



**OAHU REGION
HAWAII HEALTH SYSTEMS CORPORATION**

REQUEST FOR PROPOSALS

RFP No: HHSC 17-001

COMPETITIVE SEALED PROPOSALS
TO PROVIDE:

**ELECTRONIC HEALTH RECORD FOR
LONG-TERM CARE**

for

Maluhia and Leahi Hospital

Hawaii Health Systems Corporation

HHSC Oahu Region
3675 Kilauea Avenue
Honolulu, Hawaii 96816
An Agency of the State of Hawaii

Issued August 1, 2016

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SECTION 1
ADMINISTRATION

1.0 INTRODUCTION

This Request for Proposal (hereinafter “RFP”) is issued by the Hawaii Health Systems Corporation (hereinafter “HHSC”), a public body corporate and politic and an instrumentality and Agency of the State of Hawaii. This solicitation is governed by the provisions of Hawaii Revised Statutes (“HRS”) Chapter 323F and it’s implementing rules.

Thank you for your interest in submitting a proposal for this solicitation. The rationale for this competitive sealed RFP is to promote and ensure the fairest, most efficient means to obtain the **best value** to HHSC, i.e. the proposal offering the greatest overall combination of service and price, all of which shall be assessed in accordance with the evaluation criteria established in this RFP. Hereinafter, organizations interested in submitting a proposal in response to this RFP shall be referred to as “OFFEROR”. In order for HHSC to evaluate OFFEROR’S response in a timely manner, please thoroughly read this RFP and follow instructions as presented.

1.1 RFP TIMETABLE AS FOLLOWS

The timetable as presented represents HHSC’s best estimated schedule. If an activity of the timetable, such as “Closing Date for Receipt of Questions” is delayed, the rest of the timetable dates may be shifted. OFFEROR will be advised, by addendum to the RFP, of any changes to the timetable. Contract start date will be subject to the issuance of a Notice to Proceed.

ACTIVITY	SCHEDULED DATES
1. RFP Public Announcement	August 1, 2016
2. Closing Date for Receipt of Questions Phase 1: Questions received by the deadline may be responded to during the RFP orientation. Phase 2: Questions received by the deadline will be responded to in an Addendum.	Phase 1: August 10, 2016 Phase 2: August 18, 2016
3. RFP orientation phone: 1-808-440-1185 See Exhibit I for reservations	August 15, 2016 9:00 a.m. HST
4. Addendum for HHSC Response to Offeror’s Questions	August 25, 2016
5. Closing Date for Receipt of Proposals	September 23, 2016 - No Later Than 2:00 p.m., HST
6. Mandatory Requirements Evaluation	September 26-28, 2016
7. Proposal Evaluations	October 3-7, 2016
8. Proposal Discussions with Priority Listed Offerors	October 17-21, 2016
9. Best and Final Offers	October 26, 2016
10. Vendor Demonstration (Top 2 Offerors)	November 1-4, 2016
11. Site Visitation	November 7-10, 2016
12. Contractor Selection/Award Notification (on/about)	December 1, 2016
13. Contract Tentative Award Date	December 15, 2016

AUTHORITY

This RFP is issued under the provisions of the Hawaii Revised Statutes (HRS), 323F, and its administrative rules. All OFFERORS are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any OFFEROR shall constitute admission of such knowledge on the part of such OFFEROR.

1.2.1 RFP ORGANIZATION

This RFP is organized into five sections:

SECTION 1: ADMINISTRATIVE

Provides information regarding administrative requirements.

SECTION 2: SCOPE OF SERVICES

Provides a detailed description of goods and/or services to be provided and delineates HHSC and CONTRACTOR responsibilities.

SECTION 3: PROPOSALS

Describes the required format and content for submission of a proposal.

SECTION 4: EVALUATION

Describes how proposals will be evaluated and lists the “value weight percentages” of the evaluation categories.

SECTION 5: AWARD OF CONTRACT

Describes procedures for selection and award of contract.

1.3 HEAD OF PURCHASING AGENCY (HOPA)

The HOPA for HHSC, or designee, is authorized to execute any and all Agreements (Contracts), resulting from this RFP.

The HOPA for this RFP is:

Derek Akiyoshi
Regional Chief Executive Officer
Hawaii Health Systems Corporation

1.4 DESIGNATED OFFICIALS

The officials identified in the following paragraphs have been designated by the HOPA as HHSC’s procurement officials responsible for execution of this RFP, award of Agreement and coordination of CONTRACTOR’s satisfactory completion of contract requirements.

1.4.1 ISSUING OFFICER

The Issuing Officer is responsible for administrating/facilitating all requirements of the RFP solicitation process and is the **sole point of contact** for OFFEROR from date of public announcement of the RFP until the selection of the successful OFFEROR. The Issuing Officer will also serve as the Contract Manager responsible for **contractual actions** throughout the term

of the contract. The Issuing Officer is: Michelle Kato, Contract Manager 1027 Hala Drive Honolulu, Hawaii 96817 phone: (808) 832-3001 email: mkato@hhsc.org

1.5 HHSC ORGANIZATIONAL INFORMATION

1.5.1 CHARTER

HHSC is a public body corporate and politic and an instrumentality and agency of the State of Hawaii. HHSC is administratively attached to the Department of Health, State of Hawaii and was created by the legislature with passage of Act 262, Session Laws of the State of Hawaii 1996. Act 262 affirms the State's commitment to provide quality health care for the people in the State of Hawaii, including those served by small rural facilities.

1.5.2 STRUCTURE AND SERVICES

The HHSC oversees the operation of twelve public health facilities throughout the Hawaiian Island chain, including Oahu, Lanai, Maui, Kauai and Hawaii. This RFP is only for one region known as the Oahu Region. The Oahu Region is comprised of two long-term care facilities, known as Maluhia and Leahi Hospital.

1.6 FACILITY INFORMATION

Detailed information may be found at:

Maluhia: <http://www.maluhia.hhsc.org/>

Leahi Hospital: <http://www.leahi.hhsc.org/>

1.7 SUBMISSION OF QUESTIONS

Questions must be submitted in writing via electronic mail, facsimile or post mail to the Issuing Officer no later than the "Closing Date for Receipt of Questions", identified in paragraph 1.1 in order to generate an official answer. All written questions will receive an official written response from HHSC and become addenda to the RFP.

- IMPORTANT -

OFFEROR may request changes and/or propose alternate language to the attached HHSC General and Special Terms and Conditions during this phase only. All requests will be presented to the HHSC Legal Department for review. No requests to change the HHSC General or Special Terms and Conditions will be entertained after the proposals have been submitted or during the contracting process. All written questions and/or approved changes will receive an official written response from HHSC and shall be recorded as addenda to the RFP.

HHSC reserves the right to reject or deny any request(s) made by OFFEROR.

Responses by HHSC shall be due to the OFFEROR no later than the dates for initial questions and final questions stipulated in Section 1.1.

Impromptu, un-written questions are permitted and verbal answers will be provided during pre-proposal conferences and other occasions, but are only intended as general direction and will not represent the official HHSC position. The only official position of HHSC is that which is stated in writing and issued in the RFP as addenda thereto.

No other means of communication, whether oral or written, shall be construed as a formal or official response/statement and may not be relied upon. Send Questions to: Michelle Kato, Contract Manager email: mkato@hhsc.org Subject: RFP EHR question

1.8 SOLICITATION REVIEW

OFFEROR should carefully review this solicitation for defects and questionable or objectionable matter. Comments concerning defects and questionable or objectionable matter, **excluding requests to revise the General or Special Conditions**, must be made in writing and should be received by the Issuing Officer, Michelle Kato no later than the “Closing Date for Receipt of Proposals” as identified in Section 1.1. This will allow issuance of any necessary amendments to the RFP. It will also assist in preventing the opening of proposals upon which award may not be made due to a defective solicitation package.

