functional specifications for this module.

#### **4.2.1.11 Laboratory Interface**

Currently, the Solicitor has contracts with DX Laboratories for offsite diagnostic laboratory support. The Solicitor receives test results from DX via inhouse printers. In the future, the Solicitor wants the option for its enhanced patient data management system to be able to communicate laboratory test results to clinicians via the patient's record on the computer as soon as results are available.

Additionally, the patient data management system should track the ordering of laboratory tests (including clinician utilization patterns), submission of specimens, count tests performed by individual test type, and the receipt of test results to support the management of offsite reference laboratory transactions. Describe the capability to generate labels for the specimens sent to the reference laboratory with the minimum amount of information required for reporting and billing. Explain the available laboratory equipment interface, order tracking, and/or test results reporting capabilities. Identify three client sites that use the optional laboratory interface by organization name, city, telephone number, and contact person. Checklist 3 in Appendix A provides functional specifications for this module.

#### **4.2.1.12 Pharmacy Management**

Currently, the Solicitor operates an inhouse pharmacy that uses the RX pharmacy management package on stand-alone microcomputers. Explain whether the proposed software system offers a pharmacy management component as an option or provides an interface to the RX package. If your system includes a pharmacy management module, explain its drug interaction warning, patient instruction, prescription writing, pharmaceutical inventory and formulary management features. Also, describe the module's capability to produce patient instructions in English and Spanish.

Explain how the pharmacy management module interfaces with the patient registration and billing functions so that patient registration and account information is available to the pharmacy system and data does not need to be re-keyed into the billing system. Identify two client sites that use your proposed pharmacy management package by organization name, address, telephone number, and contact person.

#### **4.2.1.13 BPHC UDS Reports**

The Solicitor requires a system that accurately accumulates and produces the patient utilization statistics specified by the BPHC in the UDS. Patient encounters that are transferred between categories on the UDS reports must be accurately tracked (e.g., if an encounter is closed with the

patient in one category and the patient or encounter is subsequently transferred to another category, the UDS reports must accurately reflect the transfer).

In addition to these reports, the system should provide a report summarizing the ratios of UDS data used by BPHC to measure health center performance (e.g., provider productivity, clinical performance measures). The proposal must clearly indicate what features are included in the UDS reporting module and provide an example of the UDS reports produced by the proposed system. If the proposed system does not include a UDS reporting module, the proposal must describe how the system will provide the necessary statistics as specified by the BPHC and include an estimate of the costs associated with developing additional capabilities in the system to produce these reports. Checklist 7 in Appendix A provides functional specifications for this module.

#### **4.2.1.14 Data Inquiry and Report Generation**

The Solicitor requires a system that allows staff to retrieve and display or print patient demographic, patient account, and selected clinical information in a timely manner. The new or enhanced system must provide a report generation capability that allows the Solicitor's staff to specify search criteria, sort criteria, and report contents. The system must process the request without significantly degrading the performance of the system for other users. The system's performance is considered to be significantly degraded when a request for display of a registered patient's registration information requires more than 5 seconds to retrieve and display after the patient's registration/identification number is entered at the keyboard. The reporting system must allow Solicitor staff significant flexibility and capability in querying the patient and clinical database (e.g., site-specific reports, retrieving data in user-specified diagnosis and patient gender/age categories) and in designing one-time and periodic reports.

As an alternative to a report generator, the Solicitor will consider a reporting subsystem that mirrors or provides a copy of the active patient account and clinical data hosted on a separate disk drive or disk partition that can be analyzed using a separate reporting processor. The Solicitor will also consider an approach that allows a user-specified export of a subset of the patient account management system data to a relational data base management system hosted on a microcomputer or an administrative LAN server. Using these or similar approaches, the Solicitor believes the data processing load associated with management and analysis reporting can be removed from the "production" patient account management system and the speed of data analysis and reporting significantly enhanced.

The proposal must indicate the options that the proposed system offers the user in specifying search criteria on a given data field or in combination with other data fields (e.g., equivalent value in

a data field, range of values in a data field, Boolean operators such as AND, OR, NOT, value contained in data field, etc.). The system should allow the user to define reports and save these report formats for reuse. The report generator supports using groups and subgroups in reports with subtotals and other calculations on numeric data fields (e.g., averages, percentages, subtotal) at each group/subgroup level. The report generator allows access to all patient data, including registration, scheduling, billing, and medical/dental records information, for inquiry and reporting.

The patient management system should allow the user to export data into a comma-delimited American Standard Code for Information Interchange (ASCII) file format or in Lotus 1-2-3 or Microsoft Excel spreadsheet format. The user should be able to query and report data in the proposed system using an Open Data Base Connectivity (ODBC) compliant database management system (e.g., Microsoft Access). The system should allow the user to create indices that could be used to speed production of reports for selected subsets of the patient populations. Checklist 7 in Appendix A provides functional specifications for this module.

Appendix B of this document includes copies of the reports that the Solicitor must produce on a periodic basis for various state agencies and other regulatory agencies. The appendix also includes samples of various forms currently used by the Solicitor in collecting and recording patient registration, encounter, and case management information. These forms and reports are provided as a reference for the vendor to verify that their system can produce the required reports or at least collect the data necessary to support these reports.

## **4.2.2 Technical Requirements**

This section outlines the Solicitor's technical requirements in these areas:

- Software
- Hardware
- Year 2000 compliance
- Network integration
- Patient data conversion
- System management
- User help and tutorials

### **4.2.2.1 Software**

The proposal must provide a list of the software modules, with associated version/release numbers, proposed to satisfy the functional requirements described in Section 4.2.1. This list must

include utility or operating system software required. If the proposing vendor company is not the author of the software, the proposal must provide the full name of the manufacturing software vendor and the commercial name of the package. The proposal must list the bid price for each software package proposed.

The vendor's software offerings should be available on an industry-standard operating system; Microsoft Windows NT is preferred but Santa Cruz Operations UNIX or Novell NetWare will be considered. Currently, the Solicitor operates Ethernet networks hosting both Microsoft Windows NT and UNIX operating systems supporting administrative, financial, and practice management software systems. Selected administrative and financial workstations in the organization will need access to the data from the patient data processing system to support statistical analyses and generate management reports.

In addition to the software required to satisfy the functional requirements, the proposal should provide a list of and bid price for any supplemental software that the vendor recommends for the Solicitor to consider to more fully satisfy their patient data processing needs. Currently, the Solicitor considers the laboratory interface, pharmacy management, and network integration software modules as options under this solicitation.

#### **4.2.2.2 Hardware**

Because the design of the vendor system determines associated equipment requirements, the Solicitor is requesting bids for critical system components. The vendor shall determine the sizing for the processor, main memory, disk storage, and subsystems based on the vendor's knowledge of the bid system and the equipment requirements and patient account information provided below.

To accommodate current sites, the Solicitor anticipates the need for one or more servers with sufficient memory and disk space to service at least 40 workstations and nearly 16 printers. The Solicitor's satellite clinic sites can be reached via a local telephone line from the central administrative office. The proposed systems must be sized to allow at least 50 percent growth in peripheral device capacity and 200 percent growth in data storage. Data storage space on the systems must be sized sufficiently to retain two years of patient data on-line (over 60,000 medical, dental, and other health encounters annually). Voltage surge protection is required for all equipment. Further, the vendor must guarantee that the configuration will meet the functional needs of the Solicitor for the first two years of operation. Should these components prove to be undersized, the vendor shall furnish a functionally adequate upgrade without fee.

Table 4-1 lists the anticipated equipment needs of the Solicitor's existing clinical sites and the equipment currently located at each site. The vendor is encouraged to reuse existing equipment where possible to satisfy equipment needs. The proposal must provide a list and/or diagram of the computer and peripheral equipment recommended by the vendor for each clinical site, including costs associated with each individual item.

The proposal should include a list and bid price for any supplemental hardware recommended by the vendor in addition to the hardware needed to satisfy the requirements specified above.

#### **4.2.2.3 Year 2000 Compliance**

The vendor must certify, in a separate written statement included in its proposal, that all proposed software and hardware is Year 2000 compliant. The vendor must indicate in this Year 2000 compliance certification any qualifications or limitations relevant to operating system versions, applications software versions, equipment requirements, and/or other items that would qualify or limit the Year 2000 certification.

#### **4.2.2.4 Network Integration**

The Solicitor has alliances with local hospitals in which the Solicitor's physicians have admitting privileges. The Solicitor would like the ability to communicate and integrate patient information with these and other health care institutions. Explain the system electronic data interchange capabilities and in what capacity these have been used. Provide examples of where your proposed system has either been used in a multiple provider network along with other systems or where your system has provided the foundation for a provider network.