1.9 RFP AMENDMENTS

HHSC reserves the right to amend the RFP any time prior to the ending date for the proposal evaluation period. RFP Amendments will be in the form of addenda.

1.10 CANCELLATION OF RFP

The RFP may be canceled when it is determined to be in the best interests of HHSC.

1.11 PROTESTS

A protest based upon the content of the solicitation shall be submitted in writing within five (5) working days **after** the aggrieved individual/business knows or should have known of the facts giving rise thereto; provided further that the protest shall not be considered unless it is submitted in writing prior to and not later than the “Closing Date for Receipt of Proposals” identified in section 1.1.

A protest of an award or proposed award shall be submitted within five (5) working days after the posting of award of the contract. The notice of award, if any, resulting from this solicitation shall be posted in the Leahi Hospital and Maluhia procurement website.

Any and all protests shall be submitted in writing to the HOPA, as follows:

Derek Akiyoshi
Region CEO
Hawaii Health Systems Corporation
3675 Kilauea Avenue
Honolulu, Hawaii 96816

SECTION 2

SCOPE OF SERVICES

The HHSC Oahu Region is requesting for a qualified Electronic Health Record (EHR) company to provide an integrated clinical and financial user-friendly system for it's long-term/skilled nursing care facilities, Maluhia and Leahi Hospital.

2.0 Facility Information

Maluhia and Leahi Hospital provide care for individuals that require skilled nursing care services and skilled rehab (physical therapy, occupational therapy and speech therapy) services and intermediate/long term care services. Each facility is dedicated to the promotion of health and the advancement of growth for all residents. Treatment and general care services are provided by the residents Physician and an interdisciplinary team of healthcare professionals. Maluhia and Leahi Hospital are Medicaid and Medicare dually certified in SNF and ICF at a count of 120 beds and 117 beds respectively.

Most resident admissions are transferred from local acute hospitals. Other admission referrals are from the community (families or individual that need assistance), adult day health programs, private home care providers, hospice centers and other health care providers. In Fiscal Year Ending (FYE) June 30, 2015 the number of admissions were 204 residents at Maluhia and 238 at Leahi Hospital. About 80% of all admissions were Medicaid recipients.

In addition to the skilled nursing and skilled rehab services, both facilities have an Adult Day Health Care Center for the elderly. Each program designed to enable participants to enrich their lives and to maintain their independence, dignity, and self-esteem while providing respite and support for caregivers. The Center stresses partnerships with the client, the family, and the physician in the effort to maintain the individual in the community.

Both facilities provide a valuable 'safety net' service and quality of care to the State of Hawaii community. In addition, each facility adds a third component to complement existing services. Maluhia's third component is a geriatric physician clinic that provides comprehensive senior care to the community. This clinic is an out-patient office that is conveniently located next to the Adult Day Health Center. Leahi Hospital's third component is the care for acute/Tuberculosis (TB) patients. There are nine (9) additional beds for this specific population.

2.1 Requirements

The Contractor shall propose an EHR system for Maluhia and Leahi Hospital that is compliant with all Federal and State of Hawaii regulations. The proposal shall demonstrate an integrated medical record that is used by the Physician, Nursing staff (Registered Nurse, Licensed Practical Nurse, Certified Nurse Aide, Ward clerks, MDS Coordinator), Dietician, Quality Care Coordinator, HIM, Ancillary services, Accounting and Billing staff. The Contractor shall meet all minimum requirements as shown in Exhibit A to submit a proposal.

The Contractor's submission in response to this RFP will be expected to serve as a contractual obligation in any contract we enter into.

Section 1: Company Information

1. Is your company a subsidiary or part of another company and, if so, what company? Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.

2. How long has your company been in existence and how long has it developed and marketed EHR products?
3. Provide your most recently completed fiscal year financial statements and annual report, or other evidence of financial sustainability.
4. List the names of any technology companies that your organization partners with, the nature of your relationship, and the value that it brings to your proposed solution and to our organization.
5. Identify any awards or recognition your company has earned for the system.
6. Is your company planning to acquire, be acquired, merge with other organizations, or have any "change in control" events within the next five (5) years? (If yes, please provide details.)
7. Please provide information on any outstanding lawsuits or judgments within the last five (5) years. Please indicate any cases that you cannot respond to as they were settled with a non-disclosure clause.
8. What is your total number of client installations using the system? What is the number of installations in organizations similar in size and service type to our organization using the system? What facilities in Hawaii are using the system? If so, are the Hawaii facilities using both clinical and financial system?
9. Provide references for at least three clients using the same practice management system that are similar in size and service type to our organization. Provide names and contact information for individuals who have sufficient experience to speak knowledgeably about the implementation process, functionality, vendor support, documentation, and training.
10. Provide explicit details on the Company's personnel organization and staffing relative to performing the requirements:
 - a) Company's managerial organizational chart and resumes of key positions.
 - b) Key personnel identified to perform services, including: name, years of experience, and years with the Company.

Section 2: Clinical (see also Exhibit B)

Provide detail information of the clinical software as it relates to long-term care (ICF and SNF beds). Describe how the system is resident-centered focused; streamlines the charting and assessment process, improves care planning, reduces administrative work, and improves patient care. Describe your software features, such as electronic charting, care planning, user defined assessments, physician orders, progress notes, Minimum Data Set (MDS), Admission, Level of Care changes, Discharge / Transfer module, and Decision Support System.

Section 3: Financial (see also Exhibit C)

Provide detail information of the financial software (e.g. Purchasing/AP, General Ledger, Fixed Assets, Materials Management) and program integrations.

Section 4: Billing (see also Exhibit D)

Provide a detail explanation of the in-patient long-term care, out-patient adult day health, physician billing and integration to the MDS module.

Section 5: Ancillary Services (see also Exhibit E)

This includes Occupation Therapy, Physical Therapy, Speech Therapy, Health Information Management, Recreational Therapy, Social Services, Infection Control, Dietary, etc.

Describe how the ancillary services component integrates with the clinical and/or billing record.

Section 6: System Application

1. Does the system support log-on capabilities by:
 - a. User ID/password
 - b. Smart card, proximity card, or token device
 - c. Other security controls/devices including biometrics (describe)
 - d. Secure remote access (describe methods [Citrix, dial-up, Internet] and extent of functionality [complete, view only])
 - e. VMware
2. Can the system accommodate multiple users on a common workstation with easy log-off/log-on capabilities?
3. Does the system require the user to change his/her password at set intervals? Can IT staff set intervals for password changes to an organization's specifications? What is the password change interval length?
4. Describe how system access can be configured to limit user access to client records and functionality based on their role in the organization (i.e., role-based access). For example, can access to client financial, billing, and medical records information be restricted to only those clinical or administrative staff that have a need to know the information? How is the user administration administered? Is it part of the system or a separate system?
5. Does the system log all activity to provide a complete audit trail of the specific user, client, and function accessed, as well as date/time and data changes? Are record accesses and edits easily reportable by client and employee?
6. Will the system automatically "log off" users? How is this function controlled? Or lock the system for inactivity?
7. Does the application mark closed/completed encounters with a date/time stamp and prevent further changes to the encounter?
8. How are enhancement and new release priorities determined? How are clients supported during these releases? How much system downtime is required during these upgrades? How many system environments are there? Test?Train?Pod? Are upgrades loaded in Test and verified before done in production? How many facilities besides ours are hosted on a system and/or server environment?
9. Describe the system backup process. Can backup be completed in a dynamic mode so the system can be operational 24x7? Are backups done nightly and/or weekly? How often are backups tested and restored? Are there any system downtimes during the month or quarter for system maintenance?
10. Can the system be configured to support improved fault tolerance and system recovery (e.g., mirrored disk drives/servers)? What type of system replication does your system use? Is the system housed only in one data center? When does the primary data center reside?
11. Discuss data archiving and restoring from archive within all applications of the software. What are the capabilities in restoring from archive? What tools/media are used for archiving data?