#### **4.2.2.5 Patient Data Conversion**

Currently, the Solicitor has over 10,000 registered patients on file in its respective registration databases of its legacy practice management software systems. Because this information represents a significant investment and provides the basis for managing patient accounts, the Solicitor expects to preserve as much of their current patient demographic and account information as possible in any new or enhanced system. The proposal must explain

**Table 4-1. Estimated SCHC Patient Management System Equipment Requirements**

<b>Central Administrative Office (Anytown, Anystate)</b>	
<b>Total estimated equipment requirements for site:</b>	
1	Central processing unit or multiple network, application, and database servers with vendor-determined memory, hard disk, and peripheral port capacities
1	Hard disk data backup device
30	Workstations (personal computers)
2	Color printers (wide-carriage)
5	Black-and-white printers (narrow-carriage)
1	300 lines per minute printer
1	Ethernet 10/100 network switch
	Communications equipment to Site1 site (as required)
1	Technical support modem (56 kilobits per second [Kbps])
	Uninterruptable power supplies (as required)
	Surge protectors for all equipment
<b>Existing equipment at site available for reuse:</b>	
1	Compaq Proliant 1600 server (Pentium Pro II 266 Mhz) with 4.3 gigabyte (GB) disk, 128 megabytes (MB) random access memory (RAM), "EDGE" tape backup (currently used as server on SCO UNIX vendor system)
2	DIGI Portserver terminal servers/16 ports each
5	Wyse 160 terminals
11	Wyse 50 terminals
1	Kingston Ethernet KNE 16 TP/WG hub
9	Pentium 166 personal computers, 32 MB RAM, 2.0 GB disk, Windows 95
1	Okidata Microline 321 dot matrix printer
5	Okidata Microline 320 dot matrix printers
1	Epson LQ-1070+ printer
1	Hewlett Packard LaserJet 400 NT printer
1	Hewlett Packard LaserJet 4 printer
1	Hewlett Packard LaserJet II printer
1	Hewlett Packard DeskJet 855 printer
1	Electronic verification system (2 phone lines, 1 printer, credit card approval, Medicaid eligibility, HMO eligibility)
<b>Site 1 Center (Site 1, Anystate)</b>	
<b>Total estimated equipment requirements for site:</b>	
10	Workstations (personal computers)
1	Color printers (wide-carriage)
1	Black-and-white printers (narrow-carriage)
1	Laser printer
	Surge protectors for all equipment
	Communications equipment as required to connect to central server(s) in Anytown administrative office
<b>Existing equipment at site available for reuse:</b>	
8	Wyse 50 terminals
1	Okidata 321 dot matrix printer
1	Okidata 320 dot matrix printer
1	DIGI Portserver terminal server/16 ports
1	Pentium 166, 32 MB RAM, 2.0 GB disk, Windows 95 personal computer
1	Hewlett Packard DeskJet printer
1	Electronic verification system (2 phone lines, 1 printer, credit card approval, Medicaid eligibility, HMO eligibility)
<b>WIC Sites: Anytown and Site 1, Anystate</b>	

These sites have dedicated, stand-alone equipment and applications linked to the Anystate state WIC program network that will not be linked to the solicited information system.

the approach to preserving this data, if possible, in the new or enhanced system and what process and staff involvement the Solicitor should expect in converting this data to the new system.

#### **4.2.2.6 System Management**

The Solicitor requires an automated system that can perform unattended system and data backup operations on a user-scheduled basis. The system manager must be able to establish new users on the system, to remove users from the system, and to set security access rights for users that both restrict and allow access to system capabilities. The system must provide multilevel security that protects confidential patient records and restricts access to selected patients or selected patient information. The system manager must be able to restrict access to selected system functions based on user identification. The security system must maintain an audit trail of staff access to patient records marked as confidential. Discuss the security features that are included in the proposed software to restrict access to patient financial, billing, and medical records information, including laboratory orders and results, to only those clinical and/or administrative staff that have a need to know the information.

The Solicitor desires a suspend key or windowing function in the system that permits a terminal operator to temporarily suspend entry of data on a given screen, switch to another module or function in the system, and return to the original screen at the point where data entry was suspended. This capability will minimize problems caused by interruptions at registration and scheduling desks. Please indicate whether special terminals or additional memory is required in the standard terminals or workstations proposed to accommodate this windowing feature.

The system must provide an archive and restore capability that permits the selection of inactive patient accounts (e.g., accounts with no service or billing activity during the past two years) for storage and the removal of archived data from the active patient data files. The restore process must provide for selective restoration of individual patient accounts from the archive files.

#### **4.2.2.7 User Help and Tutorials**

The proposed system should provide context-sensitive help messages that explain the operation and use of the data fields on each data entry screen. The system should provide lookup databases for data fields that have a large number of possible values (e.g., International Classification of Diseases database for diagnosis coding, Current Procedural Terminology database for procedure coding) as well as lookup tables for data fields that have a limited number of value options (e.g., clinic provider identification, migrant labor camp code, type of encounter field). The user should be able to access lookup tables, such as the diagnosis and procedure code databases, by code as well

as alphabetically. The system should contain an on-line tutorial that provides a self-paced tool for learning how to use the software. The system should provide edit checks on data fields and consistency checks between data fields to reduce data entry errors.

### **4.3 SUPPORT APPROACH**

#### **4.3.1 Source Code**

It is important to the Solicitor to protect its financial interests in the event of the vendor's financial failure, withdrawal from the marketplace, or a host of other potential situations that would impede the availability of software services to the Solicitor. For these reasons, the Solicitor requires that the vendor provide access to the source code and to the complete technical documentation. The Solicitor views this as a form of insurance protection that will not be used unless required. Please address the following topics regarding access to the source code:

- **Scope:** Source code is required on any vendor application products that need to be altered to meet changing conditions. This would include the database management system at the heart of the product and sufficient peripheral software items to deliver the needed functionality.
- **Availability:** The source code and documentation must be available to the Solicitor on demand for a predetermined price. Its adequacy, quality, completeness, and timeliness must be periodically verifiable.
- **Legal:** The source code and documentation must be deliverable to the Solicitor even in the face of insolvency, bankruptcy or any other legal action. The products must pass to the Solicitor outside the scope of bankruptcy proceedings with all the Solicitor's rights in the software and documentation being clearly defined and protected in the transfer. These would include the right to use, modify, and create derivative products from the vendor's work.
- **Fees:** Prices for all potential forms of transfer (where meaningful) should be negotiated in advance.

The Solicitor anticipates these issues will be negotiated in the final vendor selection process.

### **4.3.2 System Documentation**

The proposal must provide a brief description of all documentation and manuals to be furnished to the Solicitor. This list should include documentation for the operating system, hardware, application programs, vendor packages, and training manuals. It must indicate the date the users' guides and training materials for the patient management software were last updated and whether this documentation corresponds to the version of the software proposed for delivery.

The proposal should include a copy of a portion of the user documentation describing the data entry process the user must follow for registering patients and entering third party billing receipts into patient accounts.

### **4.3.3 Support Description with Accompanying Costs**

The proposal must describe and provide costing for support to the Solicitor in the following areas:

- Installation
- Data conversion
- Initial training
- Software maintenance and enhancements
- Hardware maintenance
- Telephone consultation services

The Solicitor has limited resources and is seeking these services from the vendor as part of the system bid. The vendor must quote a guaranteed maximum price for each of the first five years of the contract.

In the area of software maintenance and enhancements, the vendor must agree to modify, augment, and supplement the system in a timely manner to comply with the Solicitor's needs to do business in light of changing federal requirements, regulations, and funding. To address such needs, the vendor is requested to outline software maintenance policies and terms and to specifically highlight those conditions deemed to be outside the scope of the software maintenance agreement. In addition, the terms and cost per hour for major additions to the base software must be proposed.

Telephone consultation services are required to support the Solicitor's staff in learning, using, and responding effectively to error conditions experienced on the vendor system. The vendor should offer a toll-free telephone number for support calls. Where more than one software

maintenance contract level of service is available, please explain the options fully and recommend the option most appropriate for the Solicitor. This recommended option should be used in costing the proposal. The proposal must clearly indicate when the maintenance contract begins and any hardware/software warranty or installation/acceptance period ends.

Vendors should submit detailed costs and training plans for initial training services. At a minimum, the training plans should include training objectives, course content, length of time required, and ratio of hands-on practice to lecture time. Indicate clearly whether initial training is available at the Solicitor's sites or only at the vendor's location, and any limits to the number of staff that can be trained under the plan. On-going vendor training programs should also be described and priced.

Vendors must provide costs for installation of both hardware and software as well as for the necessary data conversion activities. Currently, the Solicitor has approximately 10,000 patients registered on its automated practice management software system. At a minimum, this registration data will require migration to the new system. The Solicitor is also interested in moving patient account balances from its incumbent system to the proposed system.

In the area of hardware maintenance, the traditional, on-site, regular business hours service provided either by the vendor or through a third-party contract is sought. The Solicitor requires a guaranteed four-hour response time for failure in the central server and communications equipment (e.g., routers, CSU/DSUs). The Solicitor plans to maintain a spares cache for peripherals (e.g., workstations, printers, and modems) that will be used to replace defective units. Therefore, the vendor should include a hardware maintenance contract covering only the central server(s) and any communications equipment needed to connect the central server(s) to the satellite clinics. Prices should be quoted for each of the next five years, with years two through five in a format that permits the calculation of a maximum cost of maintenance per year. Contract maintenance should be guaranteed for a five-year period with an annual renewal option. Other terms should include a 90-day notice of non-renewal that can be exercised by either the Solicitor or the vendor.