12. Do your optimal technology recommendations include the ability to manage production, testing, and training environment systems? The environment should not just include the database for all environments but also the system application.
13. Discuss the user remote access capabilities of your systems solution, including view-only vs. full function. VMware can be used for remote access.
14. With what version of HL7 is your product compliant? What plans do you have to upgrade to a more recent version of HL7? System will need to interface with other systems like pharmacy, lab, coding software (if applicable) and dietary.
15. Discuss your approach to data/information security, especially with regard to Internet technologies. Is it consistent with the latest industry approaches for encryption and authentication and support HIPAA compliance?
16. For the cloud-based model, describe security protocols for data protection. For example, is all data encrypted? Is one customer's database kept separate from another?
17. For the cloud-based model, do you contractually agree to compensate customers for security breaches that result in a permanent loss or compromise of data?
18. For the cloud-based model, do you contractually agree to notify customers of all security incidents?
19. For the cloud-based model, do all the customers on the same system environment have an opportunity to provide input on upgrades, system changes, etc.?

Section 7: Support

1. What are your normal support hours (specify time zone)? Where is support staff located? Does the support hours include weekends?
2. Which of the following support features are available?
 - a) Toll-free hotline
 - b) Remote monitoring
 - c) Remote diagnostics
 - d) Training tutorials
 - e) Web-based support tracking
3. Do you offer 24x7 software and hardware support?
4. What is the response time for problems reported: 1) during regular business hours and 2) off hours? Where is the support staff located for off-hour support? How many tiers of support do you have? Please described the capability of each tier.
5. Describe your problem reporting software and tools. Are they available via the Internet? Can a list of outstanding problems and enhancements, by client, be viewed on-line and downloaded?
6. Please list the top five support questions you receive from your clients.
7. Describe your support process for evaluating and fixing "bugs" or problems in your software. How would you coordinate problem analysis and resolution?
8. Provide a guideline for the type of internal support that will be required, for both information systems personnel, by classification, and non-information systems personnel (i.e., department-based). Please describe their roles and responsibilities.
9. What is the range and average for system downtime (scheduled and unscheduled) for your clients' systems? Please specify the approximate time of day for system downtimes.
10. Is remote assistance an option for workstation and server issues?
11. Do you have a user forum for practices to seek help from peers and share ideas?
12. Upgrade Process
 - Will customer get to choose which upgrades they want?
 - Frequency of Upgrades?
 - How long can a customer delay an upgrade without losing support?
 - Will training be provided for new functionality?

13. New Features Requests

- If customer wants to add an enhancement, what is the process?
- Are there additional costs for an enhancement?
- How soon will customer be able to view, test, and use enhancement?
- How will upgrades work with new enhancement?
- Will all other customers get the enhancement one company has paid for?

14. Who has ownership of the following:

- Data
- Software
- Enhancements or Customizations Paid for by Customer Servers

15. Is the software solution a single integrated solution developed by the same company?

Section 8: Training/Implementation

1. Describe the types of training offered, i.e., Department end-users, systems administrator, Super User, etc. Is on-site or remote training available prior to go-live? Please give a description of the type of training that is available and the duration of each training.
2. Describe your ongoing training programs.
 - a. Webinar training
 - b. Classroom training
 - c. Self-Study
 - d. One to one
 - e. Other
3. Provide an overview of your implementation methodology and a sample project plan consistent with the size of our organization and modules in which we are interested.
4. With your proposed system, are you able to implement components or modules of the application over time? Conversely, can you implement the entire solution at once? What would your organization typically recommend?
5. When will you be available to start training and begin implementation based on our schedule outlined in the RFP timetable?
6. Describe how the system interfaces with other systems like pharmacy, labs, etc. Are there any interface limitations?

Section 9: Reports/Forms (see attached Exhibit F)

1. Does your system have a report writing wizard utility or utilize an ad hoc report writer application? How do these access all database structures and data elements (including user defined fields)?
 - a. Is the report writer utility a third-party package?
 - b. Is the same report writer used for all applications? If not, indicate the differences.
 - c. Are all data elements available for report writing?
 - d. Does your system allow for third-party reporting software like Crystal Reports?
2. Describe your reporting capabilities. How much technical knowledge is required for a general user responsible for analytical reporting?
3. Can your clients do ad hoc reporting without vendor assistance? Can non-IT users utilize the ad hoc reporting tool? What type of special training is needed for your report writer tool?

4. Can report information be exported to CD/DVD in CSV or comma text delimited format?
5. Provide a list of forms that are included in the system.
6. How can scanning be integrated into the system? For documents such as insurance, durable power of attorney, etc.

Section 10: Hardware

1. What type of hardware is recommended for the system?
 - a. Desktops
 - b. Laptops
 - c. Thin Clients
 - d. Zero Clients
2. Are these minimum specifications acceptable for the system? Please provide recommendations if needed.
 - a. Monitor – 21.5, LED backlit LCD panel, 1920 x1080 resolution, VGA +DVI 12nterface
 - b. Desktops – Win 7, Intel I3 processor, 4GB memory, 100Gb Hard drive (possibly solid state)
 - c. Laptops – Win 7, Intel I3 processor, 4GB memory, IPS screen (1920 x1080) IPS, 100GB Sata SSD drive
 - d. Thin Clients – Windows Embedded Standard 7, Dual Core AMD 1.4GHz, 16GB Flash/4GB RAM DDR3

Section 11: Price Proposal

In a separate electronic file provide a pricing proposal:

Software (clinical, financial, billing)

Training

Implementation

Interfaces

Support, Maintenance, upgrades for 5 years

Other

In the pricing proposal, specify how your products are priced (e.g., number of concurrent users, client visits, providers, per PC).

SECTION 3 **PROPOSALS**

3.0 INTRODUCTION

One of the objectives of the RFP is to make proposal preparation easy and efficient, while giving OFFEROR ample opportunity to highlight their proposal. When an OFFEROR submits a proposal, it shall be considered a complete plan for accomplishing the requirements described in this RFP.

3.1 PROPOSAL PREPARATION

OFFEROR shall prepare a written proposal in accordance with requirements of this Section. Proposals shall address and contain, at a minimum:

The technical category information identified in paragraph 3.7 below.

The Technical and Price proposals shall be distinct documents and readily separable for review. Proposals shall include all data and information requested to qualify proposals for evaluation and consideration for award. Non-compliance may be deemed sufficient cause for disqualification of a proposal.

Prepare proposals in three-ring binders, organized into distinctive sections, with tabs corresponding with the technical and price categories and other categories, as appropriate. The development of overly elaborate proposals and presentation material, not required and/or related to RFP requirements, is **HIGHLY DISCOURAGED**. This procedure will facilitate proposal evaluations.

3.2 COSTS FOR PROPOSAL PREPARATION

Any and all costs incurred in the development of proposals, i.e. preparing and submitting, on-site product/service demonstrations, on-site visits, oral presentations, travel and lodging, etc. shall be the sole responsibility of OFFEROR.

3.3 DISQUALIFICATION OF PROPOSALS

HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP and which demonstrate an understanding of the Scope of Services. HHSC reserves the right to ask for clarification of any item in the proposal.

- ATTENTION -

Any proposal offering any other set of terms and conditions contradictory to those included in the RFP may be disqualified without further notice. Please refer to Section 1.7.

An OFFEROR will be disqualified and the proposal automatically rejected for any one or more of the following reasons:

- Proof of collusion among OFFERORS, in which case all proposals involved in the collusive action will be rejected.
- The OFFEROR'S lack of responsibility and cooperation as shown by past work or services.

- The proposal shows any noncompliance with applicable law.
- The proposal is conditional, incomplete, or irregular in such a way as to make the proposal incomplete, indefinite, or ambiguous as to its meaning.
- The proposal has any provision reserving the right to accept or reject award, or to enter into a contract pursuant to an award, or provisions contrary to those required in the solicitation.
- Proof of exclusion from participation in federal health care programs, as defined in the Social Security Act (section 1128 and 1128A), and other federal laws and regulations relating to health care.

3.4 SUBMISSION OF PROPOSALS

Each OFFEROR may submit only one (1) written proposal (which includes a technical proposal and a price proposal). Alternate proposals will not be accepted. The Issuing Officer must receive one (1) electronic proposal (file not to exceed 8mb) no later than the “Closing Date for Receipt of Proposals”, identified in Section 1, paragraph 1.1. **Proposals received after this time/date may be rejected.** Electronic proposals shall be sent to Michelle Kato at mkato@hhsc.org

One (1) original proposal shall be mailed or delivered to the following address within five (5) business days after the Closing Date for Receipt of Proposals. Mail or deliver proposals to the following address:

Michelle Kato, Contract Manager
Maluhia
1027 Hala Drive
Honolulu, Hawaii 96817

The outside cover of the package containing the proposal should be noticeably marked, as follows:

Proposal Submitted in Response to: RFP No. 17-001 Electronic Health Record

3.5 PROPOSAL TRANSMITTAL COVER LETTER

OFFEROR is required to submit proposal with a transmittal cover letter. The transmittal cover letter must be on the OFFEROR'S official business letterhead; signed by an individual authorized to legally bind the OFFEROR; affixed with the corporate seal or notarized; and minimally include information, as written/requested, on the “sample” letter in Section 5, Exhibit G.

3.6 PUBLIC INSPECTION

Proposals shall not be opened publicly, but shall be opened in the presence of two or more procurement officials. The register of proposals and OFFERORS' proposals shall be open to public inspection after the contract is executed by all parties.

OFFEROR shall request in writing the nondisclosure of designated trade secrets or other proprietary data to be confidential. Such data shall accompany the proposal and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal. The proposals are subject to disclosure rules set forth in Chapter 92F, H.R.S. The OFFEROR bears the burden of establishing that the designated data is exempted from the disclosure requirements set forth in Chapter 92F.

All proposals and other material submitted by OFFEROR become the property of HHSC and may be returned only at HHSC's option.

3.7 TECHNICAL PROPOSAL

The technical proposal shall include section 1 to 11 in requirements of the scope of services:

- Section 1: Company Information
- Section 2: Clinical
- Section 3: Financial
- Section 4: Billing
- Section 5: Ancillary Services
- Section 6: System Application
- Section 7: Support
- Section 8: Training/Implementation
- Section 9: Reports/Forms
- Section 10: Hardware
- Section 11: Price Proposal

3.7.1 NON APPLICABLE PROPOSAL REQUIREMENT

Excluding HHSC General and Special Terms and Conditions, and any objectionable or defective RFP matters, if any proposal requirement, as describe in this Section, is not applicable to the OFFEROR and therefore will/can not be provided, list the requirement(s) and provide detailed explanation of the reasons why the requirement(s) is not applicable. HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in this Section.

3.7.2 NON ACCEPTANCE OF ANY RFP REQUIREMENT

If any RFP requirement, as describe in this RFP, is not acceptable to the Offeror, list the requirement(s) and provide detailed explanation of the reasons why the requirement(s) is not acceptable and provide a recommended revision, if applicable. HHSC reserves the right to consider as acceptable only those proposals submitted in accordance with all requirements set forth in the RFP.

- ATTENTION -

Any proposal offering any other set of terms and conditions contradictory to those included in the RFP will be disqualified without further notice. Please refer to Section 1.7.

3.7.3 PROPOSAL SUBMISSION CHECKLIST

The Proposal Submission Checklist be used by the OFFEROR to ensure that all required documents and information are being submitted with OFFEROR'S proposal; and, as a supplementary means for HHSC in performing evaluation of the "Mandatory Requirements", as set forth in Section 4 paragraph 4.2.1. The checklist is required to be completed by each OFFEROR and included (as the last document) in the proposal package. The proposal submission checklist is located under **Exhibit H**, following Section 5 of the RFP.

SECTION 4 **EVALUATIONS**

4.0 INTRODUCTION

The evaluation of proposals shall be conducted comprehensively, fairly, and impartially. Structural, quantitative scoring techniques will be utilized to maximize the objectivity of the evaluation.

4.1 PROPOSAL EVALUATION COMMITTEE

An evaluation committee will be selected from HHSC to perform all evaluation requirements. The committee will be composed of individuals with experience in, knowledge of, and program responsibility for the requirements identified in the RFP. HHSC reserves the right to request information from OFFEROR to clarify the OFFEROR'S proposal.

4.2 EVALUATION PHASES

Evaluation phases will be conducted as follows:

- Phase 1.....Evaluation of Mandatory Requirements
- Phase 2.....Technical Proposal Evaluation
- Phase 3.....Price Proposal Evaluation
- Phase 4.....Proposal Discussions by Priority-List
- Phase 5.....Best and Final Offers by Priority List
- Phase 6.....Vendor Demonstration
- Phase 7.....Site Visitation
- Phase 8.....Recommendation for Contract Award

4.2.1 PHASE – 1 EVALUATION OF MANDATORY REQUIREMENTS

The evaluation of the mandatory requirements, as listed below, shall be based upon a "Pass/No Pass" basis. The purpose of this phase is to determine whether an OFFEROR'S proposal is sufficiently responsible and responsive to RFP requirements to permit a complete evaluation, i.e. responsible in terms of "Does the OFFEROR have the capability to perform fully the Scope of Services requirements"; and, "Were proposal documents, as identified below, received by HHSC and do they contain the required information?" Failure to meet any mandatory requirement will be grounds for deeming the proposal non-responsible, non-responsive or both and disqualification ("No Pass") thereof.

Proposal **MANDATORY REQUIREMENTS:**

- ✓ Proposal Cover Letter **with corporate seal or notarization**
- ✓ Technical Proposal
 - Section 1-10 of the Scope of Services
 - Exhibit B-F
- ✓ Price Proposal (Section 11 of the Scope of Services)
- ✓ State of Hawaii Compliance Documents
- ✓ Proposal Submission Checklist

4.2.2 PHASE – 2 TECHNICAL PROPOSAL EVALUATION

Evaluation of OFFEROR’S technical proposal shall be conducted using the technical proposal categories and the value weight percentages identified in paragraph 4.3 and the evaluation scoring system identified in paragraph 4.5.

4.2.3 PHASE – 3 PRICE PROPOSAL EVALUATION

Evaluation of the price proposal shall be conducted using the price proposal category and the value weight percentages identified in paragraph 4.3 and the evaluation scoring system identified in paragraph 4.4.