#### **4.3.4 Vendor Staffing and Clinic Staff Responsibilities**

Support services are crucial elements in the selection of a vendor for the Solicitor. For the operation of a successful system, the selected vendor and the Solicitor must participate in a relationship where there is full understanding of the responsibilities assigned to each party. The Solicitor has limited personnel resources and therefore looks to the vendor to furnish the support services needed to achieve a stable operating system, to be available by telephone or in person to resolve problems encountered in system use, and to provide necessary system enhancements.

The Solicitor will assign a system manager from its staff. This individual will be the primary point of contact for the vendor in dealing with the Solicitor and will function as the liaison between the Solicitor and the vendor but will not function as a technical systems analyst. Technical support services are to be provided by the vendor. Please discuss any specific requirements the designated system manager will be expected to satisfy. Also, outline any specific duties the system manager will be expected to perform to ensure the integrity and/or successful operation of the proposed systems.

The proposal must include for all staff providing system installation, training and on-going support:

- Name
- Title
- Responsibilities
- Length of employment
- Full-time equivalency

Include resumes for all identified personnel in the proposal.

#### **4.3.5 Implementation Schedule**

The proposal must provide a detailed implementation schedule, including a timetable for the complete implementation of the proposed system at the Solicitor's sites. The schedule shall begin with date of contract award and shall cover hardware and software installation, initial training, data conversion, user acceptance testing period, and final estimated "live date" for the total system. Due to staff limitations and the expected operational transition required in implementing an information system in a multi-site organization that has legacy manual and automated systems, the Solicitor anticipates a phased implementation of the proposed system.

#### **4.4 VENDOR EXPERIENCE AND REFERENCES**

The proposal must provide a list of health clinics (minimum of three) that currently use the version of the application software and operating system proposed for the Solicitor. Of particular interest to the Solicitor are clients with similar characteristics in size, program, and patient mix (e.g., migrant and community health centers with multiple geographically distributed sites, community health centers with dental clinics, managed care plans, clients in Anystate).

For each reference client provide the health care organization's:

- Name
- Address
- Contact person at the administrative site
- Telephone number for the administrative office
- Date the vendor's system was installed at the site

Also, provide contact information for the largest system that your company has installed (in terms of central processing unit size, number of users, and sites supported associated with one clinical organization) and currently supports for the proposed software.

#### **4.5 COST PROPOSAL**

In this section, the vendor shall provide costing information for the initial implementation of the system, the recurring annual maintenance support contract costs, and any recommended options.

##### **4.5.1 Cost Summary–Initial Implementation**

The proposal must provide a summary of costs for implementing the proposed system **at each of the Solicitor's sites**. These costs should include:

- Hardware costs (show cost for each component, i.e., workstations, printers, etc.)
- Software costs (show cost for each module, i.e., scheduling, billing, etc.)
- Any hardware or software discounts provided
- Installation costs
- Initial training costs
- Other costs (please specify)

##### **4.5.2 Cost Summary–Annual Maintenance**

The proposal must provide a summary of annual maintenance contract costs for the system(s) proposed for each organization, including the following:

- Hardware maintenance costs
- Software maintenance costs
- Other recurring costs (please specify)

### **4.5.3 Cost Summary–Vendor Recommended Options**

The proposal must provide a summary of costs for any optional equipment or software recommended by the vendor, but not specifically required, to more fully satisfy the Solicitor’s needs. Please provide the cost per hour for any custom programming that the Solicitor may require as well as the cost per day for additional training of staff at the Solicitor’s central administrative site beyond what is proposed under initial training.

## **SECTION 5**

### **EVALUATION FACTORS**

The proposals submitted in response to this RFP will be reviewed by the Solicitor's evaluation team using the following four major categories and weighting factors:

- Technical Approach (30 percent)
- Product Support (20 percent)
- Vendor Experience (30 percent)
- Cost (20 percent)

## **APPENDIX A**

### **FUNCTIONAL REQUIREMENTS CHECKLISTS**

**(See Information Systems Functional Requirements in SIMIS Guidance  
for Checklists to customize and attach)**

**APPENDIX B**

**REPORTS AND FORMS**

**(Attach Examples)**