4.2.4 PHASE – 4 PROPOSAL DISCUSSIONS WITH PRIORITY-LISTED OFFERORS

At its discretion, following the Mandatory Requirements Phase, HHSC may develop a Priority List of Offerors based on the evaluation of OFFERORS’ Technical and Price proposals. This Priority List may be asked to conduct discussions with HHSC. OFFEROR’S proposal may be accepted without Discussions. In the event that HHSC elects to hold Discussions, HHSC shall inform Priority-Listed OFFERORS of specific Discussion topics and issues; and schedule Discussion proceedings.

4.2.5 PHASE – 5 BEST AND FINAL OFFERS

OFFEROR may be requested to submit a Best and Final offer. Best and Final offers shall be evaluated and scoring of the OFFEROR’S proposal adjusted, accordingly. If a Best and Final offer is requested but not submitted, the previous submittal shall be construed as the Best and Final offer.

4.2.6 PHASE – 6 VENDOR DEMONSTRATION

The top 2 OFFEROR’s shall provide a demonstration of it’s system to all HHSC employees. The OFFEROR shall demonstrate it’s product based on various scenarios determined by HHSC. This demonstration shall be presented in a live environment.

4.2.7 PHASE – 7 SITE VISITATION

The HHSC staff will visit an Oahu site location that is currently using the system. If there is no local facility, the HHSC shall arrange a conference call/webinar with the OFFEROR’s reference.

4.2.8 PHASE – 8 RECOMMENDATION FOR CONTRACT AWARD

The Evaluation Committee shall prepare a report summarizing proposal evaluation findings/rankings and provide recommendation for award of contract to the HOPA.

4.3 EVALUATION CATEGORIES AND VALUE WEIGHT PERCENTAGES

MANDATORY REQUIREMENTSPASS/NO PASS

Technical Proposal**Value Weight**

Section 1: Company Information	3%
Section 2: Clinical	25%
Section 3: Financial	5%
Section 4: Billing	20%
Section 5: Ancillary Services	10%
Section 6: System Applications	5%
Section 7: Support	10%
Section 8: Training/Implementation	5%
Section 9: Reports/Forms	5%
Section 10: Hardware	2%
Section 11: Price Proposal	10%
TOTAL	100%

4.4 EVALUATION SCORING SYSTEM

The maximum number of points available for scoring is one hundred (100) per evaluator. The proposal receiving the highest number of points is considered statistically the best proposal and the **best value** to HHSC; and, will be recommended for award of contract, unless otherwise determined and justified by the evaluation committee.

The evaluation categories are assigned a value weight percentage, as determined by HHSC, totaling 100%. Each category will be rated between one (1) and ten (10), with ten being the highest (the best rating) by each member of the evaluation committee. The OFFEROR'S total score (see note below) will be determined by: a) multiplying the assigned weight value of each category by the numerical rating provided by the evaluation committee member to determine the score for each category; b) totaling the score for all categories of each evaluation committee member; and, c) totaling the score of all evaluators.

Note: In determining the total score, the OFFEROR'S price proposal with the lowest price will receive the highest available rating allocated to price. Each proposal that has a higher price than the lowest will have a lower rating for price. The points allocated to higher-priced proposals will be equal to the lowest proposal price multiplied by the maximum points available for price, divided by the higher proposal price.

SECTION 5
AWARD OF CONTRACT

5.0 AWARD OF CONTRACT

Award of contract shall be made to the most responsible and responsive OFFEROR whose proposal is determined by the Evaluation Committee to provide the best value to HHSC, considering all evaluation reviews and results.

5.1 CONTRACT AWARD NOTIFICATION

The notice of award, if any, resulting from this solicitation shall be posted on the HHSC Maluhia and Leahi Hospital website. This will serve as the official notification to all OFFERORS. In addition, the Issuing Officer will inform the successful OFFEROR of contract award selection by an official “notice of award” letter.

At its discretion and as a courtesy to the OFFEROR the Issuing Officer may issue a “Notice of Posting of Award” to the unsuccessful OFFERORS. However a delay in issuing the notice or the inadvertent omission of such courtesy notice will not extend the protest filing time.

5.2 CONTRACT AWARD DEBRIEFING

If requested, HHSC shall provide a contract award debriefing. The purpose of a debriefing is to inform the non-selected OFFEROR of the basis for the source selection decision and contract award. A written request to the Issuing Officer for a debriefing shall be made within three (3) working days after receipt of non-award of contract letter from HHSC and/or posting of the award of the contract.

5.3 METHOD OF AWARD

5.3.1 CONTRACT DOCUMENT

The contract will be awarded by executing an “**Agreement for Goods or Services Based Upon Competitive Sealed Proposals Non-HRS 103D**” (hereinafter “CONTRACT”) by HHSC and the successful OFFEROR (hereinafter “CONTRACTOR”). This document will serve as the official, legal contractual instrument between both parties. This document will incorporate (by attachments or reference) the RFP, with any and all addendums; GENERAL CONDITIONS and any SPECIAL CONDITIONS; and the CONTRACTOR’s accepted proposal, with any and all addendums, changes, negotiated agreements, all of which becomes part and whole of the CONTRACT. A “sample” CONTRACT is located at EXHIBIT J. Please DO NOT complete or execute the “sample” CONTRACT.

5.4. GENERAL AND SPECIAL CONDITIONS:

The GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D, Section 5, EXHIBIT J and the SPECIAL CONDITIONS (**if any**), are applicable and shall be part and whole and attached to the Agreement.

The GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D, EXHIBIT J **provisions are non-negotiable**. Please refer to Section 1.7.

Of particular significance, please note/review the following requirements:

5.4.1 GENERAL EXCISE/USE TAX

Refer to the GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D, EXHIBIT J. Work to be performed under this solicitation is a business activity taxable under Chapter 237, Hawaii Revised Statutes (HRS), and Chapter 238, HRS, where applicable. Both out-of-state and Hawaii CONTRACTOR are advised that the gross receipts derived from this solicitation are subject to the general excise tax imposed by Chapter 237, HRS, and where applicable to tangible property imported into the State of Hawaii for resale, subject to the use tax imposed by Chapter 28, HRS.

Pursuant to Section 237-9, HRS, the CONTRACTOR is required to obtain and/or possess a valid General Excise Tax License from the Hawaii State Department of Taxation (DOTAX) prior to executing a contractual agreement with a State Agency (Reference the GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES, EXHIBIT J).

The **General Excise Tax License** shall be obtained from the DOTAX offices in the State of Hawaii or the DOTAX Web Site and by mail or FAX. Refer to the next paragraph for procedures in obtaining DOTAX forms and information.

5.4.2 HAWAII COMPLIANCE EXPRESS – CERTIFICATE OF COMPLIANCE

The CONTRACTOR is required to obtain/posses valid **Certificates of Compliance** from the following agencies:

- 1) State of Hawaii Department of Commerce and Consumer Affairs,
- 2) Department of Labor and Industrial Relations, and
- 3) Department of Tax prior to executing a contractual agreement with a HHSC.

The certificates are valid for six months from the date of issue and must be valid on the date it is received by HHSC.

These certificates will be required upon contract execution. CONTRACTOR shall apply and obtain proof of compliance electronically through the Hawaii State Procurement Office “Hawaii Compliance Express” (HCE) website at <http://vendors.ehawaii.gov> for all three (3) state certificates referenced herein.

OFFERORS shall use the Hawaii Compliance Express services and will be required to pay an annual registration fee of \$15.00 or most current fee charged.

5.4.3 CONTRACT EXECUTION

Upon receipt of the CONTRACT document, the CONTRACTOR shall have ten (10) business days to execute and return the CONTRACT to the Issuing Officer. Explicit execution instructions will accompany the CONTRACT. A copy of the fully executed CONTRACT will be provided the CONTRACTOR within seven (7) business days of CONTRACT execution.

Award of CONTRACT may be withdrawn if the CONTRACTOR is unable to meet CONTRACT execution requirements.

5.4.4 CONTRACT COMMENCEMENT DATE

Upon completion of CONTRACT execution requirements, a **“Notice to Proceed”** letter will be provided the CONTRACTOR specifying the “Commencement” (start work) date of the CONTRACT. No work is to be undertaken by the CONTRACTOR prior to the commencement date specified in the Notice to Proceed letter. HHSC is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the CONTRACTOR prior to the official, notice to proceed “Commencement” date.

5.5 HHSC NETWORK AND SYSTEMS POLICY SUMMARIES

The HHSC Network and Systems Policy Summaries and it’s related HHSC policies, EXHIBIT J are applicable and shall be attached to the Agreement.

5.6 HAWAII HEALTH SERVICES CORPORATION Information Technology Special Terms and Conditions for Software and Services

In the event of a conflict between the GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D and the Information Technology Special Terms and Conditions for Software and Services, then the Information Technology Special Terms and Conditions for Software and Services shall prevail, with the exception of paragraph 1-12 of the GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D. Please refer to EXHIBIT J.

Minimum Requirements

1. Admissions/level of care changes
2. Care plans
3. Clinical record
4. Cloud-based
5. CMS survey capability
6. Encoder and/or interface capability with 3M
7. Document management
8. Electronic claims
9. Electronic order administration, CPOE
10. Electronic point of care
11. Electronic signature
12. Financial and billing program
13. General ledger
14. ICD 10
15. HL7 Capability
16. Laboratory services connectivity (via Oahu Region Contractor)
17. LAN
18. MDS 3.0
19. MDS error checking, CAA
20. Orders Management
21. Patient bar coding for medpass
22. Patient trust fund (check writing)
23. Pharmacy connectivity (via Oahu Region Contractor)
24. Report capability (CMI calculation, RUGS)
25. IT security audits
26. Task and alert management tool
27. User defined assessments
28. Work with Windows 7
29. Claims Scrubber
30. Integrated RUGS code from MDS to billing program
31. Worklist of billing denials
32. Health Information Exchange

Clinical	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Supports capturing progress notes in a structured format to create a legal health record.				
Enables nursing staff to include patient notes (KARDEX) that do not become part of the legal health record.				
Enables end user to issue a notification via email to internal and external users (e.g. physicians and insurances)				
Captures and indexes external forms/documents by use of a scanning device.				
Captures and notifies head nurses of events such as falls, medication errors, labatory errors, elopment, etc.				
Allows the end user to input and review a patient assessment				
Ability to document the patients clinical issues and patient choices				
Ability to view multiple screens to review patient record				
Ability to create an Interdisciplinary Team (IDT) notes to create a patient care plan Documented Conditions will trigger a Suggested Care Plan (with Suggested Intervention/Approaches)				
Ability to adjust changes in the patients status, goals or improvements				
Ability to populate MDS sections from one data source without repeating all data fields.				
Supports multimedia: images, scanned documents, pictures.				
Ability to access medical record after discharge and input data if necessary				
Enables end user to document patient behavior using a defined number field				
Ability to include a hyperlink to external websites				
Ability to scan documents and insert fillable fields				
Diet changes from physician – auto alert/email notification to FNS department				
Track staff CEUs – manage certification e.g. glucometer annual re-certification				
Resident picture in system as identification for MAR				
Wound photo capture capability				
Task list for staff for nursing assessments				
1147 tracking/alert – due dates when Level of Care changes occur				
Ability to receive an expiration notification on medication and refill notification				
Enables e-prescriptions that is sent directly to the Pharmerica network				
Enables processing of refills/renewals.				
Medication tracking with a complete history of medication and dosage (and indication for use) (Alert for GDR of Psych meds)				
Track a complete history of immunizations and the status of each including multiple entries for each immunization type				

Clinical	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Current and history of diagnoses				
Multiple screenings with dates and history when necessary including, but not limited to: TB				
History of exams with dates, type of exam, exam notes as well as next exam due date (tie to alerts below). Exams including, but not limited to: physician, dental				
Current and history of height, weight and BMI (auto calculated from height and weight)				
Tracking of Lab/diagnostic tests with results (Alert if last Lab result date is > ___months, based on certain types of meds)				
Current and history of Vital Signs				
Storage of scanned consents /authorizations				
Checklist of known allergies with notes for treatment of allergic reactions				
Health history of previous illnesses, surgeries, etc.				
Fields to support INTERACT 4.0 activities (Stop And Watch)				
Escalating Notification/Reporting of incomplete Assessments				
"at a glance" Dashboard/Summary of last ___ # of days/results (Lab/XR, MD Orders, VS, WT, Falls, Prior Auth, PAS/RR)				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Electronic billing and claim submission platform with claims scrubber enable facility to send clean claims and reduce collection time and effort				
Tight integration between intake, census and MDS functions to bill claims electronically accurately and timely. Integrate Rugs code from MDS to billing program				
Ability to interface billing program with RelayAssurance/Clearing house as a claim scrubber, editor, to transmit claims as a ANSI 837 file, receive remittances as a ANSI 835 file from/to fiscal intermediary and etc.				
Ability to bill electronically (ANSI 837) and paper format				
Ability to adjust claim format to meet insurance plan requirements				
Ability to enter insurance: Policy #, effective/termination date, qualifying stay and contact information, primary/secondary				
Ability to maintain fee and reimbursement rate schedule for insurance plans (determine expected net receivables (net of C/A) for collection) - RUGs, Per Diem, Part B				
Ability to build billing contracts and rules				
Ability to bill both UB04 (Inpatient - LTC) and 1500 (Outpatient - Physician & Adult Day Health) claims				
Ability to bill no pay claim				
Ability to retroactively change medicaid paid pending payor from private to Medicaid and automatically adjust YTD revenue, contactuals and patient days.				
Ability for Order entry for PT, OT, ST, Pharmacy, Lab and X ray services. Or have interfaces with third party pharmacy, lab, x ray services and etc.				
Ability to generate private pay, bedhold, co insurance and cost share claims in advance				
Ability to automatically generate secondary claims - co insurance/pay				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to validate MDS status before transmitting claims				
Claims scrubber (claim administrator) - with editor to validate and correct claims				
Ability to track and alert covered benefits days remaining for insurance: Medicare, Quest and etc.				
Ability to track and alert remaining bedhold days, leave of absence days and therapy cap				
Report - expected net collection and allowance for contractual adjustment used for cash flow projections or prepare G/L journal entries.				
Ability to track unbilled claims or claims held - list unbilled claims by aging period, drill down to detail				
Cash collection - electronic remittance function to post payments electronically, eliminating errors and reducing data entry time.				
Ability to receive and import electronic remittance notice in ANSI 835 from fiscal intermediaries				
Ability to review imported payments before posting to patients accounts				
Ability to make correction/changes to ANSI 835 file before posting. Allow manual posting				
Support ANSI 835 for electronic remittance posting eliminating error data entry				
Ability to inquire and print past remittance advices by patient or claim				
Ability to post payments at the (1) claim level (2) at the service line level (On the fly). Also, post all other cash receipts not entered at claim level.				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to post interest payment from remittance. Series currently unable				
Ability to identify and manage unmatched items				
Ability to save COB (coordination of benefits) information for secondary claims				
Ability to rollover responsibility to secondary payers				
Census management - Admission/Discharge				
Ability to share demographic and registration information directly without any data re-entry into EMR.				
Ability to enter Pre Admission, admission with customizable inputs (POA, AHCD, NDS, POST, Guardianship, notes, comments and etc.				
Ability to input and track daily visit of Adult Day Health participant by touch screen IPADs.				
Ability to verify and track eligibility of insurance from the program other than from website				
Ability to enter and track prior authorization for insurance, with alert of expiration date (PA number, effective dates and contact information)				
Ability to search by birth date or other identifying information				
Ability warn the user of potential duplicate registration records for patients with matching identifiers.				
Ability to manage and track medicaid pending accounts				
Ability to manage level of care, without creating a admit and discharge per each LOC (account number)				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Dashboard or worklist listing missing setup for admission input				
Ability to customize facesheet and auto fax to required users				
Ability to manage admission documents, enable electronic signature, store electronically				
Ability to scan and store insurance card, ID, POA and other documents				
Ability to input and reconcile daily midnight census (nursing) to census used to bill				
Ability to summarize monthly census by insurance, level of care, admission and discharge and drill down to daily census details				
Ability to input/store prior (former facility) and current (current facility) admission history storing electronically				
Ability to convert and transfer patient demographic information from Series to new system.				
Resident trust fund - integrated with billing and general ledger				
Ability to write checks and input deposits				
Ability to generate detailed check register - deposits and disbursements				
Ability to generate ledger which summaries activities by resident				
Ability to generate resident's trust fund statements - quarterly report (specified period)				
Ability to automatically post cost share payments to accounts receivable subledger, when cost share checks are written from PTF account.				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to allocate interest earned to resident balances				
Ability to provide alerts (1) patient balance > \$2,000 and (2) patient date if discharged or expired (requirement to refund patient/family within 30 days).				
Interfaced with general ledger module.				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Revenue cycle management - tools to identify and manage overdue claims, denials and etc				
Dashboard (Events/Alerts/Reminders)- analyze billing and denials/collections				
- Ability to setup thresholds and user defined measurements used to identify, track and manage collection				
- Ability to create and customize worklist assignments to delegate follow up of denials and claim errors to staff				
Ability of staff to document collection note into program				
Ability to report revenue by RUGS categories (number days), insurance and etc				
Ability to report case mix index and drill down to detail by patient				
Ability to report denials by type and insurance				
Ability of ICD10 codes entered via 3M				
Ability to generate collection letter from templates				
Ability to track accounts referred to collectors (AG)				
Ability to prepare credit balance report by insurance and drill down to details				
Ability to prepare monthly and quarterly Medicaid admission, discharge, level of care and leave of absent report.				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Inventory/material management and AP				
Ability to capture charges of supplies usage by bar code				
Ability to track usage of supplies by nursing unit and patient.				
Ability to prepare Requisition/PO				
Dashbord to monitor PO - alert below certain dollar threshold amount.				
Ability to monitor contracts for expiration date and alert below certain threshold dollar amount.				
Abilty to refund patient/insurance overpayment for several months with one check, instead of check for each month.				
Ability to track and analzye vendor information. Report summarizing expenditures by vendor and month/year. Drill down to invoice.				
1099 Statements				
Bank reconciliation				
For all cash accounts including resident trust fund				
Ability to reconcile (check off) deposit and checks with bank statement				
General ledger - strong financial and audit trail				
Ability to prepare custom reports (budget/actual, departmental) and query/extract data				

Financial and Billing	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Tools to consolidate multi-facility organizations (Maluhia and Leahi)				
Ability to create, manage budget and forecasts.				
Ability to project cash flow and cash requirements (A/P)				
Ability to query and download data to MS Excel				
Ability to interface program general ledger with MS4 (HHSC Corporate Software) and download accounting data to it				
Ability to drill down from general ledger accounts/transaction to the source data. To analyze revenue and expenditure variances and etc.				
Ability to customize or provide various financial statistics: days in AR, AP, cash on hand, cost per day, loss per day, average length of stay and etc.				
Ability maintain fixed assets and calculate depreciation				
Payroll and Scheduling				
Payroll N/A - processed via State of Hawaii payroll system				
Staff scheduling for nursing department				
Time and Attendance program to calculate and monitor vacation, comptime and sickleave amounts				

	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Occupational Therapy, Physical Therapy, Speech Therapy				
Electronic orders to department (from MD, facility department requests, etc).				
Insurance verification, authorization and approvals.				
Therapy procedures linked to automatic billing, coding, and scheduling of patient sessions on nursing floors.				
Evaluation, progress and discharge formats easily accessed at any time.				
Software program allows for:				
Automatic input (populating) of pertinent patient information on all documentation such as name, birthdate, diagnosis, service time, insurance information.				
Input of current information from session to session that can be saved for later if additional work has to be done or submitted for billing.				
At subsequent sessions, therapist can view all of patient's information and notes by clicking a button.				
Allows staff to check duration times, ICD10 codes and language prior to submission to billing office.				
Staff able to track their billing, i.e. when evaluation was submitted, number of visits authorized and used, when the Plan of Care is going to expire with pop-up buttons to alert how many sessions or days of treatment are remaining and alert staff that they need to request further extension of therapy or discharge patient.				
Section for PT and OT assistant to document that requires supervisory licensed staff to review, revise and approve treatment notes before submission to billing office.				
Section allows blank sections for narrative input by therapists.				
Tracking equipment orders, discharge orders for patients.				
Software can be modified to comply with new regulations or insurance specifications or medicare/Medicaid guidelines.				
Documentation can be sent via automatic email to insurance case managers.				
Resident maintenance program attendance.				
MDS linkage with therapist's documentation of evaluation, progress notes and care plans, monitoring minutes automatically for optimizing grace periods and enhancing RUG category.				

Health Information Management	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
ICD-9-CM Integrated Codebook				
ICD-10-CM/PCS Integrated Codebook				
Current Procedural Terminology				
Dorland's Medical Dictionary				
AHA Coding Clinic for ICD-9-CM and ICD-10-CM/PCS				
AMA CPT Assistant				
Anatomy Appendices				
Clinical Pharmacology Drug Reference				
Elsevier's Anatomy Plates				
AHA Coding Clinic for HCPCS				
Mosby's Manual of Diagnostic and Lab Tests				
Coders' Desk Reference for Procedures by Optum				
Shortcut to CPT Lay Descriptions Section				
Faye Brown's ICD-9-CM Coding Handbook				
ICD-10-CM and ICD-10-PCS Coding Handbook				
Dictionary of Medical Acronyms & Abbreviations				
ICD-9 MS-DRGs Definitions Manual				
ICD-10 MS-DRGs Definitions Manual				
The Merck Manual				
Dr. Z's Interventional Radiology Coding Reference				
Automates ICD-10 and CPT updates.				
Enables printout of specific sections of the legal health record when necessary.				
Enables de-identification of protected health information when necessary.				
Does your system include a non-by pass feature? Physician non-by pass for any query from the clinical staff				
Ability to question the Physician on certain documentation.				
Ability to copy legal health record to media (CD, thumb drive, etc.)				
Ability to track Physician deficiency				

Infection Control	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to track incidence of eye ear nose throat infections				
Ability to track incidence of pneumonia				
Ability to track incidence urinary tract infections				
Ability to track incidence of treated asymptomatic bacteriuria				
Ability to track incidence wound and skin infections				
Ability to track incidence of treat scabies				
Ability to track incidence of influenza				
Ability to track incidence of GI infections				
Ability to track incidence of MRSA cases				
Ability to track incidence of bronchitis/URI				
Ability to track incidence of C Difficile				
Recreational Therapy	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to track daily independent activities attendance and participation				
Ability to track daily sensory stimulation attendance and participation				
Ability to caculate attendance and participation during a specific timeframe (i.e. at the end of the week, end of two weeks, end of month, etc.)				
Ability to include an assessment on patient activities				

Social Services	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Ability to create a new record for patients that were discharged and auto-populate information to new record				
Capability of building a form to collect patients social history and assessment using a dropdown, text box, radio buttons or check boxes.				
Ability to input PASRR information and comments				
Ability to select decision making support information (i.e. living will/instruction for healthcare, durable power of attorney for healthcare, guardian, surrogate) POLST code status, advance care planning				
Ability to include family and friend support information with name, address, contact information				
Ability to input burial/funeral plan, mortuary, organ donor, transportation information				
Ability to input housing situation and environmental barriers using a dropdown, radio button or check boxes				
Ability to input source of income using a dropdown, radio button or check boxes				
Ability to include notes on patients expectation/attitude toward program/placement using a text box				
Ability to document patients knowledge/understanding of illness and treatment using a drop down, radio button or check boxes				
Misc.	Available (out of the box)	Available but other requirements needed (sub-contractor, interface, etc.)	Not available, but may be developed for additional fee	Not available, no current plans to develop
Configurable dashboards allows home page content to be designed based on user's role.				
Ad Hoc Reporting that allows non-technical staff to create reports while enforcing data integrity. Reports can be published for others to run with defined parameters. All reports should be able to be provided in PDF and Excel.				
Security is built around what clients a user can see (at the program or client level) as well as what functionality in the system the user has access to (roles): view, edit and or delete.				
Mobile version is available with some functionality that allows data viewing, data entry and electronic signatures through a Smart Phone such as an iPhone and/or an iPad.				
Document Management System is tied to software to allow for the scanning of related patient documents. Documents can be categorized and are searchable				
Are audit trail logs available including the date, time user and action?				
Manages maintenance of staff credentialing information.				
Ability to assign a end-user's role to someone else (i.e. when this person is out of the office for a duration of time)				

Reports

Below is a list of some of the reports that is completed by various Departments.

	Out of Box	AdHoc Report generated by user	Other
Admissions / Discharges			
Admissions Registry			
Behavior, Psychotropic Meds			
Birth Dates			
Bowel / Bladder Incontinence			
Discharge Potential			
Discharges			
Falls Report			
Feeding Tubes / Parenteral Info			
HIPPS Billing Code			
Infections			
Influenza / PPV Vaccines			
Informed Consent			
Language			
MDS CMI Averages			
MDS CMI List			
MDS Resident List			
MDS with Errors			
Mood, Delirium			
Needs Change			
Pain Info			
PASRR			
Readmission tracker			
Restraints			
RUGS IV Categories List			
Visual Function			
Weight Diet and Dental			
Form CMS – 20045			

	Out of Box	AdHoc Report generated by user	Other
Financial Statements			
Aging for AP/AR			
Trial Balance			
Budget actual variance report			
Patient Trust Fund – ability to summarize by patient			
Depreciation Schedule			
Work list – billing denials/claim errors			
1147 Tracking log			

PROPOSAL TRANSMITTAL COVER LETTER

Dear Ms. Kato:

(Name of Business) proposes to provide any and all goods and services as set forth in the “Request for Proposals for Competitive Sealed Proposals” to provide **Electronic Health Record RFP No. 17-001**, for which fees/costs have been set. The fees/costs offered herein shall apply for (Please insert applicable period of time).

It is understood and agreed that (Name of Business) have read HHSC’s Scope of Services described in the RFP and that this proposal is made in accordance with the provisions of such Scope of Services. In addition, the (Name of Business) meets all the minimum requirements as shown in Exhibit A . By signing this proposal, (Name of Business) guarantee and certify that all items included in this proposal meet or exceed any and all such Scope of Services.

(Name of Business) agree, if awarded the contract, to provide the goods and services set forth in the RFP; and comply with all terms and conditions indicated in the RFP; and at the fees/costs set forth in this proposal. The following individual(s) may be contacted regarding this proposal:

Other information:

Business Phone #:		Federal Tax ID #:	
Facsimile #:		Hawaii GET Lic. ID #:	
E-mail address:			

(Name of Business) is a: Sole Proprietor Partnership Corporation Joint Venture

Other (Specify) _____

State of Incorporation is: (Specify) _____

The exact legal name of the business under which the contract, if awarded, shall be executed is: _____

(Authorized Bidder’s Signature, Printed Name/Title; Corporate Seal or Notarized)

Encl: Proposal

MANDATORY – PROPOSAL SUBMISSION CHECKLIST

***IF SPECIFIC ITEM(S) IS NOT APPLICABLE, MARK WITH “N/A”---DO NOT LEAVE BLANK.**

PLEASE CHECK OFF:

OFFEROR Shall Check Off Submitted	Proposal Items	HHSC Internal Use ONLY
	Proposal Received “On-Time”	<input type="checkbox"/>
<input type="checkbox"/>	Electronic Proposal submission. One (1) original hard copy sent within 5 business days after proposal deadline.	<input type="checkbox"/>
<input type="checkbox"/>	Proposal Transmittal Cover Letter:	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Official Business Letterhead 	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Authorized Signature 	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Corporate Seal or Notarized 	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Required Information 	<input type="checkbox"/>
<input type="checkbox"/>	Technical Proposal	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Section 1-10 of the Scope of Services 	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • Exhibit B-F 	<input type="checkbox"/>
<input type="checkbox"/>	<ul style="list-style-type: none"> • List of Available Forms 	<input type="checkbox"/>
<input type="checkbox"/>	Price Proposal (Section 11 of the Scope of Services)	<input type="checkbox"/>
<input type="checkbox"/>	Optional Services Costs	<input type="checkbox"/>
<input type="checkbox"/>	Proprietary Documents (if any)	<input type="checkbox"/>
<input type="checkbox"/>	Proposal Submission Checklist	<input type="checkbox"/>
<input type="checkbox"/>	Hawaii State Compliance Documents	<input type="checkbox"/>

RFP Orientation Reservation Sheet – Deadline August 12, 2016

Please submit the information below to participate in the RFP orientation. The password will be sent via email to confirm your reservation. Please contact Michelle at mkato@hhsc.org for more information.

Name of Business: _____

Person(s) attending:

Contact information:

Name: _____

email: _____

Title: _____

phone: _____

Name: _____

email: _____

Title: _____

phone: _____

Name: _____

email: _____

Title: _____

phone: _____

Please submit additional sheets if necessary.

The following documents are referenced in the RFP and may be found at the respective websites.

Hawaii Health Systems Corporation Agreement for Goods or Services Based Upon Competitive Sealed Proposals (Non-HRS 103D)

<http://www.maluhia.hhsc.org/procurement/general-conditions/>

GENERAL CONDITIONS – NON-PHYSICIAN HEALTHCARE SERVICES Non-HRS 103D

<http://www.maluhia.hhsc.org/procurement/general-conditions/>

HHSC Network and Systems Policy Summaries

<http://www.hhsc.org/procurement/general-conditions/>

- ITD 0006 – Remote Access
- ITD 0051A – Information Security
- ITD 0091A – Secure Areas
- ITD 0131A – Reporting Information Security Events and Weaknesses
- ITD 0151A – Compliance with Legal Requirements
- PAT 0004 – Corporate Policy on Confidential Patient Information

HAWAII HEALTH SERVICES CORPORATION Information Technology Special Terms and Conditions for Software and Services

<http://www.maluhia.hhsc.org/procurement/general-conditions/>